



Educational governance in the NHS: a literature review

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Received 25 March 2009
Revised 12 August 2009
Accepted 26 December 2009

Abstract

Purpose – This paper aims to survey the literature relating to educational governance's application to healthcare. Its purpose is to establish the extent to which this type of governance is recognised by healthcare staff, and to develop an understanding of how it is defined and used.

Design/methodology/approach – The starting point for the literature review was an academic database search supplemented by a Google Scholar search. The results were sifted using evidence strength criteria and filtered for relevance using secondary keywords.

Findings – The educational governance in healthcare literature search indicates that this is a relatively under-researched area. There are few attempts to define educational governance, although several authors note similarities with clinical governance. Authors cite educational governance as an important component of integrated approaches to healthcare governance, noting inter-dependent relationships between areas such as clinical governance, organisational development and risk management.

Research limitation/implications – Given the diverse academic and grey literature used for the review, it was difficult to apply conventional evidence-strength scales, especially because most articles cited in the text are based on expert opinion rather than systematic review.

Practical implications – The review highlights educational governance's value to healthcare organisations and provides references for organisational staff contemplating developing this area.

Originality/value – The paper is the first known attempt to survey the literature relating to National Health Service educational governance.

Keywords Education, Health services, Governance, Quality assurance, National Health Service, United Kingdom

Paper type Literature review

Context

The NHS Education for Scotland (NES) was established in 2002 as a Special Health Board supporting Scottish NHS Boards and Primary Care Organisations through workforce development of various types. Setting up NES, the Scottish Executive indicated that its part remit was to "... demonstrate leadership of the educational governance agenda in NHS Scotland" (Scottish Executive Health Department, 2001, p. 12). The Scottish Executive thus equated educational with other forms of health service governance, including clinical and staff governance.

In its first six years, NES addressed its remit in a range of uni- and multi-professional contexts by designing, providing, commissioning and quality assuring diverse educational solutions. Although it has not thus far supported NHS Boards in their educational governance activities at a strategic level, there are important exceptions including postgraduate medical education quality

The author would like to thank Dr Gianluca Mattioli for helping him obtain most material used in this review and for his all-round support. The author also thanks Professor Alice Belcher for her valued comments on earlier drafts.



management, establishing quality management frameworks for Medical Additional Costs of Training and other discrete activities. Given its educational remit, NES staff recognised educational governance’s significance for its own corporate business and accordingly established an Educational Governance Framework in 2006. This framework, which forms a central feature of NES’ overall corporate governance arrangements, established clear responsibility and accountability for educational quality and relatively simple monitoring and reporting systems. The framework’s other feature was a basic quality improvement model and philosophy. The NES Educational Governance Framework elements and their relationship to other corporate governance aspects (Figure 1) is seen as “... a systematic approach to maintaining and improving the quality of educational provision” (NHS Education for Scotland, 2007, p. 3). This approach was informed by several key references and a governance practice in healthcare education review. It also reflects NES’ unique context as an educational solutions provider across a range of healthcare professions and staff groups. The literature review, therefore, aims to assist NES staff by enhancing and developing its educational governance and by improving its associated systems and processes.

Method

The literature review included searching 158 academic databases using the NHS Scotland e-Library. It updates an earlier, smaller-scale literature review conducted by NES in 2007 (NHS Education for Scotland, 2007). The initial title search: “educational

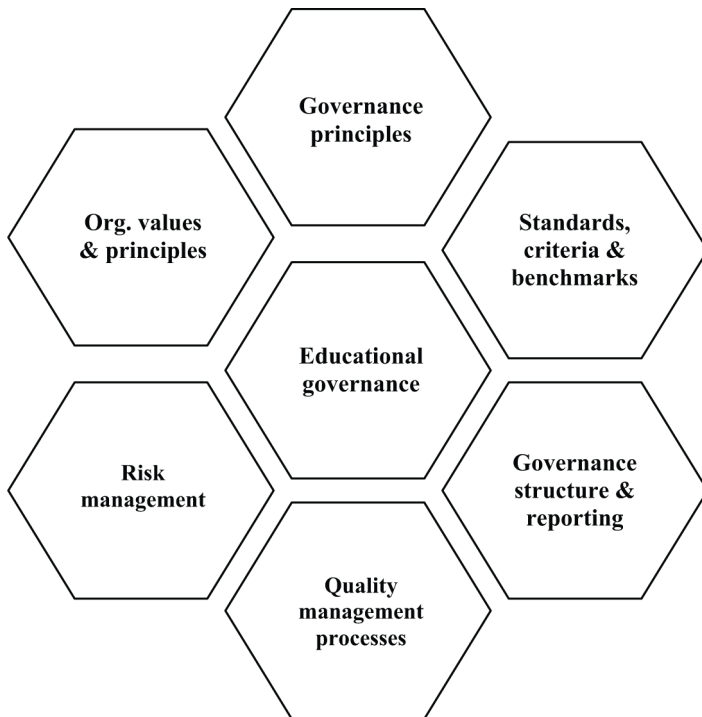


Figure 1.
NHS Education for
Scotland educational
governance framework

governance” using the quote operator (“ ”) yielded only 20 results and most were marginally relevant. This may indicate an under-researched area in a UK health service context. The literature search was extended via Google Scholar using “educational governance”, which produced 413 results. We sifted the literature using the following criteria:

- publication date;
- relevance to healthcare context; and
- citations (in the case of research papers).

