



Funded by Erasmus+

## **EXTERNAL ASSESSMENT OF IHOD PROJECT**

**7th January 2021**

The objective of this project was to develop and support the delivery of a new Masters course in the management of chronic healthcare in Uzbekistan, Vietnam and Russia.

This report has been requested by the Grantholder as part of the project's 'Quality control and Monitoring' outputs (deliverable 3.4). The assessment activity involved:

- examination of project documentation, including minutes of the Project Steering Committee, work package reports, and presentations made at meetings
- analysis of the Programme Curriculum Document
- review of the 'Feedback on field monitoring visits'
- appraisal of 'Governance Structure for Project Implementation'
- evaluation of several Course Feedback Questionnaires
- appraisal of the response to the Technical Interim Report by the Head of Education, Audiovisual and Cultural Executive Agency in Brussels
- review meeting (using Zoom) with the Project Coordinator Professor Mary Casey, Senior Researcher Dr Peter Dickenson, and IHOD Coordinator Andres Carrion Garcia

The project team are to be congratulated on their achievement of working well with a very wide range of partners and stakeholders to produce an excellent Masters programme of 12 modules with supporting on-line materials. Training provided has increased the capacity and skills of partner HEIs and will ensure the successful delivery of this new programme.

The Covid pandemic led to significant delays: many project members were taken off the project to support local medical interventions, and the need to develop on-line teaching material created a significant additional workload. These delays meant no partner launched the Masters programme during the project. Partners have plans in place to launch the Masters, and some partners have already incorporated new modules into existing courses.

This was a very ambitious project in that it involved an unusually high number of participating institutions (12). It is to the team's credit that a high degree of collaboration and synergy between partners was maintained throughout the project. All partners, especially those with less experience in the field of healthcare, gained significantly from the project.

Report author: Andrew J Johnstone, Consultant, Cranfield University

# ANALYSIS

## WORK PACKAGE 1 – PREPARATION

This package involved preparation, development, and capacity building. There were delays in the early part of this package, but the main deliverables – the programme curriculum and staff training – were completed on time.

The Covid pandemic created two major problems that impacted on the ability of the project team to deliver on time:

- many medical staff supporting the project were required to support local medical interventions and they therefore had less time to support the project
- the need for on-line delivery of the programme increased substantially the level of resource needed to re-develop the modules and material.

As a result, the new programme was not launched at the end of this package as planned. However, four institutions are already using IHOD modules in existing courses, and all partners have the materials to launch the new Masters programme

All partners were involved in the development of the curriculum, and each non-EU partner was given the responsibility to develop the curriculum (ILOs etc) for one or two of the 12 modules proposed in the new programme. Partners were allocated subject areas corresponding to the areas of expertise of their institutions.

### WP1 – Part 1: Stakeholder requirements

#### *1.1 Analysis of international requirements and study tour*

Staff from 7 of the 8 partner countries participated in an international study tour to Italy and Ireland. This tour provided exposure to EU best practice, and the European ‘Agency for Public Health Education Accreditation’ (APHEA) made a presentation during the tour. Findings from the tour were used to assess the requirements of key stakeholders, and a report was produced. All partners contributed to this activity, and all actions were completed in line with the work programme.

#### *1.2 Analysis of stakeholder requirements*

All institutions worked with their stakeholders on this activity. It was reported at a Project Steering Committee presentation that over 300 responses – including from policy makers, health professionals, students, and recent graduates – were received and collated. All actions were completed in line with the work programme.

#### *1.3 Gap analysis of current programmes*

All partners contributed to this activity, and all actions were completed in line with the work programme.

#### 1.4 Analysis of international requirements and study tour

Analysis of outputs from the previous activities led to the specification for the Masters programme – and this was defined and agreed by all partners. A conference in Moscow with stakeholders was planned to review the new programme, but this was replaced by a series of conference calls and Project Steering Committee (PSC) meetings in Hanoi and Kaunas.

### **WP1 – Part 2: Programme development**

#### 1.5 Agreement on collaborative delivery and 12 agreed module curricula

This was a major work package – the deliverable was a curriculum developed in line with the relevant standards for public health education and competences. The title for the new Masters course is ‘*Improving Healthcare Outcomes in Chronic Disease*’.

Data gathered during earlier project activities was collated and all partners, working with stakeholders, developed a 12-module curriculum. This, and an approach for collaborative delivery, was agreed with the project team.

The 12 modules produced are of very high standard: module descriptions are clear, the ILOs are at the correct level for a Masters course, and a range of assessment methods are used with the emphasis on continuous assessment rather than the traditional ‘pass/fail’.

It is good to see that there is a module on ‘Leadership and Management Strategies’. This is an important topic that will help students communicate and apply their learning – but it is one which is often omitted from Masters courses with a technical focus.

