Report on the evaluation of the IHM Project on The evaluation for Accreditation of Health and Social care Managers

– a pilot.

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Appendices

1. Introduction

This evaluation report was commissioned by the Institute of Healthcare Management (IHM) in March 2009 and is based on the accredited manager pilot project that started in May 2009. The IHM pilot project was funded by the Department of Health (Estates). The pilot project aimed to offer managers for the health and social care sectors the opportunity to gain accredited manager status based upon their previous performance and achievements towards nine core manager behaviours[1]. The pilot project was intended to develop and implement materials that would support the managers in completion of a portfolio of achievement to demonstrate competence in the Nine Behaviours.

The evaluation study of the pilot project has aimed to include the experiences of the main stakeholders, namely; the candidates (Healthcare and Social), the pilot project team, a representative from the Department of Health (Estates), representing the commissioning body for the project, and the assessors of the candidate portfolios and viva voce examinations. The candidates were drawn mainly from the field of estates and facilities managers within the healthcare sector, with two participants for the social care sector.

The project was prompted by the recognition that many managers in the health and social care sector may encounter difficulties in finding the time to attend conventionally delivered training and development programmes. There was also recognition of the need for experienced managers to be able to demonstrate their competence towards good practice behaviours rather than have to undertake taught delivery.

The pilot project was intended to work with a small sample of between 12 – 18 relevant managers from health related organisations, including (though not exclusively limited to) managers of estates and facilities, as well as managers within the social care sector.

The pilot project was intended to run from April 2009 to November 2009. However, due to candidate pressures of work, agreement was obtained from DoH Estates to delay the start until May 2009. The project timescale was also amended to finish at the end of May 2010 to enable the pilot candidate group to complete.

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[1] The Nine Behaviours, referred to as the "Behaviours" or "Nine Behaviours" throughout this report, were developed by Blended Learning Limited (www.blendedlearning.ltd.uk) and have been adopted by the IHM for use in the Accredited Manager Pilot Project with agreement by Blended Learning Ltd.

2. Evaluation remit

The evaluation study was to focus on the effectiveness with which the IHM pilot project enabled the potential for accreditation of health and social care managers and ultimately, the development of an IHM accreditation scheme. The evaluation study was also to consider the potential for expansion of the pilot accreditation scheme.

The IHM recognise the need for regulation of health and social care managers, which it believes should be the responsibility of the profession. The IHM is a professional body for health and social care managers and considers that it has a role in exploring the potential for a professional accreditation system.

i. The evaluation of the pilot

This document reports on a qualitative evaluation of the IHM accredited manager pilot project. The evaluation period was May 2009 to May 2010. The evaluation included data collection of stakeholder views questionnaire, focus group interviews and individual telephone interviews. The evaluation was undertaken in four stages by two experienced researchers from the School of Health and Social Sciences. The stages in the evaluation project are shown in **APPENDIX A**:

ii. Evaluation Research.

The evaluation study was based on mainly qualitative data with some quantitative data used for supplementary analysis. The data analysis was intended to draw a balanced understanding of the initiative as a whole whilst pinpointing specific highlights in the experience of the stakeholders. The analysis of findings from the evaluation was analysed from an appreciative inquiry perspective (see for example Oliver, 2005); where learning can be derived and enhanced through understanding of actions that are deemed positive. The interview data will be analysed using a thematic analysis approach in order to derive key themes emerging from the participants.

iii. Dissemination

This report will be disseminated via the IHM (subject to approval by the IHM and Pilot Project Management). The evaluation of this initiative has potential for a wider audience and an article will be produced for submission to an appropriate professional and/or academic journal. All views expressed in this report are those of the researchers and not necessarily the view of Middlesex University.

iv. Ethical issues

The evaluation study will aim to maintain confidentiality of participants and data collected. Informed consent will be obtained from all participants involved in the research. This research has been approved by the Middlesex University Health Ethics Sub-committee.

3. Structure of the evaluation and methodology

The evaluation was based on a relatively small pilot group of 15 managers from the health and social care sector, which included a high proportion of managers with responsibility for estates and facilities. The evaluation was intended to focus on the effectiveness of the pilot project to test a new IHM accredited manager scheme.

The main evaluation project research questions were to understand:

- How the candidates were able to interpret the behaviours and gather evidence for a professional portfolio.

- What opportunities and difficulties were there in gathering the evidence for accreditation?

- How useful was the information and support provided to the candidates throughout the project?

- What is the potential for university accreditation of the IHM Accredited Manager Scheme?

In order to understand the above points, the evaluation was structured to gather the following data:

1. An initial evaluation questionnaire was sent to all candidates. The combined data collected is shown in APPENDIX B.

2. Candidate responses to a list of project themes were gathered around the mid point of the project. The question themes are shown in APPENDIX C.

3. The project team and DoH representative were also asked to comment on the themes in APPENDIX C

4. Assessor responses to questions about the quality of portfolios they assessed. The questions are shown in APPENDIX D.

5. Candidates were asked to comment on their overall experience at the end of the project after they had successfully gained accreditation. The themes explored are shown in APPENDIX E.

The methodology for the evaluation project has been to analyse the data as a qualitative case study using a thematic analysis of the key emerging themes in order to answer the research questions and propose any recommendations for future delivery of the IHM accredited manager scheme. This approach draws on the qualitative evaluation method described by Guba and Lincoln (1989) as 'fourth generation evaluation' as it is intended to go beyond quantitative measurement. The aim is to capture aspects of practice, culture and meaning for participants in understanding potential effectiveness, efficacy and efficiency of, in this case, learning development.

4. Data collection, sampling and analysis

This section of the evaluation report outlines the sampling strategy and will seek to analyse the data collected in five parts:

- Analysis of the initial questionnaire data, to provide understanding about candidate background.

- Analysis of candidate focus group and interview responses mid way through the project

- Analysis of project team and DoH representative interview responses during the project

- Analysis of portfolio assessor interview responses

- Analysis of candidate interview responses upon completion of the accreditation process

i. Sampling strategy

The evaluation study has focused on capturing as many responses as possible from the main stakeholders (Candidates, Project team, DoH representative, Assessors). Purposive sampling started with the administration of the questionnaire at the start of the project. All of the participants were invited to complete an initial questionnaire together with participant information sheet informing them about the evaluation study and ethical issues and a consent form.

Out of the 15 participants recruited to the project, 14 completed the consent form to take part in the evaluation. Of the 14 who consented to take part in the project, 10 completed the initial questionnaire.

During the pilot project period data was collected in the form of a focus group meeting involving 5 participants and 7 individual telephone interviews. It became evident that working with a participant group of mainly senior professionals meant that it was extremely difficult to arrange focus group meetings and so individual telephone interviews provided a more flexible option.

The Project team were included in the interim interview stage and 2 members were interviewed, using the same question themes as had been asked of the participants. A representative from the Department of Health (as the Pilot Project Sponsor) was also included, also using the interim question themes.

The Assessors of the completed were interviewed, 3 assessors agreed to participate in telephone interviews. Assessors were invited to respond to specific questions and themes.

Lastly, 5 candidates who had passed the portfolio and viva voce were invited to respond to questions and themes about their overall experience. These five candidates were chosen as they were the first of the group to pass overall.

ii. Analysis of data

a. The response to the of the initial questionnaire

Participant Information.

The initial questionnaire including all candidate responses is shown in APPENDIX B. This data provides some insight into the background of the candidates who took part in the project. The average age of the candidates was 40.4 years, with the youngest participant aged 34 and the eldest was 56 (see figure 1). Only one ethnic group was represented (white British). All participants held positions of responsibility including a predominately line manager role, indicated by their job title (for example Head, Manager, Director).

Table 1: Gender, Age, Ethnicity, Sector (Health or Social Care).

Q2. Gender, Age, Ethnicity, Sector (Health or Social Care)			
Male, Age, Ethnicity, Sector	**Female, Age, Ethnicity, Sector**	**Highest Qualifications**	**Professional body membership**
49, White British, Health		B.Eng, Cert Industrial Management	C.Eng, C.Building Service Engineer
34, White British, Health		B.Sc, MBA	
46, White British, Health		B.SC, MBA	IHM Associate
56, White British, Health		MBA, PhD	British Institute of Facilities Manager, C. Building Service Engineer.
	50, White British, Health	MBA	Health estates & facilities management Association
47, White British, Health		B.Eng, Diploma Management	F. IMECHE
42, White British, Health		MBBS, M.Sc DIC	IHM Associate, MRCPsych
	53, White British, Social Care	LLB, NVQ 4 Care, Registered Manager	
	39, White British, Social Care	Nursing Degree	NMC
	38, White British, Health	B.Sc, PG Dip Management	

The gender split for the questionnaire respondents was: four female and six male participants. All were educated to degree level and beyond, seven held postgraduate qualifications. Eight were members of a professional body (not including the IHM).

Eight of the questionnaire respondents were from Health related organisations and two were from social care sector organisations. Three respondents were employed at small organisations (1-50 employees), one was employed at a medium sized organisation and six were employed at larger organisations (150 plus employees).

About the Programme

Reasons for wanting to take part and gain the IHM Accredited Manager qualification include; the desire to continue professional development and gain a further qualification. Barriers to undertaking more formally delivered (class attendance) training included; high attendance time, need for recognition of their own experiential learning and the high cost of many professional development courses. This latter point was a specifically noted by the health and social care respondents).

