

Report of External Evaluation and Review

New Zealand Family Planning
Association Incorporated
trading as New Zealand Family
Planning Association Incorporated -
Clinical Training and Development

Confident in educational performance

Confident in capability in self-assessment

Date of report: 16 January 2015

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Final Report

Purpose of this Report

The purpose of this external evaluation and review report is to provide a public statement about the Tertiary Education Organisation's (TEO) educational performance and capability in self-assessment. It forms part of the accountability process required by Government to inform investors, the public, students, prospective students, communities, employers, and other interested parties. It is also intended to be used by the TEO itself for quality improvement purposes.

Introduction

1. TEO in context

| | |
|---------------------------------|---|
| Name of TEO: | New Zealand Family Planning Association Incorporated trading as New Zealand Family Planning Association Incorporated - Clinical Training and Development (CTD) |
| Type: | Private training establishment (PTE) |
| Location: | National office is located at Level 7, Southmark House, 203-209 Willis Street, Wellington |
| Delivery sites: | Delivery sites are Auckland, Hamilton, Wellington, Dunedin and Christchurch |
| First registered: | 31 December 1994 |
| Courses currently delivered: | <ul style="list-style-type: none">• Cervical Smear Training Course (Level 6) and Cervical Smear Update Course• Family Planning Certificate in Contraception and Sexual Health• Introduction to Contraception and Emergency Contraception• IUD Insertion Training• Sexually Transmissible Infections |
| Code of Practice signatory?: | No |
| Number of students: | Training was delivered to 179 learners in the last full year (2012-2013). Of those learners, 8 per cent identified as Māori and 5 per cent Pasifika. |

| | |
|-------------------------------------|---|
| Number of staff: | 4.3 full-time equivalents |
| Scope of active accreditation: | <p>CTD is accredited to deliver the Cervical Smear Training Course (Level 6).</p> <p>Domain consents to assess are: sexual and reproductive health (to level 7); cervical screening (to level 6); core health and first aid (to level 2); personal financial management (to level 3); self-management (to level 2); social and cooperative skills (to level 2); and work and study skills (to level 2).</p> |
| Distinctive characteristics: | <p>CTD delivers both Ministry of Health-funded short courses and fee-paying courses. The Cervical Smear Training Course is the sole formally assessed qualification (unit standard 1098 <i>Perform cervical screening and cervical smear taking</i>). It is delivered mainly to registered nurses and midwives. This course involves three days face-to-face classroom delivery, a laboratory visit, supervised workplace learning and smear taking supervision, and assessment involving a minimum of 10 cervical smears and a final assessment undertaken in clinical practice.</p> <p>The time taken to complete the course depends on factors such as the number of smears being completed in practice and the availability of an approved supervisor to assess the 10 required smears being completed. CTD expects most learners to complete within a 12-month period.</p> |
| Recent significant changes: | <p>A new National Director Clinical Services, CTD, and Deputy Chief Executive of Family Planning New Zealand (Family Planning) have been appointed.</p> <p>The organisation is implementing a 'future-proofing' project which includes a focus on using technology to engage learners in more geographically isolated areas. It is also developing an organisation-wide approach to professional development.</p> |
| Previous quality assurance history: | NZQA last quality assured this PTE in December 2010 (reported March 2011) and was Confident in both its educational performance and capability in |

self-assessment. The 2011 external evaluation and review (EER) report observed that the PTE was still embedding its self-assessment process and had just invested in a student database.

CTD has met NZQA external moderation requirements in each of the last four years (2010-2013) for unit standard 1098.

An NZQA validation visit in June 2013 resulted in some action points that were subsequently implemented.

Other:

Family Planning is a not-for-profit organisation. Cervical Smear Training is a fee-paying course. However, learners who are eligible can be refunded a percentage of their course fees by the Ministry of Health if they complete the course within 12 months.

