Council of Deans of Health

The voice of UK university faculties for nursing, midwifery and the allied health professions

Independent Review of the Teaching Excellence and Student Outcomes Framework (TEF)

Written submission – February 2019

The Council of Deans of Health is grateful for the opportunity to contribute to this consultation. The Council represents the 84 UK university faculties engaged in education and research for nursing, midwifery and the allied health professions.

Consultation responses

10. Do you support the aim of assessing the quality of teaching excellence and student outcomes across providers of higher education? Please explain why.

The Council supports transparency around teaching excellence and student outcomes in healthcare higher education. Healthcare graduates benefit from high employability due to teaching quality, system need, effective partnerships between universities and local employers, and healthcare professional regulation, which sets standards of proficiency for professional registration.

11. These purposes fall into two main areas: providing information; and enhancing the provision of higher education.

a) Which of these is the most important (select one option only)?

- Providing information
- Enhancing provision
- Both are equally important
- Neither are important

Enhancing provision.

b) Please outline below the reasons for your answers.

The Teaching Excellence and Student Outcomes Framework (TEF), whether at provider or subject-level, cannot serve to provide complete information to applicants and others. This is because the metrics used to form an assessment are proxies that do not align with or map directly onto the criteria being assessed.

The current proxies are not fit for purpose. Regarding teaching quality, for example, there is too much reliance on the National Student Survey, which is not an objective measurement of the relevant criteria. There is a lack of recognition of the specialist teaching qualifications that many educators have.

Learning gain is not effectively measured within a programme by the data sources used. For healthcare courses, there is a failure to capture experiences in clinical practice environments, which can account for 2,300 programme hours. Information on learning gain has the potential to be of great use to applicants and their advisors. With regards to student outcomes, for many students graduating and going on to a rewarding career may be more important than entering a job with a high income. This is not covered in the metrics used. Employability, particularly for healthcare subjects where students are likely to go on to work in the public sector, may be a better metric to use. More needs to be done to develop a robust, reliable and valid methodology within TEF.

Higher education has positive effects on individuals across a range of metrics across their lifespan. This includes increased employability, less exposure to unemployment, better general health, better levels of mental health, less likelihood of obesity, less likelihood of drinking excessively, less likelihood of smoking, longer life expectancy, better life satisfaction, and greater likelihood of trusting others.[1] Thus higher education adds value to individuals and to society in broader terms than the narrowly conceived metrics used with regards to student outcomes and learning gain.

Another issue is that applicants want to find information about the specific courses that they are interested in studying. However, this is not available to them via TEF. The datasets which comprise the TEF metrics are often quickly out of date, so they simply cannot convey timely information about the current student experience.

TEF has not yet become embedded in the minds of applicants, or the wider public. Only 16% of prospective and current students in 2017/18 used TEF to inform their choice of higher education provider.[2] It is therefore not being widely used by its intended audience. TEF is unable to fully support applicants to choose the right course or provider for them due to the issues with the metrics outlined above.

12. Should there be any other purposes of TEF?

TEF should not be used to create differentiated student fee rates. Healthcare courses are known to be high-cost and highly resource-intensive subjects for universities to run. In 2017, the then Higher Education Funding Council for England (HEFCE) commissioned KPMG to undertake a costing study of pre-registration nursing, midwifery and allied health education. The mean unit cost across all professions covered in the study was £9,669,[3] though some disciplines are significantly more expensive to deliver. The full cost is not therefore covered by existing tuition fees.

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[1] Department for Business, Innovation and Skills, 2013, BIS Research Paper No. 146, The Benefits of Higher Education Participation for Individuals and Society: Key findings and reports "The Quadrants"

[2] House of Commons Education Select Committee, 2018, Value for money in higher education, p12

[3] Higher Education Funding Council for England, 2017, Costing study of pre-registration nursing, midwifery, and allied health profession courses, p5

13. Are the criteria used in TEF appropriate? If not, what criteria would be more appropriate?

Whilst the criteria are broadly correct, we are concerned about the lack of alignment between them and the metrics used to assess the quality of provision.

14a. Are the metrics used in TEF the best proxies for measuring the TEF criteria?

No, as outlined above.

Healthcare programmes are approved and regulated by professional regulators. Education standards are outcome rather than process-based and whilst standards of proficiency on graduation are defined, the exact curriculum in each institution may vary. Therefore, it remains to be seen what effect professional regulation and standardisation has on subject-level TEF for healthcare courses.

The inclusion of LEO data within TEF is strongly opposed by the Council. Using graduate earnings to grade universities will be an imperfect measurement if direct comparisons are made between healthcare courses and programmes whose graduates have more pay flexibility. Whilst this is not the current intention, the inclusion of this data within TEF sets a worrying precedent.

Graduate salaries are not necessarily directly related to the quality of teaching at a particular institution, especially as time passes from the point of graduation. For healthcare graduates who go on to work for the public good in the NHS, nationally negotiated pay structures determine salaries. LEO data does not take into account the fact that many women take time out of the labour market to have families or care for relatives. Gender inequality in care responsibilities is still unfortunately a major issue in our society. LEO data also excludes those who are working abroad.

14b. If you answered no, what metrics would be more suitable proxies?

A focus on student attainment within a programme and the actual learning gain they benefit from may be useful.

15a. Should the metrics be benchmarked to allow for difference in a provider's student population?