Expectations of the accredited manager pilot programme

The respondents had a variety of expectations, ranging from a focus upon benefits to their own practice, with some taking part in order to test out a model of accreditation. The following sample responses illustrate the respondent expectations:

> *'Gain greater standing among my peers.*
>
> *To attain a level of accreditation recognised across the NHS for professional managers.*
>
> *To take part in setting standards for nationally recognised competencies.*
>
> *I feel that the emphasis on reflective practice and the examination of projects etc that have not been successful as well as positive aspects of my career will be very useful.'*
>
> *(Sample responses to question 4 "Why have you joined the programme?").*

A major aspect of the programme being recognition and consolidation of professional learning and ability is captured in the response from one of the questionnaire respondents:

> *'Will expand my current experience by making me consider management and change from a wider perspective rather than that of a purely professional viewpoint.'*
>
> *(Sample response to Q.4.2 "Changing professional domain?").*

At personal development level, many or the respondents noted the benefit that they hoped to gain from the pilot, the following quote captures this point:

> *'To ensure I understand & able to practice & encourage others to exhibit against an expected & understood standard.'*
>
> *(Sample response to Q.4.3 "Personal development?").*

The accredited manager scheme involves preparation of a portfolio of evidence to demonstrate competence towards the Nine Behaviours. Preparation of a detailed evidence trail presents issues of time availability for such activity, this point is illustrated for the following quote:

> *'To senior managers time is always a constraint which has to be constantly prioritised, however continuing personal development should always be included within the diary'*

Preparation for delivery

At the time when the questionnaire was completed the responses about the timescale were all positive. The information provided to candidates comprised a memory stick containing useful papers and reports and a portfolio preparation form to be completed, as well as printed documentation describing the Nine Behaviours (Sugden, 2009). The following quotes capture the main feedback:

> 'Useful although there are a number of typing errors that impact on my understanding of what is required in some of the behaviour standards.
>
> Difficult to follow (missed first session).
>
> Course outline – concise yet comprehensive
>
> Excellent – the stick was useless though!'
>
> <div align="right">(Sample responses to Q.10.2 "Information pack?")</div>

Clearly, the Accredited Manager Pilot Scheme was aimed at busy professionals who have a wealth of experience to draw upon which could be recognised through means of a portfoliuo of evidence. Despite there being much fewer formal seminars and meeting involved in delivery, there is still a requirement to compile the evidence and explain its relevance as evidence towards meeting the Nine Behaviours. Many of the candidates were unsure of the time commitment that would be required as demonstrated in the following sample responses to the question about expected learning hours.

> 'Not sure what these will be at present, hence the concern.
>
> Unsure.
>
> More clarity needed.
>
> Stretching but achievable.'
>
> <div align="right">(Sample responses to Q. 10.3 "Expected learning hours?")</div>

Participants were also asked to comment on the clarity of the assessment criteria and Nine Behaviours. Some were still at an early stage in reading the materials and absorbing the requirements. The following sample responses illustrate the early stage in understanding and the requirements for support discussions to clarify meaning.

> 'Seems logical and well thought out although it may be difficult to adapt them to the wide variety of management roles within healthcare.
>
> More clarity still needed.
>
> Understandable.
>
> Received but not fully understood until second meeting
>
> Excellent'
>
> <div align="right">(Sample responses to Q. 10.4 "Assessment criteria?").</div>

Advice on Supervision: The support for candidates was provided through a series of seminars that took place in London and Leeds. Some of the candidates joined late and missed the first introductory seminar and were unsure of support that would be available, as illustrated in the following responses

> *'Haven't had anything on this yet.*
>
> *Limited.*
>
> *Still unclear*
>
> *Able to find a suitable supervisor.'*
>
> <div align="right">(Sample responses to Q. 10.5 "Advice on supervision?")</div>

Overall, there was recognition of the early stage of the pilot and the process of development for the support materials. Some of the candidates were new to the portfolio development process and were on a learning curve. Another candidate recommended a good practice point that they thought having a second workshop soon after the introductory workshop would help candidates, as illustrated in the following comments:

> *'Appreciate the accreditation is still a pilot; materials are being developed.'*
>
> <div align="right">(*Sample response to Q.10.6 "Other?"*)</div>

> *'Because we felt somewhat daunted by the task in hand we felt having the second meeting closer to the first would be a good idea – we came away from the second meeting much more confident of our prospects of completing our portfolios on time.'*
>
> <div align="right">(Sample response to Q.10.7 "Are there any good practice points that you would wish to recommend?")</div>

One candidate considered that the IHB Behaviours and support materials were clearer than that of another professional programme they had experience of.

> *Generally a lot less confusing than the standard medical information for gaining qualifications. The information has been relatively specific, thus making choices of evidence for submission easier.*
>
> <div align="right">(Sample response to Q.10.8 "Any other comments?")</div>

The initial questionnaire provided some background to the participants and enabled the production of questions and themes that would be followed up in interviews as the programme progressed.

Summary and conclusions from the initial questionnaire

The questionnaire provide some interesting background to the participants in the pilot project that would help in informing how a larger scale IHM accredited manager scheme might operate. The participants in the questionnaire gave very positive responses about their reasons for taking part in the pilot, and benefits of the accredited manager scheme in

general. There were some tentative recommendation themes that can be drawn at this stage, which will hopefully be further tested in the response to interview questions:

1. The support for the pilot has been very good and candidates found the workshops helpful, though it would be useful to have them early on and closer together in order to enable candidates to respond to any queries or misunderstanding that they have after the first workshop.

2. The memory stick was a found to contain a fault in the structure of the portfolio file and navigation and use of the portfolio development file and other materials contained on the memory stick could be included in a workshop at the start.

The questionnaire responses were helpful in formulating questions for the focus group and individual interviews that were carried out.

b. Analysis and discussion of the focus group and individual interview data

The evaluation study had been intended to include a series of focus group meeting with the candidates. Unfortunately it was only possible to arrange one focus group meeting, which occurred early on in the pilot project on 23rd June 2009. The aim was to use the workshops as the basis for eliciting candidate views on their progress and experiences in taking part in the pilot project. The June focus group meeting included five participants, comprising one female and four males. The questions derived for the interview are shown in APPENDIX C. Due the difficulties encountered in arranging further focus group meetings, it was decided that candidates would be invited to have a face to face or telephone individual interview. A further 6 candidates were interviewed individually as part of the data collection during the period of portfolio preparation, comprising 4 females and 3 males.

The data collected will be analysed around each of the question themes that were used. Due to the large amount of data collected, a selection of relevant comments will be used to underpin each of the question themes with discussion and recommendations. The responses will be drawn from the focus group and individual interviews conducted during the portfolio preparation period.

A list of dominant categories that have emerged from a thematic analysis of the combined data collection will be discussed in a latter section.

Analysis of the responses during the portfolio preparation period

The questions are shown with corresponding analysis and quotes from the participants:

1. **How well do the standards/ behaviours match your experience?**

Many of the respondents were at an early stage in their understanding and may not have had a great deal of time to read through and absorb the materials provided, though the general consensus within the focus group that the nine behaviours had relevance to their differing work roles:

'it does seem to be fairly in line with what I'd hope to see with the functions that I do' (respondent 1)

'from my point of view we can relate what we are doing on a day to day basis to slot into one of those categories' (respondent 2).

There was recognition that the nine behaviours were intended to have potential for adaptation to a range of relevant professional contexts:

' I think its pretty good in as much as it doesn't exclude anything but I think we're all coming to it from slightly different directions.' (respondent 3)

However, there was also discussion about how specific disciplines could fit into the nine behaviours and how there would be differences in the types of evidence produced:

'I think what they've been able to achieve is creating a matrix of behaviours that should hopefully be reflected across professional disciplines and I think to achieve that is actually quite a hard task' (respondent 4)

The focus group members felt that there may be additional complexities in interpreting the behaviours from a range of professional perspectives and that this may lead to inconsistencies in the evidence and the way in which it is presented:

' I think that also then potentially results in additional layers of complexity by my actually covering a number of different professional backgrounds I think that that complexity could actually make the achievement of the outcome a little bit more difficult than if it was just related to a unit professional' (respondent 5).

The candidates had, in most cases, not had a chance to actually consider their own potential evidence against the behaviours. Some of the candidates were unfamiliar with seeing standards written in the way that the nine behaviours were presented and felt that they offered a high degree of clarity and understanding:

'it did seem to make sense that you could come from any profession and undertake this process and get an outcome which would lead to further development' (respondent 6)

One of the interview respondents considered how personal interpretation of the behaviours within one's individual perspective, which may lack critical examination by others:

'it's very much about interpretation and I think part of that has to be in some ways about how the rating and how we compare ourselves to some of those groups becomes quite introspective I suppose and I'm not particularly saying that we go down the avenue of 360° (review) and those sorts of feedback but I can't help thinking that whilst it's absolutely fundamental that our behaviours, our professionalism, and they obviously, you know, set the culture and the standard. I can't help thinking that it's still very introspective and I do wonder how there could be a separate view on how we do behave and how we do conduct ourselves.' (respondent 7)

This respondent raises an interesting point about comparability of the standards in terms of personal interpretation, but also about how the portfolio evidence can be an accurate proof of professional behaviour and conduct.

This point may be answered through greater understanding of the nine behaviours and possibly some exemplar portfolio's that demonstrate how others evidenced their performance against the behaviours.

2. **How well are you able to interpret the standards/behaviours in relation to your own experience?**

Generally feedback was positive in the interpretation and relevance of the behaviours, however one candidate mentioned that others in a more limited role may have difficulty in meeting the behaviours:

'I found that because I manage a small service and I have to do everything that it's not been difficult for me, but I would imagine it might be different for people who have a more limited role.' (respondent 10).

This respondent developed this point further by relating specifically to Core Behaviour; Work style 2, which she considers may be beyond the scope of some in middle management:

'Being personally aware and politically astute ensures national agenda works for the organisation'. 'people who do my role where they are in a middle level rather than leading a department, might you know, not have any dealings with.' 'Other people in my group had difficulties with were financial planning' (respondent 10)

Other respondents found that they were able to translate their everyday practice into meaningful evidence against the behaviours.

'They have been really clear, there's not been a problem and I liked particularly the fact that there are references to working on the floor, you know a practical approach to management.' (respondent 9).

The responses to this question revealed that there may be a benefit in clarifying the relevant level of evidence that they may require in advance of starting the scheme.

3. **How are they able to make time for this continuing professional development?**

Nearly all of the participants found that they had to invest time away from work in preparing their evidence. Some were able to gain administrative support in collecting evidence together:

I've done it on Sunday afternoon, the last couple of Sundays, I usually do work on a Sunday for the beginning of the week......I've done it in my own time apart from the retrieval of documents that my PA did for me. (respondent 8).

Other respondents block booked time in advance as they were not able to set aside a few hours each week:

'I've put a week off in my diary that I'm not going anywhere at the end of August, so I'm afraid that's what it's going to be because otherwise I'm just not going to be able to do it.' (respondent 12).

