

Introduction

The NES Psychology Directorate Quality Assurance Framework (QAF) was developed with the aim of improving standards for the quality of education in the delivery of evidence-based¹ psychological interventions and therapies.

It was initially designed as an extension of the work in Psychology directorate on utilising the National Implementation Research Network (NIRN) model of implementation science². As such, there is a specific focus on training with the aim of implementing evidence-based psychological therapies and interventions in this framework, with an emphasis on developing programmes and pathways of training to embed psychological therapies and interventions and where there is a specific, targeted population who will be delivering the therapy or intervention.

The implementation Tracker used in the NES Psychology Directorate will both inform and be populated by the QAF. The evaluation of the impact of educational programmes and enhancing the effectiveness for those using services is a critical aim of this framework.

At the same time, there is also a need to look at the effectiveness, impact and quality more broadly of all training and educational initiatives that underpin the implementation of psychological interventions. This QAF can also be used to ensure the quality and impact of training that is not specifically aimed at implementing a therapy or interventions, including training with knowledge based learning outcomes, overviews of frameworks and skills based training independent of a specific therapy or intervention.

An option is included in the QAF for 'not applicable' (NA) for those criteria that may not be applicable for foundation or knowledge based training which is not a part of a programme of training to implement an intervention. If 'NA' is used for a criteria, justification of its use will be important to explore.

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1. Evidence Based Practice.
 2. You can access more information on the NIRN model on their website at <http://nirn.fpg.unc.edu> Add Active Implementation Hub.

Implementation Drivers

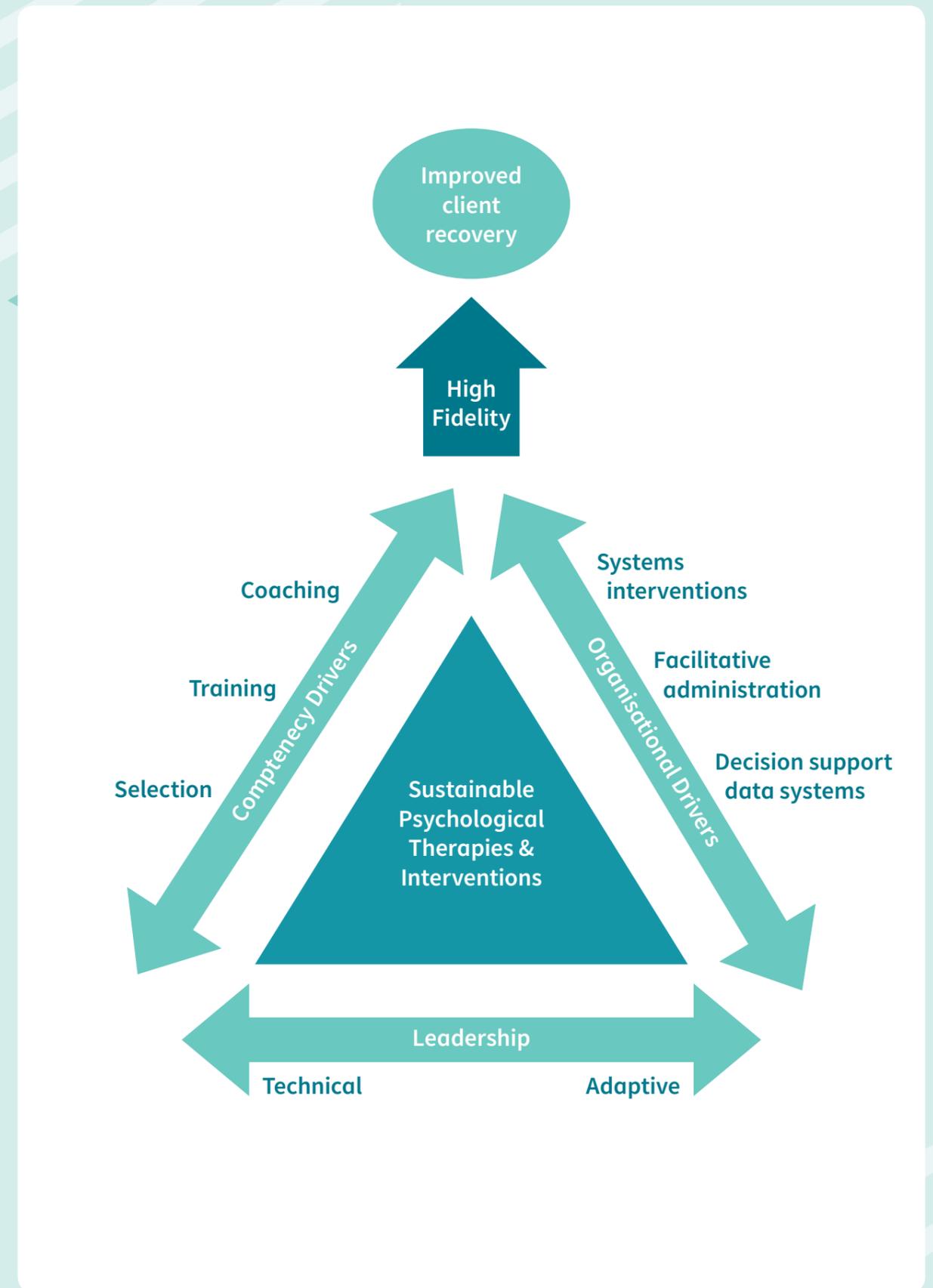
The QAF is divided into three sections, reflecting the three implementation drivers³ of the NIRN model: Competence Drivers, Organisation Drivers and the Leadership Drivers.

