



**HQIP**

Healthcare Quality  
Improvement Partnership

# Clinical Audit Learning and Development Curriculum Guidance

## Basic Level

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July 2011

Quintessent Ltd

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# 1. Introduction

1.1 This document sets out guidance for the development and delivery of a clinical audit training, education and/or development programme aimed at practitioners at a beginner or basic level.

1.2 This basic level of training, education and development can be used and adapted as an introduction to clinical audit, for example for clinical practitioner/students at undergraduate level<sup>1</sup>, induction training, in-service training (whether delivered in house or by external providers) and refresher programmes.

1.3 The purpose of the guidance is to establish the corpus of learning for an introduction to clinical audit and to start the process of developing clinical audit practitioners, regardless of where they are in their career.

1.4 The guidance provides a set of curricula against which providers of learning, training and education can self assess against or be benchmarked and awarded a mark of excellence, if appropriate. It is intended for use by both public and private providers of learning, education, and training.

1.5 The document also sets out guidance on learning and teaching methods.

1.6 It is expected that commissioners and providers of training and education and development in clinical audit will adapt the guidance to suit the needs of the learners and needs of the organisation.

1.7 It is further expected that delivery of a clinical audit training, education and development programme will take place within a quality and service improvement context and /or programme

1.8 The guidance highlights five areas in which practitioners should demonstrate competence, depending on their level and identified needs (see 1.2 above). These competency areas are mapped against defined learning outcomes encompassing understanding, competencies and skills, attitudes/behaviours and knowledge.

1.9 The curricula have been matched against the key competency documents below as appropriate. It should be noted however, that this not a comprehensive list of all the competencies that may be relevant or of interest.

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<sup>1</sup> Clinical practitioner encompasses medical, nursing and PAMS

1.10 This document also makes reference to the Advanced and Intermediate Curriculum Guidance, developed by HQIP.

1.11 The guidance curriculum has taken into account the following:

- I. Selected outcomes contained in Tomorrow's Doctors (2009)<sup>2</sup>:
- II. Knowledge and skills required for clinical audit for clinicians and clinical audit facilitators as set out in HQIP's Education, Training and Development Strategy for Clinical Audit<sup>3</sup>.
- III. Selected competencies within the Common Competencies Framework for Doctors <sup>4</sup>August 2009
- IV. NHS Knowledge and Skills Framework (KSF) requirements<sup>5</sup>

1.12 HQIP has developed a set of quality assurance standards which can be used to self assess the level of compliance with this guidance<sup>6</sup>.

1.13 The guidance in this document was developed in consultation with clinical audit practitioners and those currently delivering training, development and education in clinical audit.

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<sup>2</sup> Tomorrow's Doctors. GMC. 2009

<sup>3</sup> Education, Training and Development Strategy for Clinical Audit<sup>3</sup>. HQIP/KPA. 2009

<sup>4</sup> Common Competencies Framework for Doctors. Academy of Medical Royal Colleges. August 2009

<sup>5</sup> The NHS Knowledge and Skills Framework (NHS KSF) (October 2004)

<sup>6</sup> Quality Assuring Clinical Audit Learning and Development. HQIP Draft March 2011

## 2. Aims and Objectives

### **A. Aims:**

- To raise the national standard of clinical audit training in health and social care
- To emphasise the role of clinical audit as part of the quality improvement agenda
- To develop competent and confident practitioners in clinical audit

### **B. Objectives**

#### **To enable clinical audit practitioners:**

- To use clinical audit methodologies and other quality improvement techniques in an experiential hands –on approach within a learning framework
- To measure the impact of clinical practice

2.1 There are several entry points for practitioners to access clinical audit training and development. They have been organised into three programme levels as illustrated in Table 1.