'However much time I set aside I always get double diary booked and other things, so I did start doing it late at night but then found all the other people who stayed late at night so eventually its on the laptop at home that I'm doing it.' (respondent 6)

Overall, the feedback in terms of time for CPD was that respondents needed to do most of the portfolio preparation in their own time at home due to pressure and interruptions at work.

4. **Do they feel that it will be an accurate gauge of professional ability/performance?**

In assessing any professional ability there should be a robust means of evidencing such performance. The use of the portfolio of evidence against the Nine Behaviours is one of gauges used. The other means of assessing and understanding professional ability is to use a viva voce examination, where a panel of experienced professionals can probe a candidate through focused dialogue. The respondents were aware that this process would enable a fuller assessment of their professional competence:

'I disagree there that its just the portfolio they're looking at because I think one of the more fundamental parts is going to be that viva assessment.... Its not until you get people at an interview and, not interrogate them, but interrogate their thought processes and their competencies and how they interact and how they perform at that level but you'd actually get a full understanding of the details of what they do.' (respondent 7)

Some candidates thought that the portfolio of evidence would provide a useful gauge of professional competence against the Nine Behaviours. It was also felt to have benefit in demonstrating competence at employment and promotion interviews.

It [the portfolio] *would certainly give an interview panel a very broad background and it would allow a good comparison for anybody outside looking in...It* [the portfolio] *would give a very good comparison of how a person and his or her standards met the expected standards.'* (respondent 6).

The use of the behaviours and accredited manager scheme was felt to have relevance to prospective employers and be a useful gauge of ability and performance as it would involve the candidate in preparing a portfolio of evidence of ability and performance around the behaviours. Moreover, the candidate is subjected to a viva voce examination around their professional practice by a panel of senior professionals.

5. How has the workshop delivery to date met their expectations?

The respondents were generally grateful for the workshop support and found that it had been very helpful. However, some had not been able to attend all the sessions:

'I only went to one [workshop] *and that was the one in London and it wasn't quite what I expected but I found it very interesting and I never got to the one in...., its just too far for me, so I suppose I'm a bit different to everyone else'* (respondent 12).

Other candidates found that there was a real benefit to holding a second workshop in order to further clarify their thoughts and evidence shortly after the second workshop:

'She [Project team member] *came to see us as a group twice and I've attended both of those and then we had a sort of self help meeting where the three of us got together in a group....the first one was sort of an overview and at the end of that we thought, we think we know what we're doing, but in fact we did not have enough information to make a very factual start with it. But after the second one we were really on target'* (respondent 10).

Interestingly, the social care sector respondents formed a small learning group and met separately to discuss their understanding and evidence collection. This was possible as they each participated in regular local governance meetings.

'I have found the workshops particularly interesting...I think most of the thing about doing a course is about learning from everyone else's experience and I have to say, being able to pick June's brains and also the Lead's brains, has been really interesting for me...sometimes just having somebody to pin ideas around, so for instance, we veered into a conversation about compassion...really interesting and thought provoking and make you go away and think.' (respondent 9).

The workshop support was generally considered helpful, though some were not able to attend due to work pressure and clash with other meetings. In extending the scheme there may be a benefit in providing workshop dates on joining the scheme and encouraging the formation of learning groups.

6. How effective/helpful are the guidance/support materials?

The first response to this question was usually about the problems encountered in using a memory stick which IHM provided to each candidate. The memory stick included a file for the compilation of responses to how candidates had met each of the behaviours, it also included relevant policy documents and materials that might be useful to consider in terms of evidence compilation. Unfortunately there were limitations on the number of characters that could be typed into each box section on the memory stick portfolio file. After reaching the character limitation the font size automatically reduced and became difficult to read. The candidates found ways around this problem by designing their own separate word document. Once this problem was overcome, candidates were able to move forward with recording and discussing their evidence for each of the behaviours.

'I've skimmed through it and there doesn't seem to be a lot of structure there, it might just be me. But what seemed to be missing was like a front page that guided you through which bit you should look at in context to everything else its just lots of documents' (respondent 5)

The memory stick contained a number of documents for background reading and some of the respondents mentioned difficulty in navigating and determining which they should read in terms of priority.

'and then this memory stick appeared and there's just masses of files and information on it and its like, there's one that says 'portfolio', flicked into it, yes I can figure out how to work through that, its fairly sensible and then there's all these file references that just say resources and its like 'where do I start...am I supposed to read all this? Is it relevant? So some sort of background around that.'. (respondent 1)

There may be a benefit in differentiating the files and documents in terms of type of resource and how candidates might use the resources.

'So if its a resource that you may or may not find useful, I'd prefer nothing to be there and I go off and Google what I needed when I needed it, but the fact that you have been given 40 or 50 PDF documents in this resource, it kind of implies that you're meant to read them all because somewhere on page 17 of file 33 may be something that I should have included' (respondent 3).

Some respondents had attending an initial meeting, which had included an introduction to the materials on the memory stick and some had logged into a webcast of the presentation. Those who attended the initial meeting seemed to have more understanding of the nature of the documentation held on the memory stick.

'because we had the presentations delivered over a webcast although I didn't quite go off and make a coffee in any boring bits your attention span looking at a screen to that is going to be very different to in a meeting where you have a presenter presenting to you, so I think that may be the downfall just the medium we were presented to, just didn't allow that same level of interaction therefore couldn't sink into the same level' (respondent 5).

The respondents seemed to have gained essential information at the workshop meeting on the nature of the documents on the memory stick and how they might be used. In addition they received follow up help from the project team on a one-to-one basis including telephone contact. Overall, it was understood that this was a pilot project and that there would be aspects that may require adapting prior to first launch of the scheme.

7. Is there anything that is not included/provided and that they consider should?

Some of the respondents noted the need for guidance on referencing, which though discussed in the workshops might also be useful in the materials provided. The need for more guidance on the types and form of evidence that could be provided was also noted:

'I think perhaps a list of things that people have used as evidence would be useful...there was nothing sort of factual there about you know people have used the following things to

demonstrate their point, such as reports they've prepared of lists of staff hours or training and development plans...that would have been more helpful' (respondent 10)

Many of the candidates were still at a relatively early stage in their portfolio preparation and were still learning about the evidence collection and preparation process.

8. Relevance to other professional standards?

Many of the respondents mentioned some overlap with other professional standards, particularly around the IHM ethical code and mentioned differences and deficiencies in other standards with which they were familiar:

'the code of conduct for a nurse is far more general and if I had one criticism of nurse training...its that it never trains nurses to be leaders' (respondent 9)

Leadership is covered explicitly in the Nine Behaviours through Work Style and also Ensuring Safety, though is an implicit feature throughout. The accredited manager scheme was considered as providing an overlay of behaviours which the respondents could articulate and evidence their complex responsibilities.

9. Any other points?

One of the participants mentioned the benefit of the accredited manager scheme to enable participants to articulate the breadth of their responsibility within the health and social care context:

'I do think working at this level you have to think out of the box, you cannot just be a unit professional shall I call it, you've got to think how do they think of it in medicine, how do they think of it in surgery, what's our impact on them as an estates and facilities division?' (respondent 6)

10. What is the most challenging aspect of this initiative?

At this early stage in the pilot scheme the responses to the question about the challenge where focused on the potential workload involved.

'The most challenging aspect for me so far is to find the time to do it' (respondent 12).

Another respondent alluded to the challenge of portfolio preparation as well as the final viva examination.

'it's going to be making sure that the portfolio answers the requirements of the course because obviously there's that bit about matching up what I find is valuable with what's required and I have to say I'm not looking forward to the viva at all' (respondent 9)

Summary of recommendations from the focus group and individual interview responses:

The responses collected through the focus group meeting and individuals provided and interesting 'snap shot' of candidate experiences at a quite early stage in the process of starting to understand the requirements and how to prepare their portfolio of evidence. The feedback highlighted some fairly obvious areas that could be addressed by the project team prior to launch to a wider group, Themes include:

- More guidance on the memory stick (the structure may require amendment) and materials to be accessed

- More guidance on the types of evidence that might be used

- Named contact persons, possibly an allocated 'mentor'

- Encourage independent learning groups

- Workshop dates set in advance with repeat sessions available

- A selection of anonymised example portfolios

- Some detail about the focus of the final viva examination.

The project team were working closely with individual respondents and in most cases any areas of confusion were clarified through further discussion. In addition the participants were aware that it was a pilot and were generally keen to share their experiences. Many of the above points were addressed during the mid stages of the pilot.

c. *Analysis and discussion of individual interviews with project team and DoH stakeholder*

A further round of interviews were conducted with two members of the project team and one DoH stakeholder. These interviews focused upon the same themes that had been used for the candidate participants as it was felt that there may be insights gained around these themes that might be useful to record and analyse for future delivery. The following analysis draws on the thematic analysis of data recorded for the responses.

1. How well do the standards/ behaviours match your experience?

This theme was used in that the project team and DoH stakeholder were asked to comment on how they felt that the behaviours matched the candidates experience and if the candidates were able to associate effectively with them:

'Again it's a bit early to say with certainty, because I haven't seen any portfolios which would give me evidence that I'm right in my assumptions really. But certainly through talking to the candidates on, either a one to one or a group basis, they don't seem to have had any problems.' (Respondent 1).

2. **How well are you able to interpret the standards/behaviours in relation to your own experience?**

It was difficult for the team to comment in depth on this theme as it was relatively early in the project and candidates were at an early stage in portfolio preparation. However, there were some thoughts based on the ongoing candidate interaction:

'I think that they've taken the behavioural framework and they've used it very effectively, I've found it relatively easy' (Respondent 2).