The implementation drivers reflect the effective components of the process of embedding an intervention or therapy into practice. It is important to note that the NIRN model is aspirational in design. While the drivers reflect the important elements in rolling out a programme, a strength-based system analysis is emphasised. Reflection on the strengths and challenges faced in each of these three categories is encouraged to maximise effective implementation. The model suggests that the drivers are complementary and compensatory. Strengths in one driver can offset challenges in a different area. The QAF is designed as a reflective exercise to identify strengths and challenges, and to develop action plans to maximise the effectiveness of implementation drivers.

The diagram on the next page highlights the balance between the three drivers, and their impact on fidelity and improved client recovery outcomes.

The next three sections of these guidance notes provide further explanations and expand on the criteria of the three separate drivers.

3. A description of the NIRN Implementation Drivers can be found at <http://implementation.fpg.unc.edu/sites/implementation.fpg.unc.edu/files/NIRN-ImplementationDriversAssessingBestPractices.pdf>



Competency Drivers

Criteria Guidance

Intervention is evidence-based and, if appropriate, compliant with the Matrix.

The Psychological Therapies Matrix⁴ provides a guide to planning and delivering evidence-based psychological therapies and interventions and a summary of the information on the current evidence base for various therapeutic approaches. There will also be examples of interventions which are derived from an established evidence base, such as interventions developed from the principles of cognitive behavioural practice. When considering whether an intervention is evidence-based or evidence derived, it is useful to review the components identified by NIRN. More specifically, is the intervention teachable, learnable, 'doable,' and readily assessable. The intervention needs to be operationally defined sufficiently to ensure that the outcomes can be assessed with validity and reliability, and that it can be replicated with fidelity.

Intervention is a good fit with the workplace and target population (Hexagon Tool).

The Hexagon Tool was developed by NIRN to explore the fit between an intervention and the workplace by considering six broad factors, including 1) the needs of the individuals in the programme; 2) the fit with policy, priorities and values; 3) resource availability; 4) evidence that the outcomes might be expected in the specific setting; 5) readiness for replication' and 6) capacity to implement⁵.

Clinical protocols available for the psychological intervention which are compliant with the research which established the evidence base.

NIRN emphasises the importance of 'Usable Interventions.' An intervention needs to be teachable, learnable, 'doable' and readily assessed. This means that it needs to be well operationalised in order to assess fidelity, with the critical components identified and acceptable variations of practice defined⁶.

Protocols are usable in the workplace and well operationalised in order to be teachable, learnable, 'doable,' and readily assessed.

In this case, the QAF is exploring the actual intervention which is being taught. Is the intervention itself manualised so that practitioners will be able to learn, do and assess practice. In the case of knowledge based training, NA can be used. However, all skills based training should consider how the skills is taught, learned, done and assessed. NES wants to provide standardised and consistent training on interventions which are delivered in a valid and reliable way based on a manualised approach. The manualisation of the training is a different criteria.

Criteria set for the selection of staff or participants.