2. Scope of external evaluation and review

The scope of the EER included the mandatory focus area of governance, management and strategy, and the following focus area:

- Cervical Smear Training Course (Level 6)

This course was selected because it is the sole formally assessed qualification delivered; is a programme with a high number of enrolments; is delivered at different delivery sites; and involves post-course learning and assessment.

Selection of a single programme focus area allowed the opportunity to explore the experiences of learners in different locations, including more remote locations. This was considered important as increased access to services is a current strategic priority.

3. Conduct of external evaluation and review

All external evaluation and reviews are conducted in accordance with NZQA's published policies and procedures. The methodology used is described fully in the web document Policy and Guidelines for the Conduct of External Evaluation and Review available at: <http://www.nzqa.govt.nz/providers-partners/registration-and-accreditation/external-evaluation-and-review/policy-and-guidelines-eer/introduction>. The TEO has an opportunity to comment on the accuracy of this report, and any submissions received are fully considered by NZQA before finalising the report.

The EER was conducted from the Auckland delivery site by two evaluators over two days. The Auckland site was chosen because of the location of key personnel and learner enrolment numbers. Evaluative conversations were held with the following key stakeholders and organisation personnel:

- Learners and graduates from different geographical locations
- External representatives from the health sector
- Supervisors of learners in clinical practice
- Facilitators (teaching staff)
- Chief Executive
- National Director Clinical Services, CTD, and Deputy Chief Executive
- National Medical Advisor
- Quality Coordinator
- Two Coordinators/Nurse Educators
- Auckland CTD Administrator

A range of documentary evidence was reviewed, including: achievement data; peer observation records; learner and stakeholder survey and evaluation feedback; strategic priorities and actions; biannual governance and management meeting minutes; student support letters; student handbook and course materials; and assessment and supervision templates.

Summary of Results

Statement of confidence on educational performance

NZQA is **Confident** in the educational performance of **New Zealand Family Planning Association Incorporated trading as New Zealand Family Planning Association Incorporated - Clinical Training and Development.**

The reasons for this judgement are:

- Learner achievement is excellent. In the latest full-year period (2012-2013), 83 per cent of learners completed the qualification and 9 per cent are still actively in progress. This is above the organisation's completion target of 80 per cent and is well above previous completion rates observed at the last EER (e.g. 68 per cent in 2010).
- The value of outcomes appear very strong. Graduates develop the confidence and capability to offer cervical smear taking and are engaging women who have been flagged as overdue for a smear, and in locations where there has not previously been a qualified smear-taker. Ninety-five per cent of learners who provided post-course feedback identified that they have developed the confidence to offer smear taking services as a result of completing the course.
- High-quality teaching and resources are provided. Family Planning is recognised as the clinical experts in the field of sexual and reproductive health and, in particular, cervical smear taking. The course facilitators, supervisors and assessors hold expert knowledge and clinical practice experience. The programme is informed by the latest evidence of required practice for cervical smear taking. Learners expect and value this quality from CTD as a result of previous courses completed with the organisation.
- Learner guidance and support is of a high standard and is proactively encouraged and offered.
- Family Planning's broader strategic priorities are well understood, but the evidence did not show how well these priorities are being incorporated by CTD. Training delivery is not informed by a closely planned or targeted approach to identify how specifically these priorities will be achieved.
- Stakeholder engagement is undertaken but is not systematically used to explore met and unmet needs or to contribute to training development.
- Governance/senior leadership desire more in-depth reporting of learner outcomes. The quality of data being collected should enable this need to be met.

Therefore, while there are some areas for development, these do not detract from the good evidence demonstrating effective processes contributing to learning, strong achievement and other important outcomes.

Statement of confidence on capability in self-assessment

NZQA is **Confident** in the capability in self-assessment of **New Zealand Family Planning Association Incorporated trading as New Zealand Family Planning Association Incorporated - Clinical Training and Development**.