**Table 1: Levels of learning/training**

**Advanced**

**Level 3** suitable for postgraduate students, medical directors, clinicians and clinical audit practitioners with a lead/specialist/training role in clinical audit

**Intermediate**

**Level 2** suitable for F1/F2 Doctors, clinicians undertaking clinical audit, and clinical audit practitioners

**Basic/beginners**

**Level 1** suitable for undergraduate students, vocational training students, in service clinicians (refresher), clinical audit support staff, and clinical staff induction programmes  
May also provide template for awareness raising training for Boards/managers

Curriculum Guidance is available from HQIP for Intermediate and Advanced Levels

2.2 It is envisaged that clinicians and clinical audit practitioners will move through the levels depending on role and need. For example, as part of revalidation, clinical doctors may need to demonstrate they have undertaken quality improvement activities, such as clinical audit, leading to improved quality of patient care. To help support this they may wish to refresh their skills and access an accredited clinical audit development programme at a basic or intermediate level.

2.3 Others may wish to become specialist practitioners in clinical audit or become involved in national audit programmes and undertake a programme of learning that will lead to accreditation and /or postgraduate credits. The Level 3 Advanced programme will provide this level of expertise and engagement.

2.4 The learning outcomes for each of the three levels are referenced against Blooms Taxonomy<sup>7</sup> of Educational Objectives. A summary of the framework is attached as appendix 2.

2.5 Section 3 below describes each of the curriculum programme areas against the appropriate academic/vocational benchmark, a summary of the learner profile, the practical and academic learning objectives and **suggested** assessment criteria against which the outcomes of the learning might be evaluated.

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<sup>7</sup> 'Taxonomy Of Educational Objectives: Handbook 1, The Cognitive Domain' (Bloom, Engelhart, Furst, Hill, Krathwohl) 1956.

### 3. Characteristics of the Advanced, Intermediate and Basic Programmes

**Table 2: Key characteristics of the Advanced Programme**

<b>Advanced Programme</b>			
Series of modules/training days. Depending on provider arrangements the timescale will vary, for example, between 6 – 12 months			
<b>Academic or vocational level</b>	<b>Learner profile</b>	<b>Practical and academic learning objectives</b>	<b>Suggested assessment criteria</b>
<p><b>For academic organisations or those wishing to seek academic accreditation</b></p>			
<p>Entry Level <sup>78</sup></p> <p><b>Level 7</b> reflects a post graduate level of learning and programmes may be structured to provide the equivalent of 60 credits for PGCE<sup>9</sup> for example.</p> <p><b>Level 8</b></p> <p>This equates to 120 credits/ Post Graduate</p>	<p>Suitable for postgraduate students, clinicians and clinical /clinical audit practitioners with a lead/specialist/training role in clinical audit</p>	<p>Design, implement and review a clinical audit project</p> <p>Produce a clinical audit report setting out recommendations with an action plan</p> <p>Develop an improvement and implementation plan against theory/policy and assessment of impact</p> <p>Engage with key stakeholders to make improvements</p>	<p>Completion of an essay to demonstrate understanding of the theories, regulatory frameworks and policy context for clinical audit practice within quality improvement</p> <p>Assessment of the clinical audit plan and project and report against a set criteria</p> <p>Assessment of the improvement and</p>

<sup>8</sup> See Appendix 1: Definitions of the Framework for Higher Education Qualifications

<sup>9</sup> Post graduate Certificate of Education

<b>Advanced Programme</b>			
Series of modules/training days. Depending on provider arrangements the timescale will vary, for example, between 6 – 12 months			
<b>Academic or vocational level</b>	<b>Learner profile</b>	<b>Practical and academic learning objectives</b>	<b>Suggested assessment criteria</b>
<p><b>For academic organisations or those wishing to seek academic accreditation</b></p>			
<p>Diploma</p> <p>Or 180 credits to obtain a full Masters Degree)</p> <p>The notional learning time for a 10-credit module is 100 hours.</p>		<p>Use the literature to evaluate and critique connections between theories, models and best practice and outcomes of clinical audit</p> <p>Use the literature explore the role of clinical audit in health improvement and governance and assess its impact and effectiveness (referring to theoretical and applied knowledge))</p> <p>Write a reflective journal</p>	<p>implementation plan against set assessment criteria</p> <p>Review of reflective journal incorporating all aspects of learning from the audit, implementation and impact</p> <p>PDP signed off</p>

