

Practice Evaluation

The successful completion of practice placements is essential to the education of occupational therapists; however, ensuring quality placements is challenging for occupational therapy educators. In 2000, Brunel University introduced a revised system of accreditation of practice educators which involved attendance at a course, the supervision of a student and the submission of an essay to be assessed.

An audit revealed that a total of 314 therapists attended 15 courses between 2000 and 2003; of these, 243 (77%) subsequently supervised students and 32 (10%) became accredited. The requirement to accredit practice educators, which is a commendable attempt to ensure quality, may paradoxically have been detrimental in achieving quality. The College of Occupational Therapists' apparent change of emphasis on this topic is welcomed.

Accreditation of Practice Educators: An Expectation Too Far?

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Introduction

Practice placements are a central aspect of the education of occupational therapists: the World Federation of Occupational Therapists confirmed their importance in its revised guidelines (WFOT 2002) and the Quality Assurance Agency for Higher Education emphasised the quality assurance of placements in its revised system of major review of health care programmes (QAA 2004).

The College of Occupational Therapists (COT 1993), as a stakeholder in assuring the quality of practice placements, introduced a system of accreditation of practice educators, with the responsibility for accreditation resting with the higher education institution. However, the COT (2000) also emphasised the responsibility of individual occupational therapists to participate in the education of occupational therapy students, especially on placement, and to 'undertake and maintain accreditation through programmes of study provided by higher education institutions validated to deliver pre-registration education' (COT 2000, section 5.5.1).

The COT defined accreditation as 'a formal process by which the education centre recognises good practice' (COT 1994, section 7.1). There has been debate on whether it is preferable to accredit the placement or the educator (Alsop and Crowder 2002). The COT (2003a) revised its Standards for Education, describing this as a change in procedure and not in policy. The revised standards do not refer to accreditation but to higher education institutions preparing, developing and supporting practice educators. There has been no statement from the COT retracting its position on accreditation, but it appears to have changed its emphasis on the issue.

Brunel University has a long history of providing courses for practice educators and has changed the format from time to time in response to educational philosophy, the preferences of occupational therapy services and individual therapists. From 1998, in response to demand, the format has been a 3-day, profession-specific, non-assessed course available to occupational therapists providing, or planning to provide, placements for Brunel University students.

In redesigning the BSc(Hons) Occupational Therapy degree in 2000, a revised scheme of accreditation for practice educators was introduced both to ensure and confirm the quality of existing educators and placements and to encourage the recruitment of new educators and placements including non-traditional placements. The course was redesigned to 3 days together with a one-day follow-up after the participants had supervised a student. This scheme of accreditation was for a period of 5 years and was to be maintained by individual practice educators and occupational therapy services taking a minimum of one Brunel University student per academic year.

Formal recognition of the revised course was sought and obtained from the COT and also from Brunel University, who approved the course at 10 credits at level 3 to be awarded to practice educators who completed the assessment successfully. The course formed part of the Brunel University continuing professional development portfolio and was promoted through the network of practice educators and coordinators.

Routes to accreditation

Three routes to accreditation were introduced.

Novice practice educators

This route involved attendance at a practice educator course; supervision of a student within 6 months of attending the course; the successful submission of an assessed reflective essay; and annual attendance at a practice educator briefing/study day.

Experienced practice educators

This route was designed for senior therapists who had previously attended a course. It involved having supervised at least two Brunel University students; the submission of a testimonial from a supervisor, mentor or line manager; the successful submission of an assessed reflective essay; and annual attendance at a practice educator briefing/study day.

Experienced practice coordinators

This route was designed for senior therapists who contributed to practice education but might not directly supervise students and may not have attended a recent educator course. It involved 5 or more years' experience of student education including direct supervision; the organisation of practice education in a service or an equivalent responsibility; the submission of a testimonial from a mentor, line manager or colleague; the successful submission of an assessed reflective essay; and annual attendance at a practice educator briefing/study day.

Aim of the audit

In 2004, it was decided to evaluate the accreditation system over the previous 3 years to see if it had met its aims of increasing the number of practice educators and placements and ensuring their quality. This was especially relevant in view of the COT's (2003a) revised standards, which no longer specified accreditation.

Method

An audit was undertaken of the number of occupational therapists becoming accredited through the three routes, including an analysis of the therapists attending the practice educator courses during the academic years 2000/1, 2001/2 and 2002/3. This consisted of noting the number who had attended each course, tracking those who subsequently supervised a student and, finally, noting the number who successfully achieved accreditation. Descriptive statistics were used to analyse the data.