The reasons for this judgement are:

- Self-assessment data relating to learner achievement, outcomes and course and teacher satisfaction is of very good quality. The data is used well on a regular basis to inform changes that have led to worthwhile improvements (e.g. close follow-up of learners leading to improved course completions; proactive information provision leading to learners being better informed).
- Data obtained from learner feedback, teacher peer observations and facilitator feedback is used well to understand and ensure teacher effectiveness.
- CTD engages with external key stakeholders and understands the need for and the value of its training through business-as-usual conversations. However, it currently lacks a strong process to systematically engage with and obtain feedback from external stakeholders and which is purposefully aimed at understanding met needs and to inform training.
- Outcomes data is not analysed by key themes to fully appreciate the extent of key stakeholder outcomes being achieved. This is despite a significant amount of rich, relevant qualitative data being collected. For example, feedback is collected from graduates relating to competencies acquired and changes in their clinical practices, but this information is not analysed against expected specific short and medium-term outcomes identified by CTD.
- It is evident that self-reflection, despite some gaps in self-assessment, is valued and an important part of CTD's activities. Some self-assessment processes have developed strongly since the last EER. During this EER, CTD was already thinking about existing opportunities that could be easily used to respond to areas for ongoing improvement.

Therefore, while there are some important areas of self-assessment for CTD to develop and strengthen, the quality, validity and use of self-assessment information is generally very good.

Findings¹

1.1 How well do learners achieve?

The rating for performance in relation to this key evaluation question is **Excellent**.

The rating for capability in self-assessment for this key evaluation question is **Good**.

Learner achievement is excellent. A key outcome of the course is not just for learners to become competent smear-takers, but also to develop the confidence to provide this service to women from diverse backgrounds. Self-assessment data shows that 95 per cent of learners attain this confidence by the conclusion of their training.

In the smear taking programme, course completions for each of the last two completed years (the 2013-2014 year is still active) have exceeded the organisation's expected target of 80 per cent (see Table 1) and have increased markedly since the last EER (68 per cent completion in 2010). Moreover, these results do not include learners who are still actively enrolled and 'in progress'. Of those shown as yet to complete, the majority are 'in progress' (expected to complete). Nearly all who did not complete have moved to other employment disciplines where their roles no longer involve smear taking.

| | Complete | Yet to complete/in progress | Not complete |
|-------------------------------|-----------------|------------------------------------|---------------------|
| 2011-2012 | 88% | 3% | 9% |
| 2012-2013 | 83% | 9% | 8% |
| 2013-2014 (still in progress) | 54% | 44% | 2% |

Source: CTD self-assessment data

While Māori and Pasifika learner numbers are small, in 2014 Māori achievement is potentially on par with other learners, if all those 'in progress' complete. In the year 2012-2013, all nine Pasifika learners completed the course. Of the 14 Māori enrolled, nine completed and four are still in progress.²

The completion results reflect CTD's strong self-assessment focus on learner achievement and the effectiveness of changes that have been made to course

¹ The findings in this report are derived using a standard process and are based on a targeted sample of the organisation's activities.

² A total of 179 learners enrolled in the course in the 2012-2013 year.

delivery and learner support, including: the development of engaging, proactive letters of support provided to learners twice a year; contact with learners at regular intervals to check their progress; and individual and small group work facilitated within an already small classroom environment.

CTD has robust self-assessment data. This includes data that is reviewed by different learner demographics and location. Qualitative information is also collected to understand why learners have not completed. Student feedback attained at different intervals during and after the training is collected and analysed to review the attainment of specific skills (e.g. confidence). Outcomes information is also attained (see section 1.2 below).

While CTD's strong understanding of learner achievement is informed by robust self-assessment data, the organisation's governance has expressed a desire to be provided with a fuller picture of learner achievement, including how well different learners achieve. Detailing the participation and achievement of Māori learners, and learners in rural areas for example, would contribute to linking the quality and focus of training with the organisation's strategic priorities of equity and improved access.

1.2 What is the value of the outcomes for key stakeholders, including learners?

The rating for performance in relation to this key evaluation question is **Excellent**.

The rating for capability in self-assessment for this key evaluation question is **Good**.