The articles were reviewed and filtered for relevance using a refined search based on key words including “educational quality assurance”; “healthcare” and “clinical governance”. A total of 40 journal articles, policy/guidance documents and websites were synthesised to identify common themes and key issues. Given that the literature drew on a range of contexts, industrial sectors and disciplines, including medicine (and other clinical disciplines), education, business and social sciences, it was difficult to apply conventional evidence-strength scales. In most cases the articles we cite are based on expert opinion rather than systematic review. This is clearly a limitation although the selections provide a useful introduction to educational governance and its applications to UK healthcare systems.

Introduction

Academics and organisation staff throughout the UK, Scandinavia, the USA and elsewhere have used the term educational governance to describe diverse approaches to designing, funding and managing education to benefit learners, organisations and wider society. Despite its growing currency, the academic and grey literature indicates divergent definitions and applications. A starting point for an educational governance framework, systems development and review, therefore, is a clear understanding of their origins and use in different nations, organisations and industrial sectors. With special reference to the UK healthcare sector, where there are particular imperatives for quality assured professional education (Howard and Valentine, 2006), our literature review attempts to identify educational governance’s defining features and applications. This involves developing a more specific understanding of the term governance with its etymologies and applications.

Our literature review is a first attempt to survey academic and grey literature relating to educational governance in the UK National Health Service. Its purpose is to inform governance practice at NES and provides a practice overview in other healthcare organisations. Given that this is the first known review on this subject, it is hoped that it will interest staff in other organisations by maximising education’s contribution to quality improvement. The review begins with a brief summary of governance’s origins and purposes, and its contemporary applications to UK National Health Services. We then summarise the literature referring specifically to educational governance in healthcare, setting out its contribution to the overall healthcare organisation governance. Finally, we present effective educational governance characteristics identified by authors in this emerging field.

Etymology of governance

“Governance” has been in use for many centuries (www.etymonline.com). The ancient Greek word “*kubernetes*” meant “steersman” or “helmsman” and was used by successive

civilisations to refer to exercising authority, control and direction. It has increasing significance in modern day corporate governance, especially in the light of relatively recent corporate failures such as Maxwell in the early 1990s and Enron in 2001 where their collapse was attributed to inadequate board oversight and involvement in key business decisions. Governance occurs at different levels; from individual small and medium sized enterprises to larger organisations, regional and national systems, and even internationally. Governance also concerns development agencies, donor countries and developmental politics (Hallak and Poisson, 2006). Despite governance's currency, there appears to be no single, accepted definition. This has given innumerable writers licence to publish their own definitions according to context and needs. Although there appear to be no universally agreed definitions, many examples such as the Audit Commission (2009) and CIPFA/SOLACE (Chartered Institute of Public Finance and Accountancy and the Society of Local Authority Chief Executives, 2007) emphasise accountability and control as core aspects. This engenders the need to assign clear responsibility and accountability and emphasises the importance of goals, performance indicators and standards, and sensitivity to context. Good governance models (for example, Independent Commission for Good Governance in Public Services, 2004; United Nations Economic Commission for Asia and the Pacific, 2007) also highlight the need for fitness for purpose and the governing body's legitimacy/credibility.

Educational governance applications

Most educational governance literature relates to educational systems or individual educational institutions such as secondary schools and higher education. A large proportion of this literature originates from the USA and concerns primary and secondary schools, or the administration of state and local education systems. Research addresses educational governance from diverse perspectives ranging from political (Salter and Tapper, 2000) to sociological (Deem, 1998) and the technical/managerial. Much work falls under the heading educational administration (for example, the *Journal of Educational Administration*) or school management (for example, Meyer, 2002) or higher education (for example Houston, 2008). Other writers, such as Lindblad and Popkewitz (2001) take a sociological-educational governance perspective, viewing it as a social policy and social inclusion instrument. There is a significant literature relating to the governance of national education systems, including an international conference on this subject in 2000 hosted by the Institute for Educational Policy and the World Bank (Open Society Institute, 2001). The numerous contributions included Lundgren's (2001, p. 33) article emphasising governance by outcomes as the basis of public accountability and quality improvement. He argues that:

Governing by goals and results means a system with two legs. One is the articulation and implementation of goals; the other is the construction of control and accountability systems. To govern by goals demands that the goals are followed up and evaluated. And, above all, it demands that the goals can be evaluated. The consequence of more emphasis on evaluation, follow up and quality assurance is that education becomes more transparent.