The primary focus of the QAF is on implementing an evidence based intervention of which training is a part, where there is a specific targeted population who will be delivering the training. In this case, selection is important to consider. This is different to training where the learning outcomes are focused on general knowledge and/or overviews of frameworks. In this case, NA may be utilised. However, it may still be important to set the criteria for participants in order to ensure there is a clear and transparent process of determining who will be included on the course, and who may be need to be excluded. In addition, it is essential to ensure that those

receiving the training will be able to benefit from and use the materials in order to assess the educational impact of the training with reliability and validity. Questions include whether the training is targeted at the correct staff group and whether the staff will be able to use the knowledge or information. The criteria may be as broad as targeting employed staff working in a certain area, or employed and volunteer staff, or it may be a subgroup of staff.

Process in place to assess baseline knowledge, competence and/or experience needed to fully benefit from training.

An application process is in place to assess baseline knowledge, competence, job role or the experience needed to benefit from training. Transparency of the assessment process is essential are needed to select and to turn down applications. While often used, applications that use self-report may pose challenges in selecting the appropriate participants. Appropriateness of participants may use multiple layers of selection criteria and there is a role for using HPC or BABCP registration as a part of the process. Portfolios can also play an important part in evidencing appropriateness.

4. The Psychological Therapies Matrix can be found at [http://www.nes.scot.nhs.uk/education-and-training/by-discipline/psychology/the-matrix-\(2015\)-a-guide-to-delivering-evidence-based-psychological-therapies-in-scotland.aspx](http://www.nes.scot.nhs.uk/education-and-training/by-discipline/psychology/the-matrix-(2015)-a-guide-to-delivering-evidence-based-psychological-therapies-in-scotland.aspx)
5. The Hexagon Tool can be found at <http://implementation.fpg.unc.edu/sites/implementation.fpg.unc.edu/files/NIRN-TheHexagonTool.pdf>
6. For more information on Usable Interventions, see <http://implementation.fpg.unc.edu/sites/implementation.fpg.unc.edu/files/AIHub-Handout10-UsableInterventions.pdf>

Intended Learning Outcomes (ILO's) and materials are benchmarked to a competence framework or accepted framework of practice.

The Intended Learning Outcomes should be linked to a framework that defines that skills needed to deliver the intervention or skill set. These frameworks are often derived from research based trials of the intervention or from an expert consensus of practitioners in the field. More broadly, ILO's may be benchmarked to the Scottish Credit and Qualifications Framework (SCQF)⁷. The SCQF provides a structure to assess the level of academic achievement reflected by the ILO's and emphasises the importance of 'outcome-based learning.' The use of the SCQF Framework in benchmarking ILO's also allows comparison of courses across the academic levels of achievement.

Intended Learning Outcomes (ILO's) are linked to the course materials and exercises, and include some type of assessment which includes assessment of acceptable variations in practice. Constructive alignment⁸ refers to the process of linking the ILO's to activities and exercises of the course, and then to assessment of knowledge and skills-based performance. The assessment needs to differentiate between acceptable variations in practice, as well as identifying unacceptable practice.

All training and intervention materials take into account equality and diversity principles to ensure accessibility for both practitioners and service users.

Accessibility needs to be considered for both the training event and materials, as well as highlighting the ways in which accessibility of the intervention can be enhanced. For instance, trainers need to be aware of visual, hearing, physical or cognitive needs of their participants to enhance the learning experience. At the same time, it is important to explore within the training ways in which to enhance the accessibility of the intervention. This is often done automatically within a training setting, but it is useful to reflect on ways in which equality and diversity principles are built into the training experience.

Measurable and specific intended learning outcomes (ILO's).

Intended learning outcomes should identify the planned results of the training in a precise and concise statement. The ILO needs to be able to be measured in order to assess the effectiveness of the learning activities.

A Constructive Alignment Matrix is used to link the ILO's to the course materials and performance assessment or application of knowledge.

As described above, the process of constructive alignment is a useful exercise to ensure the links between the ILO's, activities and exercises of the course, and assessment of knowledge and skills-based performance assessment. Performance assessment will be especially important to consider when delivering training to implement a therapy or intervention. In the case of knowledge-based training, this assessment may be the application of the knowledge to workplace practice.

Learning activities are relevant to the therapy, intervention or knowledge framework and aligned with learning outcomes.

It is important to assess the learning activities in relation to their relevance to implementation of the therapy/intervention and workplace practice.

Adequate time is allowed for skills development and competency criteria to be demonstrated.

In planning the training programme, it is important to analyse the time needed for skills development and performance assessment. Without adequate time, it will be difficult to meet the skills-based ILO's.

Performance assessment/direct observation of practice aligned to learning outcomes.