Ethical considerations were taken into account in conducting the audit and the anonymity of the practice educators attending the courses was preserved. The actual dates of the courses have not been presented to reduce the possibility of the practice educators recognising the course that they, and others, had attended.

Results

Novice practice educators

A total of 314 occupational therapists attended 15 courses

between 2000/1 and 2002/3. Of these, 243/314 (77%) supervised students, ranging from 13/23 (57%) of course 5 in 2001/2 to 25/26 (96%) of course 3 in 2000/1. The number obtaining accreditation through successful submission of the 2000-word reflective essay was 32/314 (10%), ranging from none on 3 courses to 5/18 (28%) on course 1 in 2000/1.

Overall, the numbers attending the courses increased and the percentage supervising students remained fairly constant, but the number becoming accredited diminished. The results for all 3 years are displayed in Table 1.

Table 1. Results of audit for all 3 years

Course date	No. attending	No. supervising	%	No. accredited	%
2000/1					
1	18	15	83	5	28
2	14	10	71	2	14
3	26	25	96	4	15
4	12	10	83	1	8
5	22	15	68	3	14
Total	92	75	82	15	16
2001/2					
1	20	17	85	0	0
2	18	17	94	2	11
3	27	20	74	0	0
4	24	14	58	2	8
5	23	13	57	0	0
Total	112	81	72	4	4
2002/3					
1	27	22	81	3	11
2	25	21	84	3	12
3	20	18	90	3	15
4	13	9	69	2	15
5	25	17	68	2	8
Total	110	87	79	13	12
Grand total	314	243	77	32	10

Experienced practice educators and experienced practice coordinators

The audit revealed that no experienced practice educator or experienced practice coordinator applied to become accredited during the period studied.

Discussion

First, it was disappointing that none of the experienced practice educators or coordinators had chosen to become accredited because the system was introduced following consultation with colleagues. Creating the opportunity for accreditation may have been a worthy aspiration, but these experienced therapists appeared to have judged that the effort of accreditation outweighed any advantage for them. Although the accreditation system was explained and promoted when first introduced, it may have required continuing promotion to experienced therapists.

For novice practice educators, the aim of encouraging more occupational therapists to become educators and offer placements appears to have been successful, with 243 (77%) therapists supervising students. There is usually a time interval between completing a course and supervising a student, so there is still opportunity for therapists on the more recent courses to take a student and, therefore, fulfil one of the criteria for accreditation. However, it seems unlikely that therapists who attended a course more than 3 years ago will now offer to take a Brunel University student. They may have supervised a student from another university, and the course encourages this national perspective, but the present system has no way of capturing that information; if so, the accreditation process has been successful.

Although a principal aim of a university providing courses is to educate therapists who will supervise their students, different courses will cover similar elements and universities recognise courses provided by other higher education institutions. Some therapists may attend a course and then decide not to take a student, but it would seem unexpected that 23% would do so. A more likely explanation is the mobility of therapists working in the London area, where high vacancy rates are common and result in frequent job moves.

The aim of ensuring and confirming the quality of existing placements through the Brunel University scheme of accreditation has not been met, with only 10% of the 314 therapists becoming accredited. The interval between attending a course and accreditation may take many months because of the submission and marking of the reflective essay following the student placement. It is probable, therefore, that some therapists who attended the later courses will eventually become accredited and that the 4% and 12% achieved in the more recent years may improve to the 16% of the first year. Even so, this appears to be a disappointing result.

Nevertheless, over the 3 years of the study, 211/314 (67%) therapists completed the course and supervised a student, although they chose not to continue with the academic component of the accreditation process. Judged this way, the results seem more positive and these therapists are clearly fulfilling the expectations of the COT (2000) to contribute to the education of students. Thus, the issue appears to be not with the course or the experience of supervising a student, but with the process of accreditation.

An expectation too far?

So was accreditation an expectation too far? That may depend on the definition of accreditation. If the COT definition was 'to undertake and maintain accreditation through programmes of study provided by higher education institutions' (COT 2000, 5.5.1), perhaps it was suggesting that attendance at a course was the only requirement for accreditation. But that narrow definition would obviate the need to supervise a student, which contradicts the overarching COT (2000) statement about professional responsibility to participate in student education. Further, it precludes the need to provide any evidence of learning on the course, which is not in accord with the spirit of evidence-based practice also espoused in the same document (COT 2000).