Other writers emphasise agreed standards as key factors in effective educational governance. A report published by the Committee of University Chairs (CUC, 2006, p. 1) comments on university governance's evolution in the UK from financial and academic stewardship toward "... monitoring institutional performance against plans and approved key performance indicators (KPIs), which should be, where possible and appropriate, benchmarked against other institutions". The CUC's performance

management approach highlights targets, key performance indicators and standards for effective scrutiny that affects quality improvement. Several articles on educational governance view quality assurance as a key feature of educational governance. Taking the view that quality is an important performance component (along with other performance aspects such as outputs); this approach is consistent with other definitions emphasising performance management and control.

Healthcare governance

Healthcare governance is well-established and familiar to staff in several services. Clinical governance is relatively new but has been implemented widely in the UK NHS to the extent that it has even spawned new academic journals such as *Clinical Governance – An International Journal*. An influential text on this subject, published in the *British Medical Journal*, co-authored by the Chief Medical Officer for England, Sir Liam Donaldson (Sally and Donaldson, 1998) illustrated how management and governance could be integrated to improve clinical performance and outcomes. These activities include providing continuing professional development (CPD) and lifelong learning, which are explicitly associated with service quality. Authors writing on clinical governance in primary emphasise education and training as quality improvement levers and remedying poor performance (Campbell *et al.*, 2005). A general medical practice staff survey conducted in south west England (Clark and Smith, 2002, p. 262) concluded:

Interviewees were unanimous that there has to be a crucial, intimate and central link between education and clinical governance; although it was observed that too close a relationship may upset GPs. Clinical governance is about “improving quality, which is completely about people learning and meeting their learning needs”. Education must be related to service needs by “engaging practice teams, both administrative and clinical, in looking at what they are doing across a wide spectrum” and translate into patient care. Promotion of an integrated learning approach for the whole primary healthcare team, and developing multi-disciplinary learning was regarded as important in achieving this.

Other, more holistic governance models such as integrated governance and healthcare governance also have been advocated by healthcare organisations and Department of Health for England staff. The Department of Health’s (2006, p. 7) *Integrated Governance Handbook* describes integrated governance as:

... a process that spans the various functional governance processes that are often unlinked and result in the handling of issues in silos.

Taking this approach, integrated governance links different aspects of healthcare organisations’ corporate governance (including: staff; clinical and financial governance, and complaints management) to improve overall performance. Integrated governance’s growing influence in the NHS is documented by Deighan and Bullivant (2006). Educational governance has a clear locus within integrated governance frameworks.

Educational governance in the UK NHS

Adding to the innumerable journal articles devoted to educational governance in school administration and higher education management, literature increasingly explores applying educational governance principles and practices to healthcare systems. Much academic and grey literature and online material emanates from the NHS acute and primary care sectors. For these authors, educational governance is

highly relevant to healthcare because there is a strong causal relationship between targeted and well-designed education and training, service improvement and patient outcomes (NHS Executive, 1999; Scally and Donaldson, 1998; Lough *et al.*, 2002; Howard and Valentine, 2006). This was also a central premise in the effective continuing professional development in general practice review (Calman, 1998, p. 4), which concluded that “quality healthcare for patients is supported by maintenance and enhancement of clinical, management and personal skills”. “Practice development”, a team-based approach to continuous professional development, is familiar to nurses, GPs, midwives and other healthcare professionals (Hope, 2003). Southampton University Hospital NHS Trust’s (SUHT) Integrated Directorate of Education and Learning website (www.suht.nhs.uk/education/) states that:

Clinical governance describes the way in which healthcare organisations and their staff ensure the delivery of high quality healthcare hence “educational governance” is about how we ensure that all staff are appropriately trained and qualified for the work they undertake. Educational governance also includes how we ensure that we provide good quality education that keeps improving.

Taking this approach, SUHT staff explicitly link clinical governance and recognise the need to ensure that education and learning is itself governed effectively. To this end, trust staff have an education and training strategy (linked with other governance aspects), clearly assigned responsibilities for educational delivery and governance, relevant quality and performance targets. The strategy places educational governance within a trust’s integrated governance.

Educational governance and quality assurance

Several articles, such as Lough *et al.* (2002), Howard and Valentine (2006) view quality assurance as a key feature, highlighting clear standards and accreditation processes. An example is the English Eastern Postgraduate Medical Deanery’s approach to educational governance to support out-of-hours care in general practice medicine (Cromarty, 2007), which sets out educational standards and a quality assurance model. Taking the view that quality is an important performance management component (and that educational relevance, currency, alignment with needs and objectives etc., are all quality dimensions) this approach is consistent with other models. It is clear, however, that educational governance extends well beyond traditional educational quality assurance and integration models. Other types of governance accountability and culture are also keys to understanding governance.