It is essential to include performance assessment and/or direct observation of practice in assessing the ILO's. Performance assessment should be aligned to competence frameworks when implementing a therapy/intervention. In the case of knowledge-based practice, the focus is on the application of the knowledge or framework to the workplace.

Application of skills-based learning to workplace-based caseload.

The teaching activities should directly relate the materials to the experience of the practitioners in their own workplace. Trainers should be able to address any unique or specific issues that arise in the workplaces of the practitioners.

Feedback from training and implementation built into curriculum for evaluation.

A feedback loop should be in place to utilise participant comments and reactions to inform and improve future delivery of training and implementation.

7. For more information on the Scottish Credit and Qualifications Framework, see <http://scqf.org.uk/media/1108/scqf-a4-purple-leaflet-final-july-2014-web.pdf>

8. Constructive Alignment refers to the process of linking ILO's to the course materials and exercises and then to an assessment process. For more information, see <http://www.johnbiggs.com.au/academic/constructive-alignment>

9. https://modules.fpg.unc.edu/sisep/coaching_overview/index.html

Coaching of skills based on acceptable variations in practice, as well as identifying unacceptable practice.

As a part of the competency driver, the NIRN model emphasises the essential role of coaching as a focused process of facilitating change and enhancing skills through observation, prompting, performance feedback and scaffolding supports (e.g. modelling and co-leading)⁹. In order to facilitate this process, acceptable variations in practice need to be defined, along with unacceptable variations of practice based on a framework that defines that skills needed to deliver the intervention or skill set. These frameworks are often derived from research-based trials of the intervention or from an expert consensus of practitioners in the field.

Supervision based on skills-based competency framework.

Supervision should also include a competence framework that is derived from research-based trials or from an expert consensus of practitioners in the field.

Established knowledge and competency framework standards designed for trainers, coaches and/or supervisors.

Parallel to established knowledge and competency frameworks for practitioners, it is important that there are established competence frameworks for trainers, coaches and supervisors. Standards of competence should be outlined for those who are supporting practitioners in the development of their skills in order to ensure consistency of knowledge and skills development training across trainers, coaches and supervisors as technical leaders¹⁰.

Trainers, coaches and/or supervisors have the knowledge, skills and experience in delivering the specific intervention in practice.

Trainers, coaches and supervisors are important as competent technical experts and need experience in delivering the knowledge and skills-based interventions in their role of training others.

Training curriculum for trainers, coaches and supervisors meet the sound academic principles outlined above.

The training curriculum for trainers, coaches and supervisors should meet the same academic principles as outlined above for practitioners.

Impact Assessment Tracker utilised to monitor implementation or impact of training.

An Impact Assessment Tracker is a tracking tool that is used to monitor important points of the implementation process, as mapped by the NIRN Competency Driver model¹¹. Implementation trackers typically provide a framework to document the attainment of selection, training, coaching, performance assessment and fidelity criteria of participants in a training programme.

Processes to ensure ongoing fidelity assessment are established using the differential response model.

A key principle of evidence-based therapies and interventions is ensuring that implementation in the workplace matches the way in which the therapy/intervention was implemented in research studies. Fidelity assessment asks whether the therapy/intervention is implemented in a way that adheres to the principles, procedures and processes of the original therapy/intervention. An important part of this process is to use the competencies and standards of the original model to assess the performance of practitioners, including acceptable variations in practice as well as identifying unacceptable practice. Fidelity of practice is essential in ensuring consistency across practitioners.

Processes are in place to monitor the effectiveness of training, coaching and supervision.

While fidelity is important to assess, it is also essential to have an evaluation strategy that will provide evidence of the effectiveness of the implementation of the programme, including training, coaching and supervision. While fidelity to the original research-based model is important, the effectiveness with the current population is also critical to establish.

Fidelity and evaluation measures established to improve programme and practice outcomes.

The fidelity and evaluation strategies should feed back into the programme development to improve implementation and outcome.

10. A description of the NIRN Implementation Drivers can be found at <http://implementation.fpg.unc.edu/sites/implementation.fpg.unc.edu/files/NIRN-ImplementationDriversAssessingBestPractices.pdf>

11. A description of the NIRN Competency Driver can be found at <http://implementation.fpg.unc.edu/sites/implementation.fpg.unc.edu/files/NIRN-ImplementationDriversAssessingBestPractices.pdf>

Organisational Drivers

Criteria Guidance

Training is only delivered where it is possible to work with a person who has the authority to coordinate training/coaching/supervising of staff and monitor implementation or application of knowledge to practice.