Graduate feedback identifies that the training is making a strong community and public health contribution. Excellent training outcomes include graduates:

- providing smear taking in communities where this service has previously been lacking, and being able to immediately respond to offer a cervical smear to clients who identify as being overdue for this service (rather than having to schedule a future appointment that may or may not be attended)
- having newly acquired knowledge of the challenges (including cultural) that may have an impact on the uptake of cervical smear testing for different groups of women, and ways to support women to overcome these challenges
- acquiring the confidence to actively encourage women to have regular smears and to provide this service.

The evaluators considered that the graduate feedback questionnaire contains astute questions to effectively understand the outcomes of the training. However, the data is not collated or analysed by key themes. Therefore, while it was evident from a scan of this information that the above-mentioned outcomes were being

achieved (and through conversations held during the EER), it was not possible to understand the extent to which they are being achieved.

The organisation is meeting a key need for quality education about contraception and reproductive health in New Zealand. The demand for this training is shown both by the course waiting lists and the training being delivered in excess of existing funding provision. CTD also identified solid Māori and Pasifika participation on the basis that the percentages of these groups enrolled are above the percentages of Māori and Pasifika nurses in the current national health workforce.

CTD's provision of training across New Zealand is meeting a key need for qualified smear-takers. CTD's scheduling of training is focused on both demand and providing training in geographical areas where training may not have been provided for some time. The future-proofing project is steadily being implemented across Family Planning and is centred on increasing access to Family Planning services for people in geographically remote areas. CTD has recently offered new courses in areas where increasing access is a focus (e.g. Northland, Mount Maunganui and South Auckland).

Information about external stakeholder satisfaction with the training and met needs is obtained informally through conversations CTD has as a part of its training activity. CTD has trialled an online stakeholder survey (e.g. with health providers) as a mechanism to more systematically understand and quantify met needs and stakeholder satisfaction with the training. However, this has not worked very well because of a low response rate. Therefore, there is still a need to identify a mechanism that will provide consistent ongoing evidence of value and met needs for external stakeholders.

1.3 How well do programmes and activities match the needs of learners and other stakeholders?

The rating for performance in relation to this key evaluation question is **Good**.

The rating for capability in self-assessment for this key evaluation question is **Adequate**.

The structure of the smear taking course and its activities, involving both significant theoretical and applied components, provides learners with an excellent understanding to achieve competent smear taking.

Learners are taught by experienced clinicians (representatives from the Cervical Screening Register), and they visit the laboratory where samples are tested and hear from cultural experts about women's different attitudes towards cervical smears. Theoretical knowledge is applied and core skills competencies developed under the close and structured monitoring of approved supervisors in workplace practice. This involves a minimum of 10 supervised smears that must meet clinical standards and two assessed smears to confirm competency. This ensures that

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learners have a wealth of evidence and practice-based knowledge, skills and confidence.

Learner satisfaction with the training is very positive. Survey findings show that 97 per cent of learners found the cervical smear takers course 'just right', and 98 per cent enjoyed it (2 per cent were neutral). This is consistent with student feedback obtained at different intervals on the course.

The scheduling of the cervical smear training is largely informed by demand identified by learner enquiries, regional contacts and data about locations that have not had recent provision. This clearly matches stakeholder needs both on a proactive and reactive basis. However, training delivery is not guided by criteria specifically linked to organisational strategic priorities. For example, while rangatahi Māori is a key priority group, no evidence was presented showing specific analysis of how training may be offered to specific organisations or locations based on this population group. There is not currently a strong link between the organisation's strategic outcomes, which are also of significance for external stakeholders, and much of the current data collected by CTD.

CTD provided examples where it had tailored training specifically to the needs of requesting organisations. Stakeholders interviewed for this evaluation identified Family Planning as a preferred provider of sexual health and reproductive training because of its resources, knowledge and expertise, and ability to deliver responsive, quality training. However, CTD does not formally and systematically evaluate how well its tailored training provision matches organisations' needs. Nor was it clear to the evaluators how external stakeholder feedback is used to inform programme developments. It appeared that stakeholder relationships were formed at the national level of Family Planning, but these were not strongly reflected in CTD relationships. This was another case of where linkages between the national organisation and the training arm of CTD were unclear.