3. **How are they able to make time for this continuing professional development?**

This theme was of interest as most of the candidates were in senior roles and time to develop a portfolio would be likely to be at a premium. However, there was a hope that organisations would recognise the importance of such development both strategically for the wider organisation in addition to individual performance:

'it will partially be governed by the organisation that employs the person, whether they foster a spirit of succession planning and developing talent for the future. It will be partially governed by whether candidates are a) ambitious and b) worked out that to fulfil their ambitions and to progress they need to acquire other skills and that requires a fairly critical self analysis of whether people feel that they have the right skills or experience at the moment or whether they need to actually, in the post and at the level they are at , to actually , to grow themselves'. (Respondent 3)

4. **Do they feel that it will be an accurate gauge of professional ability/performance?**

This was an important consideration and generally there was a feeling that there is a need for robust evidence through a combination of portfolio and viva voce examination. There may still be some further opportunity to develop this aspect of the award process as noted:

'I think there's something missing but I'm not certain what it is, and thats a sort of gut feeling... and I think it will emerge from the vivas' (Respondent 1).

There was also recognition that the portfolio and viva process should be viewed holistically to determine the potential of the development:

'I think the level, as long as you take it as a whole and you don't just take the evidence. As long as you look at the CV part of the portfolio which validates the individual seniority and the individual's knowledge as well as skill, together with the portfolio about the evidence that matches to the nine behaviours, if you take it as a whole I think it reflects fairly.' (respondent 2).

In terms of building on the effectiveness of candidates to demonstrate their ability, it was also felt that it might be possible to include a formal candidate presentation of their portfolio and evidence:

'I think a) if you could have not just a viva but almost a formal presentation of a key element or topic of what they've submitted followed by questions, I think that would be really helpful

because lots of these people from my knowledge will perhaps have struggled to get the opportunity to do that sort of thing and actually you know what we are looking for are people who are developed' (Respondent 3).

The question of a sufficient gauge of professional ability was considered as especially important for example in the case of Estates and Facilities leaders within the NHS. There may not exist the opportunities for development at the level of the accredited manager scheme, and especially to gain board level experience:

'I would expect that most of the people that we have on this programme will have gone nowhere near a board level manager in their organisation to get approval to come on this. It will have probably been their local director who probably doesn't sit on the board and it will be someone who is trying to nurture talent locally and develop people.... I think it was .... who christened Estates and Facilities staff within the NHS as 'the lost tribe'' (Respondent 3).

5. How has the workshop delivery to date met their expectations?

The project team feedback on this question indicated that there was still a need to understand the best way to deliver the candidate support. There was recognition that it would be very difficult for many busy senior people to fit their diary around the workshop dates that were set.

'I guess we are having that debate really about, whether we need them all because some people haven't attended, and have chosen only to come to one as opposed to the three (workshops). (Respondent 1).

'We have provided them on this occasion with teleconferencing with web support for those people who missed the face to face workshops and I think we would continue to do that.' (Respondent 2).

The above feedback illustrates that there may be alternative means of providing the necessary support outside of conventionally delivered workshops, including virtual and blended learning approaches.

6. How effective/helpful are the guidance/support materials?

The project team noted that there had been some issues around the guidance pack, in terms of the software fault on the form contained on the memory stick provided for the candidates. However, there may also be a need for some fine tuning in terms of the language used, though the document on the IHM 9 Behaviours was considered clear.

'I guess what we'll have after the pilot is some examples, more examples maybe helpful, certainly in terms of how people presented things'. (Respondent 1).

'I think the guidance pack needs to be developed by the IHM...I think some of the learning from this pilot is that you don't have to use the electronic portfolio, you can use your own methods as long as you map it to the nine behaviours.' (Respondent 2)

There was also recognition that there was a need to discuss with the candidates how they can collect and present their evidence, which is a content specific approach that may not be able to be fully provided by a guidance pack.

7. Is there anything that is not included/provided and that they consider should?

At this point in the project there was understanding that alternative approaches to evidencing the behaviours may emerge. It was noted that one candidate had requested to present his evidence for meeting each of the behaviours orally through presenting his CV and relating this to the behaviours to the viva voce panel.

'we can't at this point say no to anything, providing that we get the evidence in some way' (Respondent 1).

The remaining questions were not put to the project team as they were more specifically related to candidate awareness.

Summary of recommendations from the Project Team and DoH representative responses:

- There is a need for further guidance materials and clarification to candidates that they don't have to use an electronic file.

- Candidates are free to use their own methods to evidence the nine behaviours.

- Need to consider the type of support to be provided, not all can attend workshops. Teleconferencing and online approaches were used and seemed to provide a useful alternative.

- Need to make available examples of portfolios for candidates.

- It may be useful to include a formal presentation by the candidate of their portfolio within the viva voce examination. This would evidence their communication skills and ability to influence.

d. Analysis and discussion of IHM Assessor responses

As with the analysis of the candidates and project team, a selection of relevant responses are included and discussed below each of the questions/ themes posed to the assessors. A total of three assessors of the portfolio were interviewed.

1. **Please comment on your previous experience of portfolio / viva examination for IHM or other IHM assessment experience - or similar experience elsewhere.**

All of the assessors commented that they had experience of assessing competence based qualifications and were familiar with the Nine Behaviours. All had experience of assessing healthcare qualifications and were practitioners. Two of the assessors were involved in higher education delivery and the third assessor had a background in the armed services. All have experience of working with large numbers of candidates over some years.

2. **Do you feel that you have received the appropriate preparation to undertake the assessment?**

The assessors had an initial orientation day prior to assessing any of the portfolios, followed. In addition there was a follow up meeting after the first round of assessment which was intended to build on understanding of the evidence requirements for the behaviours.

Being a pilot study, there were no examples of completed portfolios available for the assessors to read in preparation for the assessment. This was felt to be particularly important in understanding the evidence requirements for the nine behaviours.

'we could have done with examples of what they expected to see in the portfolios around the behaviours' (respondent 1)

However, the assessors had much experience of portfolio assessment to draw upon as all three had been involved in assessment of national vocational qualifications as well as working with the IHM in other educational programmes.

3. Are the assessment criteria clear?

The assessors initial orientation meeting had provided a useful introduction to understanding though there were further areas for clarification that were discussed in a follow up meeting. This was held after the assessors had completed a first portfolio assessment. There seems to have been some difficulty in candidates understanding how to present their evidence against the standards.

'I think our main concern was that the candidates couldn't actually put a portfolio together' (respondent 1)

'As an assessor I would have liked some examples of what the organisation perceived as interpretation of the behaviours' (Respondent 2)

The learning from the evidence that has been collected and successfully linked to relevant behaviours will provide a baseline for future assessors as well as candidates.

4. How many have you assessed from this cohort, portfolio and/or viva?

One assessor had assessed three portfolios, one had assessed two portfolios and one had assessed only one portfolio. None of the portfolio assessors were involved in the viva voce examinations.

5. Do you feel that the candidates have been well prepared for the portfolio preparation / viva examination?

The assessors were united in their opinion that the candidates had not grasped the process of portfolio preparation, despite in most cases, having relevant evidence. The process of presenting a critically reflective portfolio is often difficult to grasp:

'I know how difficult it is to present portfolios because it is a, I would describe it as a 'light bulb' moment that people don't understand the concept and then suddenly they do. But they do not know how they've got there' (Respondent 1).

'it seemed to me that they [the candidate] hadn't had the level of orientation that they needed because, the way they had approached the problem didn't seem to be as direct as you would expect from somebody who did clearly understand the criteria' (Respondent 3).

The assessors prepared feedback to the candidates on further work required on the portfolios, and the candidates had the opportunity to revise and re-submit.

6. Has the portfolio/viva met your expectations?

The response from all three assessors was that their expectations had not yet been met, though they were expecting further portfolios to assess.

7. Do you feel that the work provided seems to be meeting the IHM behavours?

There was a perception that seemed to be held by the assessors that there was further work needed in the portfolios that they had read.

'no, mainly in that [he] had not used what I would describe as either academic or educational reading. I got lots of hospital policy but I had nothing going back to why this hospital policy had been.....I had nothing underpinning' (Respondent 1).

'I wasn't sure what level they were expected to be performing at. I was assuming that they were looking up to the strategic level and a lot of the examples were tactical and that is probably, that is a reflection of their experience, but if this is to be taking them on from director or business manager and up to the next level, then I would have expected them to be raising their sights.' (Respondent 3).

The above comment reinforces the need during the early part of the project for further details and discussion about the form that evidence should take and the types of underpinning knowledge that is required. Both candidates and assessors seem to have been on a learning curve, which can be understood as in the nature of this type of development initiative.

8. **Are there specific areas that you feel have not been evidenced well?**

The assessors encountered initial problems in assessing the standard of the portfolios in that there may have been a need for more careful demonstration of higher level strategic development:

I think in general...they weren't presenting at a level that given they had, well most of them had fairly senior roles, I didn't see in some ways that senior level coming through in either their practice or their knowledge'. (Respondent 1).

'One of the main areas that they've struggles with is patients, the behaviour around patient engagement, because their perception of their engagement with a patient is very limited because they see doctors and nurses doing that. Governance was another weak area, patient engagement, and innovation I think' (Respondent 2).

'There was a big gap in CPD, there was no direct reference in one of the portfolios to any CPD over the last five years and then of course without that you are not going to get any in-depth referencing and also I think generally referencing was poor, again it was narrative rather than...there wasn't the evidence of deep analysis and so they weren't actually going into the background and the science, which I would have expected at that level.' (Respondent 3).

Generally, there was a view that the candidates, though they may have relevant evidence, they might have needed help to draw out more higher level strategic attributes of their experience and performance.

9. **Are there areas where you feel all candidates you have assessed so far have performed well/evidenced well?**

The assessors feedback to this question was rather that they did not recall any outstanding examples of portfolios that demonstrated achievement against the behaviours. However,

there was recognition that many candidates had relevant evidence and were at an appropriate level for the award, and had relevant professional knowledge:

'The one I had was probably because of the nature of his role which was Safety Estates Management, there was a good level of understanding about safety because that's what he had to do....that was just that particular candidate.' (Respondent 1).

10. Comparison with other candidates on the course?

One of the assessors had only assessed one portfolio and felt there was no opportunity to comment further. The other assessors commented that there were differences, where candidates had attempted to undertake a more critically interrogative approach to their evidence.

'Yes, in one there was evidence of CPD and in another one there was absolutely no evidence at all of CPD. Yes, they were slightly different, the poorer of the two was all narrative, it was all historic, it was all individual rather than team, compared with the other one where it was slightly higher standard. But as I say there was no in-depth analysis in either' (Respondent 3).

