

External Evaluation and Review Report

New Zealand Family Planning Association Incorporated

Date of report: 27 March 2023

About New Zealand Family Planning Association Incorporated

Family Planning provides education and training for registered health practitioners who wish to develop, enhance and maintain competency in their skills and knowledge to support the sexual, reproductive health and wellbeing of New Zealanders.

Type of organisation: Private training establishment (PTE)

Location: Level 2, 205- 207 Victoria Street, Te Aro,

Wellington

Code of Practice signatory: No

Number of students: Domestic: between 2019 and 2021, 659 student

enrolments (approximately 54 EFTS – equivalent full-time students); Māori, 38 student enrolments;

Pasifika, four student enrolments

Disabled learners – information is not currently

collected on disabled learners

Number of staff: One full-time and four part-time staff

TEO profile: New Zealand Family Planning Association

Incorporated

Last EER outcome: At the previous EER in 2018, NZQA was Highly

Confident in Family Planning's educational performance and Confident in their self-

assessment.

Scope of evaluation: Conduct Cervical Screening (Training Scheme)

(Level 6) (ID: 114425-3)

MoE number: 9864

NZQA reference: C50815

Dates of EER visit: 27 and 28 October 2022

Summary of results

New Zealand Family Planning Association Incorporated (Family Planning) delivers relevant programmes including the Cervical Screening training scheme. This comprehensively meets the needs of stakeholders and reflects current standards, legislation and best practice. Work is being done to streamline framework and technology changes in response to community needs. Better use of data for analysis and benchmarking may lead to better achievement outcomes.

Confident in educational performance

Confident in capability in self-assessment

The purpose and direction of Family Planning is clear and strategically focussed.

- Strong connections with the health sector ensure Family Planning national health initiatives and drivers. These connections target training to meet community needs, particularly in priority need areas.
- Stakeholder engagement is comprehensive and ongoing, and those interviewed stated the value of their relationship with Family Planning.
- Achievement is sound and students acquire useful skills and new knowledge in cervical screening.
 However, analysis of achievement data is not wideranging enough to make data-informed decisions around achievement, support, extensions and withdrawals.
- Robust evidence indicates that the training scheme is well designed and delivered. Learning activities and resources ensure students have the skills and confidence to perform the lengthy consultation training following the learning. More individual support offered during this time would better meet learner needs.
- Teachers are suitably qualified in the health field, and are currently involved with or experienced in the health sector, with a good understanding of sector needs. The requirement for teaching staff to hold a teaching qualification or equivalent, as required by the relevant consent and moderation

- requirement, has not been met and is yet to be implemented by Family Planning.
- The training team is agile and has made shifts in strategy, programme offerings and programme delivery and teaching to streamline its structure and technology since the last EER.
- Most compliance accountabilities are being effectively monitored and managed. Areas where oversights have occurred are now being addressed through conversations with NZQA.

Key evaluation question findings¹

1.1 How well do students achieve?

Performance:	Good
Self-assessment:	Good
Findings and supporting evidence:	Students are achieving well. Overall pass rates are 61 per cent, with a potential increase to 89 per cent once those still in progress complete (28 per cent).
	Learners gain confidence, new knowledge and skills and the competence to undertake cervical screening consultations. They also gain the communication skills and relationshipbuilding skills required to be able to perform and diversify their practice.
	Most students successfully complete the requirements of the course. Some reasons for non-completions are known, such as leaving a practice due to personal reasons or due to, Covid-19 mandates or maternity leave. Ongoing tracking and analysis of non-completions would strengthen self-assessment.
	Family Planning receives Ministry of Health funding to prioritise courses for Māori/Pasifika and for those working in isolated communities. The outcomes from this are difficult to correlate as data is not being disaggregated to note trends for Māori and Pasifika, to determine whether they are achieving equally with others. No commentary or analysis was provided for completions by learners with disability/learning impairment.
	Achievement is supported by second attempts and extensions to allow for learners with pressing family or work commitments. A successful outcome is required to be able to perform certain procedures in the workplace. Extensive internal moderation, and external moderation provided by NZQA and the workforce development council provide evidence of assessed outcomes being fair, valid and consistent.
	Achievement data is collected and tabulated annually course by course, with commentary on course completion and participation rates. There is limited in-depth analysis and