In order to enhance the implementation potential, it is important to have clear agreements with the service(s) where the training is taking place to ensure there is organisational support for the roll-out. This includes having a contact person(s) identified who is able to address issues that arise such as release and coordination of staff and ways in which the training is implemented in daily practice. The person may be considered a 'lead person' or called a 'champion' of the intervention in the service. While they may not have direct managerial responsibility, the key is to have a named person in the service who can coordinate with management and trainers, and ensure communication channels with trainers.

Where e-learning resources are involved, staff have the resources and access to appropriate systems.

While e-learning provides a platform to disseminate large amounts of information and enhances accessibility by allowing flexibility in scheduling and time spent on the learning, there are often challenges in staff accessing e-learning. It is important to consider and problem-solve any potential barriers to staff

accessing e-learning, including access to computers, age of computer and software, internet connections and any firewall issues.

Implementation of the intervention is built into job plans, or alternatively application of knowledge is appropriate for service.

When the implementation of an intervention is planned, it is critical to ensure that staff have protected time for the delivery of the intervention. In some cases, the delivery of the intervention will become a part of the practitioners existing practice. In other cases, it will important to build the new intervention into their existing role or job plan.

Adequate release time is scheduled to allow for training and skills development.

It is also essential that adequate time is built in to the schedules of practitioners for skills-based training with observed practice and ongoing skill development in coaching or supervision. As an organisational issue, planning for this time at the start will maximise the potential for effective implementation.

Communication processes are established to support implementation of the training or intervention.

Communication plays a critical role in implementation, and it is important to proactively plan for the ways in which trainers, specialists, practitioners, managers, and stakeholders will communicate. There will be a need to organise and communicate information about training venues, participants, and any pre-course learning. Dissemination of the training materials (e.g. from printed course folders, copied handouts, emailed materials, downloadable manuals, to providing large amounts of resources on USB sticks) will need to be planned. Providing updates to managers may be included in the plan, as well as ways to include and update stakeholders. Finally, as implementation data and evaluation is collected, there will need to be a plan for reporting on the impact of the project.

Data from managers, staff and the target population is gathered to monitor implementation and assess impact and effectiveness.

An evaluation strategy is important to monitor implementation process, and gather feedback from staff and those using the service to assess impact and effectiveness.

Designated person accountable for managing data support systems that are adequate to monitor implementation.

Following from this, it is important to have someone identified who will ensure that implementation data is collected and that there is a robust system to process, report and feed back into the ongoing implementation. Privacy and confidentiality standards need to be monitored to ensure compliance.

Key stakeholders are engaged to support practice.

The key stakeholders of the training should be identified and engaged. Stakeholders may include those in strategic, commissioning, or managerial positions whose decisions might impact upon the delivery or implementation of the training. In addition, it is important to include practitioners potentially involved with implementation and the target population of the therapy, intervention or knowledge.

Leadership Drivers

Criteria Guidance

Processes established to engage with funders and service delivery system to ensure appropriate resources.

Implementation of the therapy/intervention or knowledge-based training is reliant on appropriate resources being available to support the roll-out of the training. Systems and strategies need to be developed to engage with those making decisions to communicate clearly the resources needed for implementation or application. The Hexagon Tool can assist with this process¹².

Processes established to ensure intervention is strategically aligned to national and local strategies.

An assessment of the fit with national and local strategies is essential in order to maximise potential for successful implementation. Again, the Hexagon tool is a useful resource to consider.

Training programme organiser has a process to identify challenges to implementation.

Adaptive leadership involves the identification of implementation strengths and barriers. The challenges to implementation need to be recognised and addressed as early as possible.

Good practice and/or impact of intervention disseminated.

Communicating good practice, the impact of training, successful implementation and the challenges experienced during the project is essential for ongoing development. Dissemination can range from reporting the results of the project to the service and participants, to communicating the impact to funding bodies, to writing a peer reviewed article.