11. Other feedback - any other thoughts on the process and how it could be enhanced?

The assessors outlined the way that they had benefited from a post assessment meeting in which to compare assessment standards with each other in an effort to ensure parity of understanding and assessment standard:

'I would like to reiterate that I think the concept is brilliant because I was in the [same] *situation as a nurse....so I'm quite passionate about this route for healthcare managers, social care managers in their situations. I think underneath whether it does require other people to give different support at the beginning and whether there has to be more of a facilitator type area where....people can talk through, but it is getting again that equalisation of parity'* (Respondent 1).

'One of my suggestions was that somebody actually saw them before they came into the assessors and I mean that would go back to the NVQ framework which is you had an advisor and then an assessor.' (Respondent 2)

'Well we had a validation period as well post the portfolio assessments which was facilitated...So we've had our own sort of internal feedback and our own self critique of the validator as well which was very useful and I think that's helped calibrate us...But certainly that has improved our awareness and if the same thing happens with the candidates then the standard is going to be raised....I think its been pretty positive. I mean it was a pilot so you wouldn't expect it to be perfect... the teething problems that we identified, they are not difficult to put right' (Respondent 3)

There was recognition that the project team we providing specific additional support to candidates and it was felt that this was an essential component of this form of accreditation programme. There was also discussion around the advisory support role used in supporting

NVQ candidates, and the potential benefits of this approach for the accredited manager scheme.

Summary of recommendations from the Assessor responses:

- Need for early preparation and discussion with assessors so that a shared view of the required standard can be formed, using examples of past successful and unsuccessful portfolios.

- Need for candidates to have advisory support to ensure that portfolios are checked by the advisor before submission for final summative assessment.

- More detailed information needed for the candidates in portfolio preparation so that evidence is considered from a strategic perspective and is critically reflective in nature and not historic narrative.

- Specific areas were highlighted as difficult for some facilities candidates to eveidence; the behaviours related to; corporate governance, patient engagement and innovation. There might be further written guidance on how these behaviours might be understood and evidence.

- Improved communication with the assessors so that there is a regular feedback/discussion route.

e. Analysis and discussion of candidate responses post portfolio and viva voce assessment

A total of five candidates who had passed the portfolio and viva voce examination were interviewed. As with the previous interview data analysis, selected responses are included under each of the questions in order to provide understanding of the experience. This was an important stage to record as the candidates had undertaken a lengthy journey in the process of portfolio preparation that had started in May 2009. The interviews were conducted during March and April 2010. The interview themes were structured around two aspects of the process; the portfolio and the viva voce examination.

i. Portfolio

a. About your reflections on the portfolio preparation process.

A common response was that candidates found it very difficult to allocate time, though found the process useful in reflecting on their practice. A number of the candidates were invited to re-submit their portfolio in order to further clarify evidence against the Nine Behaviours:

'I might actually have benefitted a bit more from the preparation of it, because after it had gone, I thought oh I would like to have explored this a bit more' (Respondent 1).

'somebody mentioned at some point that I'd probably produced too much evidence, so perhaps it would be useful just to see a sample copy, to ensure that future candidates don't put too much time into it when its not necessary' (Respondent 2).

'I think on the first submission everybody didn't get through. So there was obviously a mismatch, or my perception is that there was a mismatch between what they were looking for and how that came across in the instructions and guidance...the feedback I got from [Project Team member] *was excellent and very supportive....although it was a much more drawn out process than I anticipated originally, it took much more time than I anticipated'* (Respondent 4)

b. Materials and support provided

All candidates found the memory stick faulty and in need of further development. When the fault was noted, the project team advised participants to use an alternative electronic or manual process of compiling their evidence:

'I just gave up on that and did my own in a big folder and set it all out again...The printed information was fine and the meetings we had, the formal ones and a couple of informal ones were very helpful. The last one in particular because we had done some of the work on our portfolio, I think we'd done the preparatory bit and assignment or episode one, so we got some very useful feedback on that, which was heartening.' (Respondent 1)

'I felt very supported through it, it was very good. I do wonder if that gets rolled out much wider whether the IHM or whoever could sustain that level of support, excepting that this is a pilot, but we did enjoy high levels of support' (Respondent 3)

c. Understanding of the assessment criteria and process

Many of the respondents mentioned the process of reflection upon practice that was required as part of the portfolio preparation process. One aspect that was noted by some respondents was the reflective approach to writing about their experience and how this relates, with relevant evidence, to the Nine Behaviours:

'I think for some people, maybe if they had moved departments or didn't have access to the same computer material they'd always used, it might be a bit more difficult and I also keep notes from conferences and outside meetings and things I go to as well.... I think some people might struggle a bit more to find it all'. (Respondent 1)

'I didn't think it was difficult because it was easy for me to provide the evidence because of the job that I do, what took the time was indexing it and then putting it into either, seeing

what came under which specific scheme... I hadn't anticipated that we had to do a separate piece of work on reflection and then there was going to be a viva as part of that...there was a two page sheet explaining what was expected and it was perfectly straightforward' (Respondent 2)

'I put together what was a very career oriented description....in doing that it lacked reflection, you know my feelings, my thoughts, my experiences and how I felt about them post achievement...it wasn't in my nature to immediately reflect on things that we'd done, because things hit you so fast on the floor... and that needed clarification for me' (Respondent 5).

There was feedback generally on the difficulty that some encountered in retrieving evidence from past practice and achievements, especially where the candidate had moved organisation. For some the process of reflecting on their practice was a relatively new process and needed some consideration.

d. Other comments?

Some of the other comments included reiterating the difficulties around the software and understanding which documents needed to be accesses. There was also a comment about the need for more clarification early on about the need for guidance on the reflective writing process as some may be new to this approach:

'I actually found it difficult [reflective writing] because I'm a fairly private person and given that you are documenting a lot of your thoughts and feelings and you don't know who was going to read this at the end, it was quite a nerve wracking thing to do...one of the comments that came back on mine [portfolio] was that it wasn't easily referenced and I'd say that was because the behaviours aren't referenced' (Respondent 4).

The feedback indicated that where the candidate had missed an introductory workshop, they needed early intervention to ensure that they had gained the correct understanding of the portfolio preparation task.

ii. Viva

a. Reflections on the viva process

Some of the candidates were unaware of the viva or had not really considered the nature of the assessment:

'if I'd absolutely known the full detail, the level of questions and who was going to be on the panel, I might have been slightly more anxious about it... I know a lot who would struggle in

that sort of environment with chief executives asking quite challenging questions and therefore if that was the bar and if that was how it was set going right through across health or social care or just members of IHM, I think the failure rate on the professional interview could be fairly sizeable'. (Respondent 3).

b. Preparation support provided

Some of the candidates mentioned their surprise that the viva examination did not seem to focus upon their portfolio and formed an interview around their leadership qualities including discussion on how they might deal with some difficult scenarios:

'I don't remember speaking to anybody about it. I think I was told that it would be an interview. I think I expected it to be more about the work, the portfolio and about the piece of work on reflection but I'm not sure that the people who did the viva had actually seen either of them, well I know they hadn't because they didn't speak about any of that, it was all about leadership.' (Respondent 2).

c. Understanding of the viva assessment criteria and process

Respondents may have related the viva voce to other forms of oral assessment, for example with National Vocational Qualifications and were not aware that the viva could cover areas beyond the portfolio submitted:

'I know that they were looking far any areas where you perhaps hadn't explored in enormous depth in your portfolio because when I did my cross referencing to see that I'd covered each behaviour... there were some areas where I got a lot more ticks than others. So I presumed they were going to look at the areas where your experience might not be terribly deep....So I expected them to hone in on that. But I'm not at all sure that they had personally read the portfolio and whether they were just given a list of topics where extra information was required' (Respondent 1)

d. Any other comments on the viva or overall experience
Overall, respondents felt that the viva was an enjoyable and interesting meeting and that the panel were sensitive and supportive and at the same time challenging and encouraging candidates to give their best:

'my experience of the viva was actually you know a much more encouraging than I'd initially thought and I suppose the key is the quality and the sort of attitude and the approach of the people who are doing the interviewing and it's making sure that those are the right sort of leader candidates, the sort of behavioural qualities come out in those people. So as you're

rolling it out I suppose the more people you get involved in assessment, the more difficult it might be to maintain that standard.' (Respondent 4)

'I do enjoy the diversity of challenge and sometimes being taken out of your comfort zone and it's a little bit well what are you going to do now. I quite enjoyed that and I enjoyed the viva because of that....basically the way my viva went was the chief executive asked a series of questions which I found very challenging and I can see why a chief executive would ask that type of question. Then the gentleman from [organisation name], he came from a very different tack and asked what we would do about this and I did learn a little bit from both those experiences and then [panel member name] came from a more general perspective whereby she asked what I felt about some of my achievements and more managerial issues, so I enjoyed the diversity of it.' (Respondent 5)

The respondents found the viva voce a useful and interesting experience, and though it may not have met their initial expectations, they were pleased with the practice focused approach adopted.

Summary of recommendations from the respondent post viva voce responses:

- More guidance on reflective writing and how this is presented in the portfolio would be helpful

- The Nine Behaviours could be individually numbered so as to ease the process of candidates cross referencing to their evidence within the portfolio. This might also aid the portfolio assessment process.

- It would be helpful to have a sample portfolio to show candidates along with clearer guidance on how much evidence is required against each strand in the behaviours.

- Guidance on the workload would be helpful and to reinforce the need for candidates to undertake the work on a regular basis rather than leave it all to the submission deadline.

- It would be helpful to ensure that candidates understand the focus of the viva voce in advance.

- Candidates should be made aware that the viva may go beyond the evidence included in their portfolio and introduce some perspectives that they will be invited to respond to.