The IHOD Programme Curriculum Document is a very thorough and impressive document, and offers extensive and sound guidance to the institutions setting up their new programme. One thing the project team may wish to consider including in their guidance is the need for a Programme Steering Committee. The remit of this committee, which may only meet every 2-3 years, is to review the programme with stakeholders to ensure that it continues to meet their needs - things can move very quickly in this area and it is important that the programme is updated to reflect any changes.

The curriculum was developed in accordance with EU standards for public health, and the European Credit Transfer and Accumulation. As a result it:

- is compatible with the QF European Higher Education Area second level 9
- includes the competences and competency levels necessary for accreditation by the Association of Schools of Public Health in the European Region
- contains the 120 ECTs required for accreditation by the Agency for Public Health Education Accreditation (APHEA)

These qualifications will increase the attractiveness of the course, and will thereby contribute significantly to the sustainability of the project.

Workshops were organised in this part of the project to give partners more exposure to best EU practice. They also helped to develop synergy for the collective delivery of this cross-discipline programme.

### *1.6 Twelve modular short courses*

All partners contributed to this development work. The twelve modules developed, which can be delivered as stand-alone courses or as part of the new masters programme, all conform to Bologna guidelines and ECTS.

### *1.7 Masters programme launched in at least four HEIs,*

To date, five partners are incorporating IHOD modules into existing undergraduate and postgraduate degrees, and three are working towards this. It is unfortunate that the delivery of this activity was delayed by the Covid pandemic which resulted in many project staff having less time to create the more time-consuming on-line materials.

The partners have a comprehensive course document that they will all use as the basis for their new Masters programme, or for modules as part of existing courses. All the preparatory work for this activity has been completed, and the HEIs would have launched their new programmes on time had it not been for the Covid pandemic.

## **WP1 – Part 3: Capacity building**

### *1.8 Staff training and mobility programme*

Development of staff needs were generated by a training gap analysis. All partners contributed this task which was completed in line with the work programme.

### *1.9 Four one-week training courses in EU*

All partners contributed to these training courses, and they were completed in line with the work programme. Feedback from the participants was very positive.

### *1.10 Four one-week train the trainers course in partner HEIs*

This work was delayed by the Covid pandemic. Six partners delivered this training programme by internet; the need to deliver these courses on-line put a significant burden on the partners. It is to the credit of all partners that the programme was both delivered and well received.

### *1.11 Installation of software simulation packages.*

A decision to invest in conference equipment to support communications, rather than computers, was a sound one. As the report from EACEA states, approval for departure from the project plan should have been sought. There was a delay in specifying the equipment needed due to some institutions having IT issues in both their own organisation and in their countries.

## **WORK PACKAGE 2 – DEVELOPMENT**

This package was to support the launch of the new Masters programmes in partners' institutions and develop plans to ensure the sustainability of the programmes. As the new programmes have not been fully launched it has not been possible to deliver all parts of this package.

### *2.1. Course committee operational*

A health masters course committee was due to be set up to represent each partner HEI in order to provide mentoring support and ensure the sustainability of the programme. Course committees have been set up in 6 HEIs and are due to be set up in the remainder.

### *2.2. Launch of masters programme – mentoring and delivery assistance*

Each EU partner was due to deliver four, one-week sessions to provide mentoring and delivery assistance. Due to the delay in launching the programmes this activity did not take place.

For some HEIs with less experience in the healthcare sector this activity was likely to be especially valuable. To build on the good work already done and ensure the sustainability of the new Masters it is strongly recommended that the EU partners provide continuing mentoring support through ongoing collaboration.

### *2.3 Conduct of student mobilities*

All planned mobilities – where each EU partner hosted a one-month mobility for 24 students took place in accordance with the programme. Feedback from students showed that they found the mobilities very valuable. The possibility of continuing mobilities between partners has been discussed informally and it is hoped this activity will continue.

### *2.4 Provision of mentoring support – and ensuring sustainability*

After the first delivery of the programme, the Course Committee was due to conduct a rigorous validation of the programme and develop enhancement plans. These activities did not take place as the programme was not delivered.

## **WORK PACKAGE 3 – QUALITY PLAN**

The quality plan was sound and supported the project well. There were management difficulties at the start of the programme, but these were flagged up by the quality plan and corrective actions were developed and successfully implemented.

### *3.1 Effective monitoring of project quality parameters*

At the project launch meeting in Hanoi in January 2018 the work packages, and monitoring and management processes, were presented and responsibilities allocated and agreed. Early in the project it became clear that due to a number of issues - including the number and diversity of institutions, and work pressures on key project staff – the project was not progressing as planned. The PSC realised changes were needed and in March 2019 they issued a ‘Governance Structure for Project Implementation’; in this structure some roles and responsibilities were re-assigned. Operating with this new structure, project control and effective monitoring of the project quality was regained.