12. The Hexagon Tool can be found at <http://implementation.fpg.unc.edu/sites/implementation.fpg.unc.edu/files/NIRN-TheHexagonTool.pdf>

Glossary

Constructive Alignment

Constructive Alignment refers to the process of linking ILO's to the course materials and exercises and then to an assessment process. For more information, see <http://www.johnbiggs.com.au/academic/constructive-alignment> (Accessed 30 May 2018)

Evidence-based practice

The Oxford Dictionary defines evidence-based as "Denoting an approach to medicine, education, and other disciplines that emphasizes the practical application of the findings of the best available current research." Evidence-based practice will be the use of the therapies and interventions based on the best available current research. From <https://en.oxforddictionaries.com/definition/evidence-based> (Accessed 30 May 2018)

Fidelity

The Oxford Dictionary defines fidelity as the "The degree of exactness with which something is copied or reproduced." In this context, fidelity refers to the adherence to the principles, procedures and processes of the original, evidence-based therapy or intervention. From: <https://en.oxforddictionaries.com/definition/fidelity> (Accessed 30 May 2018)

Hexagon Tool

Further information on the NIRN Hexagon Tool can be found at: <http://implementation.fpg.unc.edu/sites/implementation.fpg.unc.edu/files/NIRN-TheHexagonTool.pdf> (Accessed 30 May 2018)

Implementation Drivers

Further information on the NIRN Implementation Drivers can be found at: <http://implementation.fpg.unc.edu/sites/implementation.fpg.unc.edu/files/NIRN-ImplementationDriversAssessingBestPractices.pdf> (Accessed 30 May 2018)

Impact Assessment Trackers

An Impact Assessment Tracker is a tracking tool that is used to monitor important points of the implementation process, as mapped by the NIRN Competency Driver model. Implementation trackers typically provide a framework to document the attainment of selection, training, coaching, performance assessment and fidelity criteria of participants in a training programme. A description of the NIRN Competency Driver can be found at: <http://implementation.fpg.unc.edu/sites/implementation.fpg.unc.edu/files/NIRN-ImplementationDriversAssessingBestPractices.pdf> (Accessed 30 May 2018)

Intended Learning Outcomes (ILO's)

The Intended Learning Outcomes of a training are a statement of what the learner can expect to receive from the training and what skills they will develop. ILO's can be considered the agreement of what learners will get from a training. For more information, see: <https://www2.le.ac.uk/offices/lli/designing-your-course/curriculum-design/focused-course-design/intended-learning-outcomes> and <http://www.johnbiggs.com.au/academic/constructive-alignment> (Accessed 30 May 2018)



National Implementation Research Network (NIRN)

A full description of the NIRN model can be found on their website at: <http://nirn.fpg.unc.edu>
(Accessed 30 May 2018)

The Psychological Therapies Matrix

The Psychological Therapies Matrix is a NHS Education for Scotland guide to evidence-based psychological therapies and interventions across a range of categories. The Matrix can be found at: [http://www.nes.scot.nhs.uk/education-and-training/by-discipline/psychology/the-matrix-\(2015\)-a-guide-to-delivering-evidence-based-psychological-therapies-in-scotland.aspx](http://www.nes.scot.nhs.uk/education-and-training/by-discipline/psychology/the-matrix-(2015)-a-guide-to-delivering-evidence-based-psychological-therapies-in-scotland.aspx)
(Accessed 30 May 2018)

Reliability

The Oxford Dictionary defines reliability as, “The degree to which the result of a measurement, calculation, or specification can be depended on to be accurate. In relation to research studies, reliability refers to extent to which the same results can be expected if the research was repeated, reflecting the accuracy of the data. From <https://en.oxforddictionaries.com/definition/reliability>
(Accessed 30 May 2018)

SCQF

The Scottish Credit and Qualifications Framework provides a structure for identifying the educational level of the training provided, enhancing consistency in the descriptions of the level of training across providers. For more information, see: <http://scqf.org.uk/media/1108/scqf-a4-purple-leaflet-final-july-2014-web.pdf>
(Accessed 30 May 2018)

Technical Experts

For more information on the NIRN description of technical experts, see: <http://implementation.fpg.unc.edu/sites/implementation.fpg.unc.edu/files/NIRN-ImplementationDriversAssessingBestPractices.pdf>
(Accessed 30 May 2018)

Usable Interventions

For more information on the NIRN definition of usable interventions, see: <http://implementation.fpg.unc.edu/sites/implementation.fpg.unc.edu/files/AIHub-Handout10-UsableInterventions.pdf>
(Accessed 30 May 2018)

Validity

The Oxford Dictionary defines validity as, “The quality of being logically or factually sound; soundness or cogency.” When considering the validity of a research study, the question is the extent to which the study measures what it says it measures. From <https://en.oxforddictionaries.com/definition/validity>
(Accessed 30 May 2018)

Quality Assurance Framework

This resource may be made available, in full or summary form, in alternative formats and community languages. Please contact us on **0131 656 3200** or email **altformats@nes.scot.nhs.uk**.



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