- Respondents felt that the viva panel had not seen their portfolio, it might be interesting for candidates to present their portfolio to the panel, which would also demonstrate their communication skills.

v. Discussion of the Themes Recorded throughout the Evaluation Study

The participant responses recorded in the initial questionnaire provided the basis for focus group and interview questions to be derived. The themes that emerged were constantly compared in order to reduce duplication. This also helped in the process of developing questions for use with assessors the candidates who agreed to be interviewed post viva. The themes recorded were those which expressed an issue or point of interest for the evaluation. The list of all themes that emerged from the analysis is shown in APPENDIX G. The list of themes and the selected responses to the questions shown in the Analysis section of this report have been used in the formulation of the recommendations from the evaluation.

5. University Accreditation of the IHM Accredited Manager Scheme

Accreditation Guidelines

The evaluation remit for the pilot project included a requirement for the scheme to be considered for accreditation by Middlesex University. The IHM currently has two programmes accredited by Middlesex University; Managing Complaints for Service Improvement and a Vocational Training Scheme for Practice Managers. IHM has developed experience of operating Middlesex University Accredited programmes over a number of years and has enabled large numbers of candidates to gain university accredited awards. The Managing complaints for Service Improvement programme is accredited at undergraduate level (level 6 on the Qualifications and Curriculum Development Agency (2010) Qualifications and Credit Framework (QCF).

The Vocational Training Scheme for Practice Managers is accredited at 60 credit points at postgraduate level (QCF level 7). This programme is aimed at GP Practice Managers and includes leadership and supervisory focused learning.

The IHM Accredited Manager Scheme is a higher level award aimed at established and experienced senior managers. Many of the candidates in the pilot project have achived masters level qualifications and have professional body membership. The general level of the Accredited Manager Scheme would seem to be evenly located at postgraduate level. In terms of the credit value it would seem to be similar in terms of breadth to the Vocational Training Scheme through its focus on the Nine Behaviours. However, the Accredited Manager Scheme contains a higher level element related to management, leadership and transformational change. In this respect it would seem to be appropriate to consider its applicability to QCF level 7/8, which is relevant to our professional doctoral pathway.

In terms of credit value, the Accredited Manager Scheme would seem to equate well as a 60 credit award at level 7, though for the purposes of continuing learning, there may be potential for candidates to progress onto the Middlesex Doctorate in Professional Studies in

Health. The Accredited Manager Scheme award may be considered as evidence towards the Doctorate in Professional Studies framework for Recognition and Accreditation of Learning (RAL) either 40 or 60 credits. A copy of the Doctorate in Professional Studies framework is shown in the Appendix.

However, in order to make a more detailed assessment of the Accredited Manager Scheme as a recommendation to the University Accreditation Board, there would need to be full consideration of the learning materials.

At the time of the pilot cohort some of the learning materials were still in development and may be revised in light of the project findings. A formal application for accreditation will be required along with details of the learning materials and assessment criteria for the Nine Behaviours. Further details on recognising learning at higher education can be obtained from: http://www.mdx.ac.uk/aboutus/Schools/iwbl/accreditation/index.aspx

6. Discussion and conclusions for the IHM Pilot

The evaluation of the IHM Accredited Manager Scheme pilot study has benefited from a cohort of interested and enthusiastic managers from the health and social care sector. The pilot will prove invaluable for developing the learning materials and delivery and assessment process for future candidates to benefit from the scheme.

The underlying ethos of this evaluation study was one of appreciative inquiry, where the benefits or positive aspects of a development are considered in order to draw out the learning from success. This is fundamentally different from focusing on problem solving (Cooperrider et al, 2000). This evaluation report has aimed to draw on the experiences of participants in a new IHM initiative for accredited managers in health and social care, which has been received with enthusiasm by all who took part.

All of the candidates who took part were genuinely supportive and positive about the potential for this form of learning development. Many cited its importance to busy professionals who may not have the time to attend formally delivered courses and whom had much experience in their area of management responsibility.

The pressure points in delivery and assessment have been captured in the voice of the participants as a means of providing a balanced overview of the experience of this approach to professional learning and development. In this respect, the consolidated recommendations that are recorded below should be seen as a part of a process of positive change.

Consolidated Recommendations

The consolidated recommendations have been located under the main related category, which is shown in bold:

Overall Accredited Manager programme

- Guidance on the workload would be helpful and to reinforce the need for candidates to undertake the work on a regular basis rather than leave it all to the submission deadline.

- The memory stick was a found to contain a fault in the structure of the portfolio file.

Assessors

- Improved communication would be helpful with the assessors so that there is a regular feedback/discussion route about the level and standards expected within the portfolios.

Candidates

- Named contact persons would be helpful including contact telephone numbers.

- Candidates could be allocated a personal 'mentor' to support them throughout their portfolio development.

- Encourage independent learning groups so that candidates can learn from each other.

Workshops

- It would be useful to have preparatory workshops early on and closer together in order to enable candidates to respond to any queries or misunderstanding that they have after the first workshop.

- Navigation within the memory stick and use of the portfolio development file and other materials contained on the memory stick could be discussed and included in a workshop at the start.

- Workshop dates should be set in advance with repeat sessions scheduled.

Portfolio

- A selection of anonymized example portfolios should be made available as a guide.

- Need for candidates to have additional advisory support as they near portfolio completion to ensure that portfolios are checked by the advisor prior to submission for summative assessment.

- More detailed information is needed for the candidates in portfolio preparation so that evidence is considered from a strategic perspective and is critically reflective in nature and not historic narrative.

Guidance

- More detailed guidance required on the types of evidence that might be used

- More guidance on reflective writing and how this is presented in the portfolio would be helpful.

- The Nine Behaviours could be individually numbered so as to ease the process of candidates cross referencing to their evidence within the portfolio. This might also aid the portfolio assessment process.

- It would be helpful to have clearer guidance on how much evidence is required against each strand in the behaviours.

- Specific areas were highlighted as difficult for some estates and facilities candidates to evidence; the behaviours related to; corporate governance, patient engagement and innovation. There might be further written guidance on how these behaviours might be understood and evidence.

Viva

- It would be helpful to ensure that candidates understand the focus of the viva voce in advance.

- Candidates should be made aware that the viva may go beyond the evidence included in their portfolio and introduce some perspectives that they will be invited to respond to.

- Some respondents felt that the viva panel had not seen their portfolio, it might be interesting for candidates to formally present their portfolio to the panel, which would also demonstrate their communication skills. This could be in addition to the normal panel questions.

The evaluators are indebted to the candidates, IHM project team and assessors who contributed to this study, thank you all!

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APPENDIX A: Evaluation stages

Evaluation Stage 1: May 2009 – June

The first stage of the evaluation will include:

- Consultation with the pilot project team to arrange appropriate evaluation points within the project timetable. This might include attendance at meetings with the project participants.
- A summary and analysis of any consultation process with feedback data.
- Development of interview questionnaires at the start and finish of the course. Separate questionnaires for each of the stakeholders; pilot participants, course/project facilitators and DoH Estates. Initial expectations of the accreditation course will be sought.
- Interviews with pilot participants and facilitators at the start of the course.
- An evaluation report will be prepared at the end of each evaluation stage.

Evaluation Stage 2: July - September

- Stage 2 will continue with the interview process involving the DoH Estates.
- The evaluators will attend course workshops as appropriate .
- The progress in meeting pilot project objectives will be evaluated through discussion and reporting from the pilot project manager.
- An evaluation project report will be produced, including findings to date.

Evaluation Stage 3: October – January 2010

- Analysis of a sample of participant progress reports and mid point satisfaction. This would best be achieved through a short focus group meeting at the end of a pilot course meeting.
- A post course interview with stakeholders will be started.
- An evaluation progress report will report on findings to date.

Evaluation Stage 4: February – May 2010

- A final report on the outcomes of the pilot and whether this process has met the expectations, and achieved the accreditation requirements, for individuals and key stakeholders.
- The final evaluation report will include recommendations for improvements and dissemination on a larger scale. An indication of an academic "level" of the programme will be analysed and reported upon using the Middlesex University Accreditation process linking Quality Assurance Agency level descriptors.

APPENDIX B: Compilation of feedback from completed participant questionnaires.

A total of 10 questionnaires were completed.

Participant Information.

Q1. Your Job title
Head of Estates
Senior Consultant
Chief technology officer
Director of facilities
Head of performance
Director of Facilities
Director of Estates & Facilities
Domiciliary Care Manager
Registered Manager

Q2. Gender, Age, Ethnicity, Sector (Health or Social Care)			
Male, Age, Ethnicity, Sector	**Female, Age, Ethnicity, Sector**	**Highest Qualifications**	**Professional body membership**
49, White British, Health		B.Eng, Cert Industrial Management	C.Eng, C.Building Service Engineer
34, White British, Health		B.Sc, MBA	
46, White British, Health		B.SC, MBA	IHM Associate
56, White British, Health		MBA, PhD	British Institute of Facilities Manager, C. Building Service Engineer.
	50, White British, Health	MBA	Health estates & facilities management Association
47, White British, Health		B.Eng, Diploma Management	F. IMECHE
42, White British, Health		MBBS, M.Sc DIC	IHM Associate, MRCPsych
	53, White British, Social Care	LLB, NVQ 4 Care, Registered Manager	
	39, White British, Social Care	Nursing Degree	NMC
	38, White British, Health	B.Sc, PG Dip Management	

Q3. About your organisation	
Public (7)	Private & Voluntary (3)
Hospital – Large Organisation (6)	Nursing home (1) - Small Organisation
Mental Health Trust (1) – Large Organisation	Health Sector Management Consultancy (1) – Small Organisation
	Charity (1) – Medium Organisation

About the programme

Q4. Why have you joined the programme (please explain your answer)

To maintain my personal ongoing professional development in a relevant field. I have not taken and accredited training for two years the last being the High Voltage Authorised Persons course. This was obviously very engineering bias whilst the Accredited Manager programme offers me an opportunity to increase my vocational skills in a wider field.

Q.4.1 Need a further qualification (please expand)

This programme offers a slightly different slant on current portfolio of qualifications.

I have been involved in health care management in some aspect throughout my higher medical training and now my consultation career – I wanted to find a qualification that recognises my experience, and that was not bound by the traditional medical professional hierarchy.

Since changing   career I have become interested in the wider aspects of care provision – both socially and politically. I felt that the Registered Managers Award was a very basic qualification and that I wanted to undertake some study at a higher level. Unfortunately it is virtually impossible to find anything that is affordable in this context and the accreditation programme seems to offer more than anything else that I have been able to source.