**Table 3: Characteristics of Intermediate Programme**

<b>Intermediate</b>			
Series of modules/training days. Depending on provider arrangements and learning needs of participants and sponsoring organisations the timescale will vary, for example, between 2 - 5 days			
<b>Academic or vocational level</b>	<b>Learner profile</b>	<b>Practical and academic learning objectives</b>	<b>Suggested assessment criteria</b>
<p><b>For academic organisations or those wishing to seek academic accreditation</b></p>			
<p>FHEQ level up to 4/5/6<sup>10</sup></p> <p>For example:</p> <p>NVQ level 4 (FHEQ Level 4) to undergraduate/ BTEC level (FHEQ level 6)</p>	<p>Suitable for F1/F2 doctors, clinicians undertaking clinical audit, and most clinical audit practitioners (without management responsibilities)</p>	<p>Write reflective log/journals</p> <p>Demonstrate understanding of the policies and procedures for clinical audit</p> <p>Demonstrate participation in clinical audit project</p> <p>Produce a summary clinical audit report</p> <p>Production of outline improvement and implementation plan</p>	<p>Test knowledge and understanding of clinical audit:</p> <p>Multi choice questionnaires – requirement of 90% to pass</p> <p>Test application:</p> <p>Review of involvement in clinical audit project.</p> <p>Reflective essay incorporating summary of actions and outcomes assessed against standard checklist/ criteria.</p>

<sup>10</sup> See Appendix 1: Table 3: Definitions of the framework for Higher Education Qualifications

**Table 4: Characteristics of Basic Programme**

<b>Basic</b>			
One day workshop/training module			
<b>Academic or vocational level</b>	<b>Learner profile</b>	<b>Practical and academic learning objectives</b>	<b>Suggested assessment criteria</b>
<p>Up to FHEQ Level 5 <sup>11</sup></p> <p>Note: the basic curriculum has been matched to the competencies for clinical audit at undergraduate level for clinicians</p>	<p>Suitable for undergraduate students (as part of degree courses)</p> <p>Vocational training students</p> <p>To meet In -service training requirements for example mandatory training as part of NHS litigation authority</p> <p>Clinical audit support staff</p> <p>Clinical staff</p> <p>PAMS</p>	<p>Attendance or completion of e learning</p> <p>Completion of written Action Plan</p> <p>Demonstrate understanding of clinical audit cycle and process and its use in practice</p> <p>Demonstrate understanding of how audit fits into the quality improvement context</p>	<p>Test of knowledge and understanding:</p> <p>Multi choice questionnaires – online (to assess learning).</p>

<sup>11</sup> See Appendix 1: Table 3: Definitions of the framework for Higher Education Qualifications

## 4. Learning and teaching methods

4.1 Providers of clinical audit training and development will need to demonstrate a range of innovative and interactive methods for enhancing learning and acquisition of practical skills. It is expected that the content and delivery of the respective programmes will:

- Be linked to current roles;
- Incorporate reflective practice;
- Be practically based;
- Have scientific rigour;
- Incorporate lecture based teaching methods;
- Incorporate scenarios and case studies;
- Incorporate group discussions;
- Involve people involved in clinical audit;
- Provide opportunities for learners to facilitate their own learning;
- Provide opportunities for classroom and offsite learning;
- Provide opportunities for innovative ongoing methods of learning and assessment (to embed learning) such as quizzes, practical demonstrations, shared learning forums, e-learning, use of podcasts and video; and
- Reflect the content and format of the programme.

## 5. The Curriculum Guidance

5.1 The aim of this curriculum guidance is to set a benchmark for the development and delivery of basic/beginners training for clinical audit. It is hoped that this guidance will be used by commissioners and providers of training to develop their programmes which, when linked to rigorous and appropriate assessment processes and outcomes, will lead to well trained and competent clinical audit practitioners.

5.2 However, whilst the content areas are described, the detail as to the 'what and how' is open to individual interpretation and it is envisaged and hoped that training and development providers will develop their own innovative approach to delivering the curriculum.