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

	commentary on completions, extensions and withdrawals for priority learners. Conducting analysis of Māori and Pasifika learner achievement was a recommendation in the previous EER. NZQA requires providers to analyse data closely to determine whether priority learners are achieving equally with others.
Conclusion:	Students acquire useful skills and knowledge in cervical screening. They also gain the confidence, communication and relationship-building skills needed in their employment. Purposeful analysis of non-completions, extensions and withdrawals of priority learners would strengthen self-assessment.

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

Performance:	Excellent
Self-assessment:	Excellent
Findings and supporting evidence:	Family Planning is highly connected to the health sector, enabling them to provide learners with ongoing updates on the latest practice and new research. There is good evidence of the PTE using its connections to keep current with changing needs, practices and technology, and embedding these into relevant programmes and skills delivery.
	Health sector representatives interviewed clearly endorse Family Planning, and there is good evidence that stakeholders and graduates value the outcomes of the learning. They reported valuing the relevance, quality and impact of the training offered and its outcomes for the community and New Zealand.
	The training scheme is designed to upskill health practitioners with the skills and knowledge needed to become cervical smear consultants. This adds value to their proficiency portfolio and meets a need for practitioners in an area of high demand across New Zealand.
	Graduates say they have remained in their role and broadened their practice, or moved to new work that used the training. Irrespective, the training has lifted their knowledge base and qualified them to be able to perform particular professional procedures.

	Family Planning has increased the number of private courses to marginalised rural iwi-based providers in 2022 with funding from the Ministry of Health. The goal is to build capability and capacity in hard-to-reach areas and improve cervical screening numbers by connecting with iwi Māori and Pasifika health providers.
Conclusion:	Family Planning has good evidence of and understands the value of the learning outcomes. The PTE works to ensure strong, ongoing engagement with stakeholders including local and rural communities. The training scheme delivers skilled graduates able to perform cervical screening for their practices and communities. Recording, documenting and analysing responses from graduates and employers regarding the skills and knowledge gained from the training would further strengthen review of the programme and inform strategic review.

1.3 How well do programme design and delivery, including learning and assessment activities, match the needs of students and other relevant stakeholders?

Performance:	Excellent
Self-assessment:	Excellent
Findings and supporting evidence:	Frequent and ongoing interaction with medical health organisations ensures the courses within the training scheme remain current and relevant. The training scheme aligns with the clinical practice guidelines set by the National Cervical Screening Programme.
	To undertake the training, learners need to be in employment to complete consultations and apply learned knowledge and skills in the workplace.
	Training scheme content is updated regularly to align with and meet stakeholder changes and trends, international medical research and evidence-based medicine. Annual reviews of the training scheme resources and workbooks, and relevant feedback from learners and graduates provide input into updating changes.
	Family Planning has a good understanding of sector needs to enable learners to return to their clinics with a comprehensive understanding of a new skill after their face-to-face block course.

Guest speakers and subject matter experts ensure up-to-date learning including cultural competency. Staff and student evaluations give feedback that is well collated and analysed for improvements. Many students report that their tutor is credible and experienced. Those interviewed by NZQA felt confident to carry out the procedure as taught. Some students commented that the course could be more culturally responsive/inclusive. Assessment occurs via a number of supervised cervical consults, with feedback given to inform practice. Authenticity of practical requirements is assured through the use of individual NHI numbers for each consultancy form completed. Internal moderation of the assessments covering each site and tutor, and external moderation by NZQA and the relevant workforce development council provide evidence of robust assessment. Conclusion: The training scheme meets the needs of learners and stakeholders. Course delivery is being adapted in response to learner and stakeholder needs and latest research. Wellqualified staff deliver a wide range of stakeholder-relatable knowledge, with concentrated practical elements that relate well to clinical practice requirements for cervical screening. Assessment processes are suitable and well structured.