Yes, benchmarking is vital to take into consideration the institutional context.

15b. Does TEF benchmark the right factors?

Members report that there is a lack of transparency regarding the benchmarking process. The benchmarking process as currently conceived is unable to inform an applicant how well an institution will suit them and their individual characteristics. It currently only assesses if a university is good for its existing or current students, not whether it is a good place for an individual applicant.

Whilst most graduates do aspire to gain graduate employment, their ability to do so can be constrained by geographical factors which are unrelated to the quality of their learning experience, including

the availability of local resources (including non-university libraries). Geography is not fully considered in the benchmarking process.

The higher education sector is seeing a greater proportion of students continuing to reside in their pre-university home and this has an impact on how these 'commuter' students experience university life. This is especially relevant for healthcare students who must travel to practice placements to acquire the skills necessary to qualify. Commuting could be added to the range of benchmarked factors to take this into account.

Additionally, we recommend that parental experience of higher education and parental or household income are included in benchmarking since these factors also have a significant effect on continuation and graduate outcomes.

16a. What are your views about the balance of quantitative and qualitative evidence considered in arriving at ratings?

Written submissions provide an important opportunity to contextualise the quantitative data, which is needed owing to issues with the metrics used, as outlined above. We welcome the fact that the TEF panel's approach is based on both metrics and the provider's written submission. However, there is some lack of clarity regarding the balance between the two.

16b. Are there any other aspects of the process that you wish to comment on?

N/A.

17. Are the purpose(s) of TEF met by:

a. awarding a single rating?

A single rating is unable to describe the complete provision in an institution. A single award can also be misleading as it is only a snapshot of the work of a particular institution.

b. with three levels of differentiation, plus a fourth rating for those unable to be assessed?

It should be remembered that higher education is quality assured by the Quality Assurance Agency and that levels of differentiation above this standard may be misleading, as the ratings lack the nuance to fully describe the complete provision at an institution.

c. ratings named Gold, Silver, Bronze and Provisional?

The use of the rating system of gold, silver and bronze is unnecessarily hierarchical. There is also the potential for conflict between provider and subject-level ratings that could confuse students.

18. If you answered no, what alternatives would you suggest:

a. For provider-level TEF?

b. For subject-level TEF?

There is a need for a balance between information that is too granular and a rating that does not fully capture the range and value of teaching that is taking place. Increased use of narrative in the submission could be helpful.

c. If your previous response(s) reflected on the impact of the TEF on the international reputation of institutions and/or the UK as a whole, we would welcome any evidence or information you can provide that might support your view or help inform the independent review.

N/A.

19. Has the introduction of TEF positively changed the educational experience of students (e.g. teaching and learning)? If yes, how?

The TEF has raised the profile of teaching and learning across the sector and may well have encouraged a greater recognition, strategic focus and investment on teaching and learning.

20. Has the introduction of TEF negatively changed the educational experience of students (e.g. teaching and learning)? If yes, how?

No. However, it has increased the burden on the sector.

21. Has the introduction of TEF impacted positively on research and/or knowledge transfer? If yes, how?

The impact of TEF on this issue is as yet unknown.

22. Has the introduction of TEF impacted negatively on research and/or knowledge transfer? If yes, how?

The impact of TEF on this issue is as yet unknown.

23. Does TEF help you as a student/student union/provider/employer/other? Please explain the reasons for your answer.

N/A.

24. Explaining your reasoning, what are the most significant costs of:

a. Provider-level TEF?

b. Subject-level TEF?

The central coordination of a TEF submission has a significant cost on staff resources. This includes collating and analysing quantitative and qualitative data, the provider-level submission and the management of the creation of subject-level submissions. Subject-level submissions are made more onerous when subjects do not align with institutional structures. The potential unintended consequences of TEF on institutional architecture are of concern.

25. Explaining your reasoning, what are the most significant benefits of:

a. Provider-level TEF?

N/A.

b. Subject-level TEF?

N/A.

26. Are there particular types of students, provision or providers that are disadvantaged by the current design of TEF, in a disproportionate way? If so, what changes could be made to address this?

Yes, there are several ways in which the current design of TEF causes disadvantage for providers.

Providers can be disadvantaged by factors outside of their control that are not considered in the TEF methodology. This includes providers with a strong focus on widening access and participation, which is not adequately covered within TEF, even in the benchmarking process.

The geographical location of the provider and the buoyancy of the local/regional economy and labour market can also disadvantage providers. Providers that are situated in more socially and economically disadvantaged areas tend to recruit a greater proportion of students from within the local region. These students typically stay in the same area after graduation and are therefore subject to having this geographical disadvantage compounded.

Providers can also be disadvantaged by having a higher number of unquantifiable students, eg a greater proportion of students with mental health conditions, the majority of whom will not necessarily be eligible for additional support via the Disabled Students' Allowance. The additional challenges these students often face to complete their studies is not adequately considered in the current TEF design.

Smaller providers can be disadvantaged if small student cohorts lead to incomplete data returns and the potential for no subject-level rating.

27. Are there particular types of students, provision or providers that are advantaged by the current design of TEF, in a disproportionate way? If so, what changes could be made to address this?

N/A.

For more information contact:

Josh Niderost, Senior Policy and Public Affairs Officer, josh.niderost@cod-health.ac.uk