### 5.3 Basic/beginners programme

This guidance is aimed at clinical practitioners and new entrants to audit work<sup>12</sup> with no or limited knowledge and skills in clinical audit. It is primarily aimed at raising the knowledge and awareness of clinical audit of undergraduate medical students and incorporates (and extends) the outcomes for clinical audit contained in Tomorrow's Doctors (2009)<sup>13</sup>. However, as outlined in Table 1, it may also be used to guide the content of other undergraduate courses and Trust Induction/refresher programmes for other clinical groups and for support staff.

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<sup>12</sup> Such as audit facilitators

<sup>13</sup> Tomorrow's Doctors. GMC. 2009

6.

# Curriculum Guidance for the Basic Programme

## Level 1

## Basic Curriculum Guidance (Level 1)

The guidance for the basic curriculum is aimed at the undergraduate training of clinicians and others. It may be used to develop good practice guidelines and minimum content for courses and programmes. It is expected that providers would adapt the indicative content to reflect different training needs and requirements.

The shaded areas indicate a core curriculum for clinical undergraduates and would enable undergraduate doctors to work towards the overarching outcomes 1-3 set out in Tomorrow's Doctors (2009)<sup>14</sup>: Outcomes 11a, 11c, 19a-d, 22a-b, 23a-e (denoted by \* in the text below)

The basic programme for clinical audit is organised into five curriculum areas, with associated learning outcomes:

### **1. Understanding clinical audit and its context**

To be able to explain what clinical audit is, what it achieves and how it fits into the context of quality improvement, patient experience, risk management and clinical practice.

### **2. The clinical audit cycle and model(s)**

To be able to describe a clinical audit cycle and the theory and principles that underpin it

### **3. Designing, planning and setting up a clinical audit project**

To be able to describe how to design and plan a clinical audit project which demonstrates practical application of the principles and theories reflecting best practice

### **4. Data collection and analysis**

To be able to explain how data is collected, analysed and presented.

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<sup>14</sup> Tomorrow's Doctors. GMC. 2009

## **5. Making sustained improvements**

To be able to describe the importance of clinical audit findings, recommendations and action plans and the involvement of stakeholders in achieving sustained improvements in patient care and experience

## Curriculum area one: Understanding clinical audit and its context

### Learning Outcomes

**To be able to explain what clinical audit is, what it achieves and how it fits into the context of quality improvement, patient experience, risk management and clinical practice.**

By the end of this curriculum area learners will be able to explain:

- How clinical audit fits into the NHS at a national and local level
- The role of clinical audit in improving quality of patient care and experience
- How clinical audit links to risk management and patient safety
- How clinical audit links to the current quality and service improvement agenda
- How evidence based information relates to organisational development and quality improvement in healthcare
- The ethical, legal, governance, data protection and patient confidentiality and consent considerations when undertaking clinical audit
- How clinical audit is a process shared with patients and other key people

	Indicative content	Notes
1	What is clinical audit (and what it is not) and apply it *	Use description in HQIP Guide for Clinical Audit, Research and Service review. <sup>15</sup>  New principles of Best Practice in Clinical Audit. 2011 <sup>16</sup>
2	The different types of clinical audit	
4	Review of the clinical audit, service improvement and research continuum:* <ul style="list-style-type: none"> <li>• Understanding of the difference between a descriptive study, survey, service evaluation, research and a clinical audit.</li> <li>• How to design each activity properly</li> <li>• Different forms of evidence</li> </ul>	Guide for Clinical Audit, Research and Service review. (see footnote 19)
5	Introduction to where clinical audit fits into the national and local NHS context and policy*	Implementing local change from national clinical audit projects. HQIP Sept 2009
6	Summary of how the clinical audit process works to drive quality improvement and improvement of clinical care*	
7	Introduction to different forms of evidence used to inform clinical audit.	