1.4 How effectively are students supported and involved in their learning?

Performance:	Good
Self-assessment:	Good
Findings and supporting evidence:	Most students undertake the training to fill a need in their clinic, while some train for interest and to extend their skills. All learners are employed and are qualified nurses, and their goals for this specific training are well understood by Family Planning.
	Learning support is well managed. Prerequisites are listed on Family Planning's website which also provides course and study information. Students can complete the initial part of the course at their own pace with an online component.
	Assessment feedback is comprehensive and prompt and occurs before students move to the next stage. Extensions are in place

to ensure students are well supported to complete. An agreed policy or process for this would better ensure consistency of practice; collection of data about these extensions would inform review to determine whether a programme change is needed.

Family Planning supports the students during their block courses, and is minimising barriers to learning. One example is the replacement of a written reflection with a verbal reflection because the students identified the written reflection as a barrier to learning.

An inclusive learning environment is encouraged through the use of smaller classes and ongoing check-ins with students while they are on site. Family Planning has a good awareness of and is responsive to those with impairments such as hearing and dyslexia.

The PTE provides only minimal support for pastoral/wellbeing needs during the gap between the finish of the block course and the final assessment (which can be up to 11 months). Apart from three-monthly email reminders, there is no additional support of the learners while they complete their workplace requirements. Family planning could do more to assess where support is needed and develop policies and procedures to provide it.

Family Planning obtains student feedback through student evaluations and anecdotal feedback from graduates, employers and other stakeholders. Better recording and prudent use of this feedback for self-assessment and improvement is required.

Completing a self-review with respect to the first four outcomes of the Code of Practice² could assist Family Planning to understand gaps in its support policies and processes, and address the support needs of students doing consultations in the workplace. There were inconsistencies in observing the requirements of the 2021 Code and its support mechanisms. (This is discussed further under 1.5.)

Conclusion:

Students are supported to remain engaged and to succeed in their learning, although processes for monitoring student progress and wellbeing could be extended in the gap between the block course finishing and the final assessment. This should

² The Education (Pastoral Care of Tertiary and International Learners) Code of Practice 2021

be addressed more significantly once self-review of the Code is addressed.

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

Performance:	Good
Self-assessment:	Marginal
Findings and supporting evidence:	Family Planning has a clear governance structure and a strong and committed team who anticipate and respond to change effectively to support educational achievement. They are visible in the sector and work to ensure close relationships with stakeholder experts. The recent employment of a compliance-oriented role and nurse educator should contribute to the changing and updating of some policies and procedures.
	The PTE's clinical training and education division has a current strategic framework that underpins all clinical training and health promotion activities. ³ Annual strategic/action plans are drawn up with set goals which staff work towards.
	There is good evidence that management is fully involved in operations and delivery via the PTE's strategic framework document and monitors the outcomes. Reports focussing on outcomes are provided monthly to the Family Planning council and senior management team.
	Considerable investment has been made in technology to respond to the changing world and stakeholder feedback. This has enabled sufficient resources to be allocated to training, for example to meet online training or the new student management system requirements as well as allowing efficiencies. Access to data has improved, although the PTE has yet to use this to its full potential through in-depth collection and analysis leading to greater knowledge sources for review of goals.
	Staff feel valued and supported in their work within their particular division. They support each other in a close-knit team within a very large organisation. A large pool of external

 $^{^{\}rm 3}$ Health promotion is overseen by the organisation's national health promotion advisor and health promotions manager.

assessors and guest speakers supporting the internal teaching staff ensures the sustainability and continuity of the PTE.