Q.4.2 Changing professional domain (please expand)

Will expand my current experience by making me consider management and change from a wider perspective rather than that of a purely professional viewpoint.

The arrival of CQC, the new initiatives on Dimentia and palliative care, 'Putting People First'. Anything I can do that will help me get to grips with these constant chages will be very useful.

Q.4.3 Personal Development

Will continue my learning and personal development into an area much wider than that of my previous experience.

It was recommended to me by a colleague as a way of demonstrating my abilities as a manager and achieving some level of accreditation.

To ensure I understand & able to practice & encourage others to exhibit against an expected & understood standard.

Gain greater standing among my peers.

To attain a level of accreditation recognised across the NHS for professional managers.

To take part in setting standards for nationally recognised competencies.

The accreditation process has given me the opportunity to review my healthcare management experience, and gain an additional qualification through this experience.

I feel that the emphasis on reflective practice and the examination of projects and the examination of projects etc that have not been successful as well as positive aspects of my career will be very useful.

Interest in the changing framework

Q.4.4 Other

Academic interest in developing pilot programme.

As accreditation is a continuing process and further evidence of development will be required over the years that come, I feel this offers far more than a 'one off qualification.

Q5. Do you feel that an accreditation programme has advantages or disadvantages over conventional taught course delivery? (Please explain your answers)

I don't particularly feel anything at the moment, not having participating in one other that was classroom taught.

Q5.1 Advantages

Makes the individual broaden their horizons in a clear way in a defined academic work stream. Maintains consistent ongoing learning to support CPD. The programme calls for examples of professional outcomes as evidence of achievement which is relatively straight forward to express as these things are easy to recall as they form the core of our daily working lives.

More applied.

Yes.

Will enable participants to gain recognition for local training and development that they may part of eg Board Development Programmes as well as others in their professional area.

National / international levels of competency.

The programme recognises experience and practical application of knowledge in a manner that conventional taught programmes do not.

Deals with the 'student' as an individual, opportunity to dip in and out of the work required – to take advantage of those really apposite thoughts that seem to occur at random (sometimes in the middle of the night).

Friendly supportive, utilisation of existing resources

Q.5.2 Disadvantages

Should include an obligation to cascade & role model.

May put people off.

This method perhaps disadvantages those without practical experience, but there are few programmes that seek to gain accreditation based on previous practical experience.

One problem that my group has had is finding the time to engage with the programme. Two are self employed and the remaining two (one of whom has now dropped out) have challenging roles that are not accommodated in office hours. We have all done well with conventional qualifications that involved fixed date attendances at college and have found the need to impose a discipline into our accreditation programme.

Trying to squeeze more into a busy schedule

Q.6 Do you feel that you will have adequate time and resource to complete the accreditation programme? (please explain)

From the information contained in the programme the commitment to complete the initial phase should not place a significant burden upon the individual, however the introductory day will confirm if this is the case. To senior managers time is always a constraint which has to be constantly prioritised, however continuing personal development should always be included within the diary.

At present I feel it may be difficult but that may be due to me not fully understanding the level of work required. I

hope to clarify some of this at the first session.
Yes
This is one area of concern, but once the programme is more defined, this concern may reduce.
Yes, part of my PDP in any workplace.
Yes, participation of importance.
I think that this will be more accurately answered after the programme, but as I am basing the process on two major projects that I have been involved with, the process appears at this stage to be relatively straight forward.
Yes – but it has not been easy to find time. As in my group we seem to respond well to structure, fixed dates etc. We have arranged to meet as a support group at regular intervals and try to complete certain sections of our portfolios according to a schedule we have agreed.
Yes, although it will require some prioritisation

Q.7 How do you feel that professional accreditation will help your career? (please explain)
Unclear at this time, perhaps the initial programme event will cast further light on the scale and aspirations of the pilot. As the pilot is endemic within healthcare management successful completion of the programme can only enhance my career prospects.
It will give an independent view as to the standard of management behaviour.
Don't think it will.
Not certain it would; but would expect it to help me ensure that the manner/style in what I manage is appropriate and effective.
Give greater standing among my peers, able to influence future work.
Nationally recognised qualification.
Independent peer assessment & accreditation will always raise standards & professionalism.
As a doctor it is difficult to gain recognition for past experience without going through a formal training process, and often going through an MBA or similar university based teaching course. This accreditation gives me the opportunity to gain formal recognition of my experience through an accreditation process that is not offered outside of the IHM.
I would like to move into a more strategic role with a larger organisation. One theme that is developing in Health and Social Care is to break down barriers between the two parts of the sector. The accreditation scheme – by being applicable to both parts emphasises the need for partnership working and this will hopefully enhance my career prospects.
No need to complete the course later on

Q.8 Do you feel that the accreditation process will help to develop competence in health and social care managers? (please explain)
Yes- it will give a common standard by which all managers can be measured against.

Unsure at this stage.
Inevitably it should do so, by identifying & clarifying the competency based framework.
Give a level of professionalism above that currently achievable.
Yes, in addition to formal programme there will be useful networking opportunities.
Yes, is much needed with competing pressures on senior management to achieve and be accountable.
The programme will provide a validation for those who have gained experience – this process of recognition is an important process of validation – many other options will provide individuals with intellectual tool, but do not test the practical application of those tools in a real life setting.
Yes – I particularly like the emphasis on integrity and responsibility – and indeed the fact that it hangs on core values and behaviours rather than comprising a series of academic hoops to get through.
Yes as it will ensure awareness of development & reflection of learned from existing work experience

Q.9 Are there any concerns that you may have about the professional accreditation process or award?
None if the time commitment is as detailed within in the programme information.
At present just the level of commitment the programme will require whilst also working full time. Also, as I have recently taken on a new role, most of the evidence will probably come from the previous job I had and therefore be reliant on the commitment of my previous employer.
Unsure at this stage.
Clearly it is still a pilot, but need to see how feedback issues/strengths are addressed within the final programme
Not currently
No
As the only doctor on the programme, I might have a very different portfolio, and I think it will be good to see how this experience translates into a generic set of core management style behaviours and attitudes.
I hope it will become better known and recognised – but things seem to be going well on this front.
No

Preparation for delivery

Q.10 Please comment on the information that you have received before the first workshop.

Q.10.1 Timetable
Seems reasonable
OK

Agenda simple/sufficient
Good
Good.
I may be wrong but I think this was finalised at first meeting.
Excellent

Q.10.2 Information pack
Useful although there are a number of typing errors that impact on my understanding of what is required in some of the behaviour standards.
Difficult to follow (missed first session).
Initial communications
Informative
Course outline – concise yet comprehensive
Yes, useful.
Excellent – the stick was useless though!

Q10.3 Expected learning hours
Not sure what these will be at present, hence the concern.
Unsure.
More clarity needed.
Stretching but achievable.
Not received (@ 19/5)
None that I can recall

Q10.4 Assessment Criteria
Seems logical and well thought out although it may be difficult to adapt them to the wide variety of management roles within healthcare.
Unsure.

More clarity still needed.
Understandable.
Not received (@ 19/5)
Received but not fully understood until second meeting
Excellent

Q.10.5 Advice on supervision
Haven't had anything on this yet.
Limited.
Still unclear
Able to find a suitable supervisor.
Not received (@ 19/5)
Yes, fine.

Q.10.5 Other
Appreciate the accreditation is still a pilot; materials are being developed.

Q.10.6 Are there any good practice points that you would wish to recommend?
Not at present as I haven't been involved in any similar processes.
Not yet.
Not received (@ 19/5)
Because we felt somewhat daunted by the task in hand we felt having the second meeting closer to the first would be a good idea – we came away from the second meeting much more confident of our prospects of completing our portfolios on time.
I have enjoyed the learning experience & exchanging ideas & theories

Q.10.7 Any other comments?
Not yet.
Generally a lot less confusing than the standard medical information for gaining qualifications. The information has been relatively specific, thus making choices of evidence for submission easier.

APPENDIX C: Questions to Participants and Project team during the Portfolio Preparation Pilot.

1. How well do the standards/ behaviours match your experience?

2. How well are they able to interpret the standards/behaviours in relation to their own experience?

3. Are they able to make time for this continuing professional development?

4. Do they feel that it will be an accurate gauge of professional ability/performance?

5. How has the workshop delivery to date met their expectations?

6. How effective/helpful are the guidance/support materials?

7. Is there anything that is not included/provided and that they consider should?

8. Relevance to other professional standards?

9. Any other points?

10. What is the most challenging aspect of this initiative?

APPENDIX D: IHM Assessor Themes/Questions

1. Please comment on your previous experience of portfolio / viva examination for IHM or other IHM assessment experience - or similar experience elsewhere.

   - Academic or Professional ?

   - At what level; UG, PG, NVQ levels?

   - Numbers; large numbers/experience or only limited experience?

2. Do you feel that you have received the appropriate preparation to undertake the assessment?

3. Are the assessment criteria clear?

4. How many have you assessed from this cohort, portfolio and/or viva?

5. Do you feel that the candidates have been well prepared for the portfolio preparation / viva examination?

6. Has the portfolio/viva met your expectations?

7. Do you feel that the work provided seems to be meeting the IHM standards/behaviours?

8. Are there specific areas that you feel have not been evidenced well?

9. Are there areas where you feel all candidates you have assessed so far have performed well/evidenced well?

10. Comparison with other candidate on the delivered course?

11. Other feedback - any other thoughts on the process and how it could be enhanced?

APPENDIX E: Post Viva Interview Themes

i. Portfolio

    a. About your reflections on the portfolio preparation process.

    b. Materials and support provided

    c. Understanding of the assessment criteria and process

    d. Other comments?

ii. Viva

    a. Reflections on the viva process

    b. Preparation support provided

    c. Understanding of the viva assessment criteria and process

    d. Any other comments on the viva or overall experience

APPENDIX F: Research Participants involved in the IHM Pilot Accredited Manager Project .