Interviews with the learners' supervisors revealed that they could contribute valuable perspectives to ongoing programme review. However, there is no established process to systematically gather supervisor feedback and no opportunity for supervisors to come together to share experiences and insights.

1.4 How effective is the teaching?

The rating for performance in relation to this key evaluation question is **Excellent**.

The rating for capability in self-assessment for this key evaluation question is **Excellent**.

Highly effective teaching is contributed to by teaching staff who are:

- qualified adult educators and experienced clinicians; current practice knowledge and experience is ensured through continuing clinical work and attendance at professional workshops
- passionate about improving sexual and reproductive health outcomes
- reviewing their teaching through use of student feedback and peer observations of their teaching.

The high standard of teaching is confirmed by consistently positive student survey feedback and solid peer observation. Interviews with learners and graduates revealed that teaching is highly engaging, responsive to individual learners, and delivered by very passionate and knowledgeable teachers who facilitate comfortable learning environments. Fair, valid and consistent assessment is aided by clear, detailed marking schedules and programme review. The organisation has consistently met NZQA external moderation requirements for each of the last four years.

Several examples confirmed that self-assessment information is regularly used to review and enhance teaching, including greater use of small group work to ensure the voice of all learners is heard; requesting different external presenters if feedback identifies less than strong satisfaction; and providing different ways for learners to access learning materials including online, by post and in-class availability.

1.5 How well are learners guided and supported?

The rating for performance in relation to this key evaluation question is **Excellent**.

The rating for capability in self-assessment for this key evaluation question is **Excellent**.

Learners are very well guided and supported to stay engaged in and to complete their training. They receive key information about the cervical smear course upfront and commence with full knowledge of all core course and assessment requirements. Learners interviewed for the EER confirmed that the course closely met expectations.

CTD is strongly focused on ensuring that learners maintain an awareness of their progress and what is required to complete the course. This is driven also by a focus on strong learner completions. An example of this is CTD contacting each learner at one and eight-monthly intervals to remind them of upcoming requirements and to invite contact with a key person at CTD if they have any questions or difficulties. Ongoing revisions have been made to this communication to ensure that it has a friendly and engaging tone. The evaluators considered this to be an effective tool as a subtle and friendly prompt to learners, especially for a course that can take several months to complete. It reminds learners of key requirements and information and aims to encourage contact if guidance and support is required.

CTD tracks learners' progress and follows up learners who appear to take some time to complete to identify the reasons for this, and to proactively identify any information or support that may be required. Other indicators of excellent learner guidance and support used by the organisation include consistently positive learner feedback and an absence of complaints.

1.6 How effective are governance and management in supporting educational achievement?

The rating for performance in relation to this key evaluation question is **Good**.

The rating for capability in self-assessment for this key evaluation question is **Adequate**.

Family Planning has a clear purpose and direction and clear strategic priorities which are reflected in CTD's internal action areas. The future-proofing project being implemented across the organisation includes improving access to services for people in rural areas. In alignment with this, CTD is about to trial the use of e-learning in a geographically remote area. Activboards (interactive whiteboards) are well established as a training tool, and professional development workshops are provided to staff to support use of the boards.

A key priority for Family Planning is achieving equity of access to services, including a focus on increasing access for rangatahi Māori. However, it was not evident that CTD has specific actions or well-defined targets linked to these priorities, for example around Māori participation and achievement, or indeed whether or in what locations this needs to be a focus. The alignment between CTD's plans and Family Planning's strategic priorities/framework does not appear clear or strong. This means that reporting often describes important operational activities but not contributions to strategic objectives.

It is a time of transition for CTD as a new director has recently been appointed and is working closely with staff and the Family Planning senior leadership team to identify key areas of focus.