Integrated governance models

A recurring theme in the literature is integrating educational with healthcare governance. This is implicit in Scally and Donaldson’s (1998) “seven pillars” of clinical governance and is developed in numerous integrated healthcare governance publications (Emslie, 2003; Department of Health, 2007; Deighan and Bullivant, 2006). In this context, educational governance provides a mutually supportive role by ensuring that learning and development is based on validated needs (established through performance data, staff feedback, service-user feedback, complaints analysis, risk analysis, governance principles, etc.) and relates to organisational values and priorities.

Governing body role

The board or governing body's educational governance role is emphasised by several commentators (Owens, 2005; Curry *et al.*, 2008) who underline its status as the focus for accountability and the guardian of organisational values. Writing in the US, Curry *et al.* (2008), assert that, based on their research into graduate medical education (GME) multi-institutional governance:

The quality of GME should be a matter for active board involvement and oversight. Only with involvement in and support of the GME mission by institutional leaders can true institutional accountability be achieved.

Active involvement and oversight includes setting organisational values and strategic objectives, reviewing systems and performance and preparedness to act where remedy or improvement is required.

Organisational culture

Finally, authors such as Wilkinson *et al.* (2004), Howe (2002), Howard and Valentine (2006), highlight culture as an important feature of effective educational governance. In learning organisations; i.e. those that foster continuous learning for change and improvement, educational governance arrangements will address issues such as entitlements to education, protected learning time and team-based learning. The NHS North West (2009) staff make an explicit link between educational governance and learning organisation development. Their guidance to NHS trusts in the England's North West (NHS North West, 2009, p. 6) states that:

Structures and processes that will govern and drive improvements in the management of education and learning activities must be in place to achieve learning organisation status. Effective education governance offers one of the frameworks for bringing this about.

In primary care, Howard and Valentine (2006) argue that such learning organisations encourage a team-based approach to CPD where governance supports evidence-based learning. Wilkinson *et al.* (2004) suggest that the challenge for health service managers is to use governance to establish a "creative tension" (p. 105) between top-down standard setting and monitoring approaches, and bottom-up values, beliefs and motivation approaches.

Conclusions

The extensive academic and grey literature relating to educational governance is diverse and arcane. Most material relates to governing educational institutions or systems (especially higher education). Much literature has limited relevance to healthcare. References to educational governance in healthcare related academic literature and web-based resources are, however, growing in the UK. This may be partly explained by clinical governance's rise in the UK NHS, which refers to education and training as one of its seven pillars. It may also reflect significant imperatives for educating professionals in the UK including Modernising Medical Careers, professional revalidation and implementing the Knowledge and Skills Framework. Importantly however, the literature reveals a growing awareness of the role played by education in healthcare quality improvement and an understanding that healthcare quality is thus dependent on education quality provided or commissioned by trusts, health boards and other organisation staff.

Although there are few attempts to define healthcare education governance, our literature review revealed some common understandings. These are worth further reflection as they illuminate elements considered desirable in an effective educational governance approach. The most frequently cited effective educational governance characteristics include:

- Most literature we reviewed indicated educational standards and quality assurance processes' centrality to educational governance. Authors indicated that clinical governance processes often effectively identify educational needs, but that it is also necessary to monitor and manage the quality of the education commissioned to address these needs. Without this type of "double loop" learning, it is argued that healthcare quality improvement strategies may be jeopardised. In particular, regularly scrutinising educational design and delivery is required to align values and service needs, and to ensure that healthcare staff obtain best value for their educational investment.
- Involving governing bodies in educational governance processes is viewed by several commentators as a desirable characteristic. It is suggested that regularly involving appropriately qualified board members improves decision-making as this enhances their knowledge of contexts and issues. Where such involvement exists, it is argued that it sharpens executive officer accountability for quality and performance.
- Several authors indicated that educational governance should contribute to healthcare provider development as learning organisations, where continuous learning at individual and team level is a key feature of service improvement and transformational change.
- Almost all publications we reviewed placed educational governance in a wider, integrated governance framework comprising elements such as clinical audit, risk management and organisational development (all help identify learning needs). Taking this integrated healthcare governance model, an absent focus on educational quality in governance arrangements could be viewed as a significant missing link.

Given the acknowledged relationship between effective education for healthcare staff and service improvement, it is perhaps surprising that there is relatively little literature on the subject in healthcare journals. The dearth of grey literature also suggests that educational governance is not yet widely practiced within healthcare organisations. It is hoped that our literature review raises this healthcare management aspect's profile and provides useful managerial guidance.

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