### *3.2 Project plans are implemented on time*

In the early stages of the project there was slippage of deadlines. With the revised governance structure in place (3.1 above), any need for corrective action was quickly identified and acted on; thereafter work packages were completed in a timely fashion.

### *3.3 Assessment of stakeholder satisfaction and annual enhancement plans*

Stakeholder satisfaction questionnaires were produced for Work Packages 1 and 2. The results from the questionnaires clearly showed a high level of satisfaction among stakeholders.

The annual stakeholder satisfaction and enhancement report, due in April 2020, was delayed due to the Covid pandemic. Following an extension to the project completion date the report was issued in Dec 2020; once again a high level of satisfaction among stakeholders was reported.

### *3.4 Reports on Work Packages 1-4*

Reports on each work package were produced. Reports on WP1 and WP2 were presented to the PSC and approved. An independent panel of senior staff was due to review the WP reports, but due to disruption from the Covid pandemic this did not happen.

### *3.5 Conduct of external assessment of project quality*

This report covers activity 3.5.

### *3.6 Participation in Erasmus+ Quality activities*

No activities were proposed so there was no participation.

## **WORK PACKAGE 4 – DISSEMINATION AND EXPLOITATION**

All aspects of this package have been delivered, though not quite as planned. The Covid pandemic has meant that several conferences and seminars were replaced by on-line activities; feedback shows a high level of satisfaction among participants. Discussions are underway to explore options to deliver seminars in the coming months.

### *4.1 Project identity and website established and maintained*

A project logo was developed in conjunction with the Erasmus+ logo, and this was the graphic identity used for all project activities.

A project website was established. This was used to promote the project – aims, strategy, activities and reports. Stakeholders were invited to link the project website to their own, as well as publicising project activities on their own websites.

It is felt that more use could have been made of the website. While some institutions report on their successes and the benefits of the project, others merely describe the project's goals. The project team advise that plans are in hand to enhance the website.

Dissemination events were available on the project website. They were also streamed on YouTube and Facebook.

### *4.2 Presentations delivered to conferences and forums*

The Covid pandemic has curtailed the use of conferences and forums as a means to disseminate the good work done by the project partners. As a result, the final dissemination conference, planned for Moscow, was live-streamed by MedicalExcellencTV and it had 230 views on various platforms.

In October 2020 the IHOD project partners participated in the Erasmus+Days zoom event to promote the project. Many partners produced short videos demonstrating their inputs on the project.

### *4.3 Six-monthly reports to Academic Boards of partner institutions*

All partner institutions provided regular reports on the project's progress to their academic authorities.

### *4.4 Production of a quarterly newsletter*

IHOD did not produce a quarterly newsletter. Instead, the project partners produced material for use in their own institutions' newsletters, and shared their activities through the Work Package leaders.

### *4.5 Organisation of public workshops and stakeholder conference*

An on-line event (see 4.2 above) replaced the final dissemination conference. In anticipation of the end of the pandemic, some partners are now planning dissemination workshops - and at least one of these may be delivered with support from the WHO.

## **WORK PACKAGE 5 – MANAGEMENT**

### *5.1 Effective and timely project management*

The project proposal contained a very full and thorough plan. Difficulties in achieving parts of the plan at the start of the project led to some of the early activities being significantly late – up to 4-6 months late in some cases – and this had a knock-on effect on the rest of the project.

Once the project team were aware of the problems they produced a revised management structure. This involved some changed roles and more accountability (see 3.1), and thereafter activities were completed within the timescale allocated. However, it was not possible to speed up activities with the result that some parts of the project continued to be 4-6 months behind schedule.

Minutes of PSC meetings have been reviewed. It is observed that while responsibilities for tasks were allocated, deadlines for completion were not always set; it is possible that some delays would have been shorter had completion dates been set and met.

Performance varied significantly between countries. Reviews carried out by the National Erasmus+ Offices show this: in Moscow project progress was reported on favourably, while while in Uzbekistan significant areas for improvement were identified. Local performance depended not only upon efforts of the project staff, but on support from their institutions – which in some instances was not strong – and this was outside the control of the project team.

### *5.2 Stakeholder involvement and approval*

Stakeholders were involved and communicated with throughout the project, and they attended PSC meetings and conferences. When Covid pandemic restrictions came into place this involvement was maintained by video conferences.

### *5.3 Ownership of project by participants*

The achievements of many partner institutions indicates that they have fully accepted ownership of their tasks and successfully delivered.

### *5.4 Project synergy*

Many of the participating institutions maintained regular contact while working collaboratively on new modules. It is expected that this collaboration will continue after the end of the project.