Participant No.	Age / Gender	Ethnicity	Professional / Education (Highest)	Professional membershi
1	38 Female	White British	PG Dip Management	
2	42 Male	White British	MBBS, MSc DIC	MRCPsych
3	47 Male	White British	B.Eng, Diploma Management	F IMECHE
4	56 Male	White British	PhD	M BIFM
5	34 Male	White British	BSc MBA	
6	49 Male	White British	B Eng	C Eng BCE
7	46 Male	White British	BSc MBA	MRICS, CPM
8	50 Female	White British	CHSM, MBA	FDA, HeFMA
9	39 Female	White British	B Nursing, Reg. Manager	NMC
10	53 Female	White British	LLB, Reg. Manager	

11	A Consent only			
12	B Consent only			
13	C Consent only			
14	D Consent only			

APPENDIX G: Themes emerging from all data collected.

The following is a list of themes that have been derived from all the data collected, starting with the candidate focus group meeting of 22nd June and including telephone interview data collected throughout the project. The process used was one of constant comparison with the initial themes to exclude duplication of themes. Interviews with the project team and a Department of Health representative were also incorporated. This data provides a useful background against which the candidate responses analysed in the main report can be further understood.

i. Evidence / behaviours

- Sessions helped with nuances and meaning
- Commonalities with own experiences
- The standards do not exclude anything – when coming to it from different directions
- Matrix of behaviours can be accredited across disciplines
- Additional layers of complexity by covering a number of professional backgrounds
- To be able to incorporate all the professional disciplines
- Role of clinicians in management is very different from managers in management
- Core behaviours are similar
- Cultural aspects
- Service user perspective commonality
- Danger that the context can be too commercially focused
- From patients to service users/clients / customers
- How people map their behavioural traits and cultures
- Difficulty – clinical approach will emphasise clinical governance / patient safety rather than process issues
- Qualifications that are useful but not that you have to have
- Relevant to Director level job specifications

- Package for the level of qualification for professionals in the field i.e. director of strategy.
- Specific but broad set of skills competencies and behaviours necessary in the organisation rather than a specific role.
- To get where I am now you pick up management experience along the way so anything relates to that is a good thing.
- First time I have seen common sense standards written down
- Useful for managing people from several backgrounds
- Core value standards match very well
- If just a registered manager would not be able to attain as no involvement in strategy and developing things.
- Useful in what they have done and the impact it has had
- Strengthening rather than gaps
- Provide capability for wider management skills
- Talent pool for the future

ii. Understanding the behaviours / portfolio.

- Progress is in infancy
- At the stage where we understand it
- At the level we are at it evidence should be based on existing experience rather than new work
- Way in which you work – may no be easy to pull together evidence (records for evidence)
- More work (on the portfolio) than may have been envisaged
- As colleagues to produce letters of reference around behaviours to evidence how I have influenced people
- Delegating evidence – letters of reference
- Leadership within a project you chair – interaction with user groups
- Minutes of meetings – but does this evidence your skills – bringing together that detail is where difficulties arise.
- The project you use is going to influence the evidence available – could use e-mails, minutes - people may not remember what you did 2 years ago
- Substantial piece of work
- 21st September then 9 days to submit – more time needed
- Line reporting exercise as a means of producing evidence – process we wet through considered style of management did he use to achieve
- Thinking laterally about evidence – complete packages / action plans
- Reverse review of the impacts on behaviours and culture of government changes and how someone has seen that
- It's a pilot and there is less information available than those who will eventually take it
- Think back medium for the process of the pilot
- Information has been about the AM scheme than about the pilot.
- Bulk of use are from facilities , private sector / IT and a Clinician – if it works for you its great but it needs to work for us (non- facilities)
- Needs to benchmark with other general management and leadership standards
- Need to use own work life experiences
- Several jobs over last 5-10 years within the same organisation
- Have been able to relate to my own experiences well
- Had more relevant evidence than I thought I would
- My Director suggested some relevant topics – taking over someone elses team as a major achievement
- Have used board papers and government reports
- Relevant to my role but might be difficult for someone with no contacts outside or financial responsibility
- I liked the references to working on the floor – practical approach to management
- Fits my management style and beliefs
- The standards pick up on value base
- Research to match against other leadership standards
- NHS perspective, need to be more cross sector specific

iii.Portfolio preparation / time.

- Concern that amount of work for the portfolio will not allow enough time to critically assess the pilot programme.
- Will allocate two days at the end of August
- Competing priority for my work.
- Thesis work is always done 'on the bath tub' (up to the deadline).
- Will take a week of personal leave in August
- Have not asked my employer for study time off, though might do
- Have been given time off to study in past work roles
- Challenge is the time to do it
- Time outside of working hours
- Work at home in the evening
- Its been very difficult, I work on a Sunday afternoon
- My PA helped to retrieve and copy documents for evidence
- It's to do with internal priorities
- You are doing it (CPD) all the time
- Its always about squeezing it in
- Use what you are already doing
- Struggle for time
- Issues of confidentiality, when moving jobs
- Hard at senior level, most have managed, some have been late submissions
- Governed by the employer organisation
- Succession management

iv. Ability and performance / candidates / assessors

- Needs to have parity with other similar standards across other industries
- A qualification you can get within the NHS
- Institute of management interest
- A practical tool against which directors and managers can be evaluated
- Pharmaceutical Industry Management programme viewed as a senior management approach – this (IHM Accredited Manager Scheme) is much more inclusive and detailed and will have a better outcome for us than what have seen previously in other sectors
- Interested more about developing a programme than becoming accredited
- Have a standard of management accreditation in what I do – greatly received – not an MBA
- Its assessment of what you have done, can do and are capable of – as a peer assessment.
- Some similarity to other professional bodies i.e. IMechE – in terms of evaluation (viva assessment)
- Has a good structure
- Generic qualification for managers in the NHS, fits with 'agenda for change' framework
- Need top down and bottom up commitment
- Depends on how organisations monitor the outcome
- Very good on how managers approach their work and reflection on practice

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- Helpful at interview as a good broad background
- The standards are a moral code
- Useful for good managers who have no qualifications
- It is if you use an evidence base e.g. how you manage staff, your style and personal performance appraisal which comments on how you met objectives
- Different for people at different levels
- Needs to be a broad base involving eg NHS Confed, NHS Employers
- Difficulty is reflection on own practice....need to include feedback from peers – don't know if that is part of the standards.
- 360 degree review – by a peer; re-design it to be more qualitative than quantitative
- Ethical understanding; issues of confidentiality need to be explained sufficiently
- This may emerge in the vivas
- CV part of the portfolio, knowledge and skills and the nine behaviours stands up at consultation
- Checking at right level of seniority
- Professional skills for government
- Becoming a strategic leader
- The lost tribe metaphor (in respect of estates and facilities professional development in the NHS)
- 360^0 survey of person you report to

v. Workshops / delivery.

- Workshop on 21st September with deadline just 9 days later – more time needed
- Presentation by web cast may not have given same level of detail as (London first) workshop
- Richard Sugden explained the standards at the first session in London; linked to the NHS KSF
- This mornings session understanding how much evidence we have got and how we need to make it succinct will give you a flavour – but the assessment is a more fundamental part
- Not what I was expecting but was good
- Answered a lot of my questions
- Got under the skin of what the IHM are trying to achieve
- Workshops have been excellent – even in the face of adversity
- First workshop did not provide enough information to start, second was very helpful
- Worked with two other colleagues as a 'self-help' group on discussing possible evidence.
- Most have attended one of the workshops, flexible support with tele-conferencing
- Some decided to attend one as opposed to three workshops
- Different life styles and different ways of accessing support; telephone
- Some may choose to access no support and do well

vi. Guidance.

- The memory stick (MS) is not well structured but was well explained at the workshop.
- Need guidance about the files – what to read first.
- Should all the files be read?
- Presentation by web cast may not have given same level of detail as workshop
- All the DoH documents on the MS are helpful to have
- Not clear where the submission document is found on the MS – need a guide to using the MS
- Pilot group feedback on what we use and what we don't use may help future cohorts
- Need home page guidance – pilot group could help develop for MS
- Reference documents relate largely to the NHS – but private sector are governed by some policies
- Need to apply the standards and regulations as appropriate to your role – a management judgement
- Difference between NHS and Department of Health
- Standards to be applied across public, private, care and local authority sectors
- Court judgements and European legislation will be included in evidence references.
- Documentation on the evaluation (viva) process needed
- Intuitive assessment needed – that's why the viva process is the most important.
- Its perfectly deliverable and makes you think back on your career and what you have achieved
- Has made me think differently 'outside the box'
- I always end up with something different than I thought I had; reflection
- Had problems with the stick; too much information, needs simplification
- Could include web based system to record notes, including radio buttons and drop down fields
- The guidance pack didn't tell us how to put the portfolio together – constructing the portfolio was what we need help with.
- Memory stick – problems when transferred information to home computer; boxes did not expand, font became smaller and smaller.
- A list of things people have used as evidence would be useful i.e. reports I have produced, staff hours, training & development plans
- Guidance on referencing should go in the information pack
- Some confusion around the framework and blended learning. The guidance pack needs to be developed by IHM
- Language is not right; clearer on how to evidence the behaviours
- Need more examples of portfolios & the kinds of evidence they produce
- Flexibility; CV and viva

vii.   Overall programme / other points.

- The group had nothing more to add.
- May have a better view when I study more in August
- Other more technical professional bodies lack management focus
- I don't believe that you can be in senior management and just focus on one profession
- Need to have enough knowledge to make constructive comments; must be flexible

- Challenge has been writing in a coherent form and thinking of your failures and how they affected you and others
- Life gaining experiences
- I made a mistake once and have never forgotten it
- Need to take into account other peoples point of view
- Future candidates should be given an example of what is expected
- I had trouble contacting people for advice
- Mentors on other leadership programmes would be helpful, for example HESMA, London HESMA.
- Useful report; 'Developing Leaders for the future'
- There isn't anything like this available in the care sector
- We have three CQC evaluations per year and nobody has ever asked me what training I have done other than on a mandatory basis.
- Gives an opportunity to reflect on and improve our standards of work
- The NMC code of conduct, though very general links in with the IHM code
- Had an interesting conversation about compassion and importance to not burn out staff which can lead to loss of compassion.