There have been efforts to promote the education of students and accreditation within a framework of continuing professional development (Fisher and Savin-Baden 2002, Craik 2003) and to encourage therapists to view accreditation as one means of providing evidence of continuing professional development. Both the COT (2003b) and the Department of Health (2003), through the *NHS Knowledge and Skills Framework and Related Developmental Review*, endorse the concept of continuing professional development and providing evidence of its achievement. The Health Professions Council's (2004) much heralded emphasis on continuing professional development as a means of ensuring competence to practise and maintaining registration has not yet been defined and is to be the object of a consultation process. Perhaps these initiatives will give impetus to continuing professional development and to accreditation as one method of achieving this.

In the meantime, with the increasing demands on practitioners, the expectation that they would be prepared to become accredited through the system at Brunel University, with the additional requirement to present an essay for assessment, may have been an expectation too far. Thus, accreditation could be viewed as a disincentive to therapists becoming involved in student education and the system designed to ensure quality may paradoxically, therefore, have had the opposite effect.

In questioning accreditation, there is no suggestion that ensuring the quality of practice education is not important. Indeed, the reverse is true and the QAA (2004), in revising its system of approving the quality of health professions' courses, has increased its emphasis on practice placements. But the system of accreditation devised at Brunel University and approved by the COT does not seem to have achieved this aim of ensuring quality. The COT also appears to have similar doubts about accreditation as indicated in its revised standards document (COT 2003a). Having introduced accreditation in 1993 and promulgated its benefits in 2000, its apparent change of policy, in removing any reference to accreditation in 2003, was unexpected and an explanation would be welcome.

Rather than speculate on the reasons that 211 therapists supervised a student but chose not complete the process that could have led to accreditation by Brunel University, it may have been possible to conduct a follow-up study. However, the requirements of the National Health Service Research Governance make this a complex procedure and it did not seem justified if it might alienate those therapists who continue to offer placements but choose not to complete the accreditation process.

Conclusion

Brunel University can continue to offer its scheme of accreditation as an option for therapists who choose to recognise their interest and commitment to practice education through this more academic route without those who do not choose this option feeling guilty. Brunel University can

therefore continue to provide not only high quality practice educator courses that consistently receive excellent evaluations from participants but also support to educators for their exciting and rewarding role of contributing to the education of the next generation of occupational therapists. In doing so, the COT (2003a, b) standards can be met and individual therapists can contribute to their own continuing professional development. Nevertheless, the question remains of how the profession designs a system that will support the quality of practice education for all the stakeholders and it is understood that the COT continues to consider this.

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References

- Alsop A, Crowder R (2002) Accreditation under debate. *Occupational Therapy News*, 10(9), 26-27.
- College of Occupational Therapists (1993) *Standards, Policies and Proceedings 165. Statement on fieldwork education: guidelines for assuring the quality of the fieldwork education of occupational therapy students*. London: COT.
- College of Occupational Therapists (1994) *Standards, Policies and Proceedings 166. Statement on fieldwork education: recommended requirements for the accreditation of fieldwork educators*. London: COT.
- College of Occupational Therapists (2000) *Code of ethics and professional conduct for occupational therapists*. London: COT.

- College of Occupational Therapists (2003a) *College of Occupational Therapists Standards for Education: pre-registration education standards*. London: COT.
- College of Occupational Therapists (2003b) *Professional standards for occupational therapy practice*. London: COT.
- Craik C (2003) Why are OTs still playing catch up: modernising fieldwork education. *Therapy Weekly*, 10 April, 6.
- Department of Health (2003) *The NHS Knowledge and Skills Framework and Related Developmental Review*. London: DH.
- Fisher A, Savin-Baden M (2002) Modernising fieldwork, part 1: realising the potential. *British Journal of Occupational Therapy*, 65(5), 229-36.
- Health Professions Council (2004) *Consultations – continuing professional development*. Available at: <http://www.hpc-uk.org/consultation/cpd.htm> Accessed on 24.03.04.
- Quality Assurance Agency for Higher Education (2004) *Major review of health care programmes*. Available at: http://www.qaa.ac.uk/health/health_handbook.htm Accessed on 26.03.04.
- World Federation of Occupational Therapists (2002) *Revised minimum standards for the education of occupational therapists*. WFOT.

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