Staff are highly qualified in their field of expertise, and all assessors complete unit standard 4098 or the internal training equivalent. Regular opportunities are provided for professional development, such as trainer assessor courses, and these are well supported by management. Trainer professional development days and annual performance appraisals are mandatory for all to maintain their skillsets and ensure consistency. Most training staff do not hold a teaching qualification or equivalent, which is a consent and moderation requirement connected to the unit standards covered in the training. Family Planning is now investigating options for meeting this requirement.

The 2021 Code has not yet been disseminated to the teaching staff. As noted, no professional development has been undertaken around the support requirements of the Code. This suggests that staff have not contributed to any self-review completed in this area. Governance and management's lack of knowledge around the requirements of the Code has led to oversights that are being addressed currently.

Conclusion:

Family Planning responds to the important needs of its stakeholders and their communities. However, there are gaps in the requirement to ensure teaching staff have professional development that informs them about the requirements of the Code of Practice, and for them to gain adult teaching training. Family Planning is now in conversation with NZQA to address these issues.

1.6 How effectively are important compliance accountabilities managed?

Performance:	Good
Self-assessment:	Marginal
Findings and supporting evidence:	Policies and procedures are updated annually or every second year unless specific changes or stakeholder (including student) input and feedback inform quicker updates. With extensions still occurring post-Covid, a policy to ensure consistency of practice for granting extensions is prudent.
	Family Planning has effective processes for managing key areas of compliance as indicated by:
	 NZQA and workforce development council external moderation reports have been positive, affirming that the assessments are aligned with the requirements of the unit standards and the competencies for cervical screening consultations.
	Timely credit reporting to NZQA.
	Completing programme changes using the appropriate processes.
	Successfully completing a health and safety internal audit.
	Feeding annual review and reflections and clinical feedback into policy and procedure updates.
	Complaints policy and process in place.
	Compliance management is assisted by a risk register which covers most areas related to both internal and external risk and compliance. As a result of a review of the risk register, more detail was added to enable support for near misses and potential risks.
	Family Planning undertakes a periodic EQuIP (Evaluation and Quality Improvement Programme). This is an accreditation audit that addresses the essential elements of quality care across the organisational functions integral to supporting the provision of care. This was completed with Family Planning in February 2022 with good outcomes and a Marked Achievement rating.

Family Planning has misunderstood what was required with regard to meeting the consent and moderation requirements related to the training scheme.

Family Planning gives extensions to learners to support them completing, but these extensions often extend beyond the hours approved in the programme document. An extension policy will ensure consistency in the granting of the extensions. Collecting and analysing data around these extensions granted will also provide understanding toward programme review and a possible Type 2 change.

The 2021 Code attestation had been completed, but inconsistencies were noted by the evaluation team in the understanding and monitoring of activity leading to addressing the Code's requirements. These inconsistencies related to a lack of knowledge around the Code throughout the organisation. This affected the PTE's ability to make informed decisions and meet the requirement to complete a review of the Code. Self-review helps to validate current activity and processes, and any gaps identified can then be addressed.

Conclusion:

As part of a larger organisation, Family Planning identifies and monitors most of its compliance accountabilities and is using processes and a risk register to help ensure most compliance aspects are met. Lapses in compliance occurred due to inconsistencies and misunderstanding. Most compliance accountabilities are being effectively monitored and managed. Areas where oversights have occurred are now being addressed through conversations with NZQA

Recommendations

Recommendations are not compulsory but their implementation may improve the quality and effectiveness of the training and education provided by the tertiary education organisation (TEO). They may be referred to in subsequent external evaluation and reviews (EERs) to gauge the effectiveness of the TEO's quality improvements over time.