CTD has access to a wealth of relevant, up-to-date resources to support learning and teaching, and staff are supported to keep up-to-date with clinical and professional knowledge. The quality of resources and teaching is recognised and valued by graduates of CTD's training.

During the EER, evaluative conversations were seen to be contributing to continued discussions between the team, management and governance, all of whom had specific ideas for ongoing improvement. Indeed, it was evident to the evaluators that self-reflection is part of the culture of CTD.

Educational achievement is reviewed by governance and management at a high level through biannual meetings. However, there is a desire for more in-depth information to be provided to senior leadership about learner achievement and outcomes. A wider, and related issue is the limited or variable focus on the extent to which CTD is contributing to strategic outcomes.

CTD's engagement with key stakeholders occurs as a part of everyday business as related to training delivery. However, that engagement is not systematically taking place with a view to informing training development and contributions to strategic outcomes.

Overall, governance and management is effective in supporting strong educational achievement. As detailed in this report, there are opportunities to develop capability in aspects of self-assessment and more focused alignment to the national organisation's strategic priorities.

Focus Areas

This section reports significant findings in each focus area, not already covered in Part 1.

2.1 Focus area: Governance, management and strategy

The rating in this focus area for educational performance is **Good**.

The rating for capability in self-assessment for this focus area is **Adequate**.

2.2 Focus area: Cervical Smear Training Course (Level 6)

The rating in this focus area for educational performance is **Excellent**.

The rating for capability in self-assessment for this focus area is **Good**.

Recommendations

NZQA recommends that New Zealand Family Planning Association Inc - Clinical Training and Development:

- Adopt a more targeted approach to aligning its planning and delivery to the strategic priorities of the organisation.
- Collate and thematically analyse outcomes data currently being collected from graduates.
- Develop a stakeholder feedback process that contributes robust insights to understand met needs and to inform programme developments.

Appendix

Regulatory basis for external evaluation and review

External evaluation and review is conducted according to the External Evaluation and Review (EER) Rules 2013, which are made by NZQA under section 253 of the Education Act 1989 and approved by the NZQA Board and the Minister for Tertiary Education, Skills and Employment.

Self-assessment and participation in external evaluation and review are requirements for maintaining accreditation to provide an approved programme for all TEOs other than universities. The requirements are set through the NZQF Programme Approval and Accreditation Rules 2013, which are also made by NZQA under section 253 of the Education Act 1989 and approved by the NZQA Board and the Minister for Tertiary Education, Skills and Employment.

In addition, the Private Training Establishment Registration Rules 2013 require registered private training establishments to undertake self-assessment and participate in external evaluation and review, in accordance with the External Evaluation and Review Rules (EER) 2013, as a condition of maintaining registration. The Private Training Establishment Registration Rules 2013 are also made by NZQA under section 253 of the Education Act 1989 and approved by the NZQA Board and the Minister for Tertiary Education, Skills and Employment.

NZQA is responsible for ensuring non-university TEOs continue to comply with the rules after the initial granting of approval and accreditation of programmes and/or registration. The New Zealand Vice-Chancellors' Committee (NZVCC) has statutory responsibility for compliance by universities.

This report reflects the findings and conclusions of the external evaluation and review process, conducted according to the External Evaluation and Review (EER) Rules 2013.

The report identifies strengths and areas for improvement in terms of the organisation's educational performance and capability in self-assessment.

External evaluation and review reports are one contributing piece of information in determining future funding decisions where the organisation is a funded TEO subject to an investment plan agreed with the Tertiary Education Commission.

External evaluation and review reports are public information and are available from the NZQA website (www.nzqa.govt.nz).

The External Evaluation and Review (EER) Rules 2013 are available at <http://www.nzqa.govt.nz/assets/About-us/Our-role/Rules/EER-Rules.pdf>, while information about the conduct and methodology for external evaluation and review can be found at <http://www.nzqa.govt.nz/providers-partners/external-evaluation-and-review/policy-and-guidelines-eer/introduction/>.

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