NZQA recommends that New Zealand Family Planning Association Incorporated:

- Disaggregate, analyse and use data and information relating to all priority group learners to better inform understanding of equity of achievement and the meeting of learning and/or cultural needs.
- Immediately update policies and procedures (and the approved programme documentation) to ensure consistency in application of extensions to the work placement period; and ensure data is collated about it for determination of inclusion at programme review time.
- Provide professional development to the Family Planning staff around requirements and student rights under the Education (Pastoral Care or Tertiary and International Learners) Code of Practice 2021.
- Develop and deploy pastoral support options for students who are completing the work-based practice consultations prior to final assessment. Update the appropriate policies and procedures to reflect this additional pastoral support provision.

Requirements

Requirements relate to the TEO's statutory obligations under legislation that governs their operation. This include NZQA Rules and relevant regulations promulgated by other agencies.

NZQA requires New Zealand Family Planning Association Incorporated to:

- Update appropriate policies and procedures and complete appropriate professional development to ensure all teaching staff:
 - hold (or are working towards) a qualification in adult education and training or a teaching qualification
 - are able to demonstrate equivalent knowledge and skills as outlined in the Consent and Moderation Requirements (version 6) for Cervical Screening Criterion 3 Staff selection, appraisal and development.
- Complete and publish the required self-review and report as outlined in the Education (Pastoral Care or Tertiary and International Learners) Code of Practice 2021.

Appendix

Conduct of external evaluation and review

All external evaluation and reviews are conducted in accordance with NZQA's published rules. The methodology used is described in the web document https://www.nzqa.govt.nz/providers-partners/external-evaluation-and-review/. 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.

Disclaimer

The findings in this report have been reached by means of a standard evaluative process. They are based on a representative selection of focus areas, and a sample of supporting information provided by the TEO under review or independently accessed by NZQA. As such, the report's findings offer a guide to the relative quality of the TEO at the time of the EER, in the light of the known evidence, and the likelihood that this level of quality will continue.

For the same reason, these findings are always limited in scope. They are derived from selections and samples evaluated at a point in time. The supporting methodology is not designed to:

- Identify organisational fraud⁴
- Provide comprehensive coverage of all programmes within a TEO, or of all relevant evidence sources
- Predict the outcome of other reviews of the same TEO which, by posing different questions or examining different information, could reasonably arrive at different conclusions.

Final

⁴ NZQA and the Tertiary Education Commission (TEC) comprehensively monitor risk in the tertiary education sector through a range of other mechanisms. When fraud, or any other serious risk factor, has been confirmed, corrective action is taken as a matter of urgency.

Regulatory basis for external evaluation and review

External evaluation and review is conducted under the Quality Assurance (including External Evaluation and Review (EER)) Rules 2016, which are made by NZQA under section 253(1)(pa) of the Education Act 1989 and approved by the NZQA Board and the Minister authorised as responsible for Part 20 of the Education Act.

Self-assessment and participation and cooperation in external evaluation and review are requirements for:

- maintaining accreditation to provide an approved programme for all TEOs other than universities, and
- maintaining consent to assess against standards on the Directory of Assessment Standards for all TEOs including ITOs but excluding universities, and
- maintaining training scheme approval for all TEOs other than universities.

The requirements for participation and cooperation are set through the Programme Approval and Accreditation Rules 2018, the Consent to Assess Against Standards Rules 2011 and the Training Scheme Rules 2012 respectively. These rules were also made by NZQA under section 253 of the Education Act 1989 and approved by the NZQA Board and the Minister.

In addition, the Private Training Establishment Rules 2018 require registered private training establishments to undertake self-assessment and participate in external evaluation and review as a condition of maintaining registration. The Private Training Establishment Registration Rules 2018 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, training schemes and consents to assess and 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 Quality Assurance (including External Evaluation and Review (EER)) Rules 2016. 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). All rules cited above are available at https://www.nzqa.govt.nz/about-us/our-role/legislation/nzqa-rules/, while information about the conduct and methodology for external evaluation and review can be found at https://www.nzqa.govt.nz/providers-partners/external-evaluation-and-review/.

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