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<sup>15</sup> A Guide for Clinical Audit, Research and Service Review — An educational toolkit designed to help staff differentiate between clinical audit, research and service review activities

<sup>16</sup> New Principles of Best Practice in Clinical Audit. Edited by Robin Burgess. 2011. Radcliffe publishing

	Indicative content	Notes
8	<p>How clinical audit relates to the following:*</p> <ul style="list-style-type: none"> <li>• Quality improvement*</li> <li>• Evidence based practice*</li> <li>• Patient experience and care</li> <li>• Patient safety*</li> <li>• Risk assessment</li> <li>• Clinical risk management*</li> <li>• Adverse incident reporting*</li> <li>• Quality assurance process*</li> <li>• Measuring compliance with standards</li> <li>• Regulatory Frameworks*</li> <li>• Clinical governance*</li> </ul>	New principles of Best Practice in Clinical Audit. HQIP (see footnote 20)
9	Accountability for quality and safety of patient care	
10	Why clinical audit matters and what difference it can make to patient safety and improved quality of care*	This should be supported by case studies delivered by people in the field
11	Data protection requirements applicable to clinical audit *	Reference to curriculum area two Data Protection Act 1998
12	The importance of building in ethical, patient confidentiality and consent considerations when undertaking clinical audit*	An integral part of all learning interventions  Guidance to be used contained in: Ethics and clinical audit and quality improvement - a guide for NHS organisations. HQIP <sup>17</sup>

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<sup>17</sup> A guide for Clinical Audit, Research and Service Review – an educational toolkit designed to help staff differentiate between clinical audit, research and service review activities. HQIP

	<b>Indicative content</b>	<b>Notes</b>
13	The role of patients and other key people in clinical audit	Patient and Public Engagement (PPE): PPE in Clinical Audit. HQIP 2010 <sup>18</sup>  Clinical Audit: An Introduction for Patients. HQIP. <sup>19</sup>

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<sup>18</sup> HealthCare Quality Improvement Partnership (HQIP). Patient and Public Engagement (PPE).: PPE in clinical audit: HQIP. 2010.

<sup>19</sup> Clinical Audit: An Introduction for Patients. HQIP. (April 2010)

## **Curriculum area two: The clinical audit cycle and model(s)**

### **Learning Outcomes**

#### **To be able to describe a clinical audit cycle and the theory and principles that underpins it**

By the end of this curriculum area learners will be able to describe:

- A clinical audit cycle
- How to choose and develop appropriate criteria, standards and objectives for clinical audit
- The different types of forms for recording data collected and to be able to use them
- Principles and importance of good record keeping
- Ethical and legal requirements which impact on clinical audit work
- The difference between the design of a descriptive study, a survey, a research study and a clinical audit.

**Key reference documents relating to curriculum area 2 are listed at the end of the section**

	<b>Indicative content</b>	<b>Notes</b>
1	The clinical audit cycle *	HQIP description of the clinical audit cycle to be used as standard <sup>20</sup>
2	The principles and importance of good record keeping*	
3	Explanations of the following:* <ul style="list-style-type: none"> <li>• Definition of an objective, criteria and standard</li> <li>• The difference between them</li> <li>• How to use them in clinical audit</li> </ul>	
4	How to draw up standards and objectives correctly as measures* <ul style="list-style-type: none"> <li>• How to set a quantitative standard (%) for a clinical audit measure</li> </ul>	
5	Basic measurement and service improvement tools and methodologies*	
6	How concepts of reliability and validity apply to clinical audit	
7	Sampling theory and application in different clinical audits	
8	Different forms of data and data collection methods*	
9	Different ways of collecting and collating data for clinical audit	
10	What constitutes good instructions for data collection	
11	Principles of piloting	

	Indicative content	Notes
12	<p>The legal and ethical requirements which impact on clinical audit work including:*</p> <ul style="list-style-type: none"> <li>• Data protection</li> <li>• Patient confidentiality and consent</li> <li>• Regulatory requirements</li> <li>• Duty of care responsibilities</li> </ul>	<p>Data Protection Act 1998</p> <p>Ethics and clinical audit and quality improvement - a guide for NHS organisations. HQIP<sup>21</sup></p>

**Key reference documents relating to curriculum area 2:**

- New Principles of Best Practice in Clinical Audit. Edited by Robin Burgess. HQIP. 2011. Radcliffe publishing
- Criteria for Best Practice in Clinical Audit. HQIP. 2009
- Clinical Audit Criteria Tool. HQIP 2009
- A guide for Clinical Audit, Research and Service Review – an educational toolkit designed to help staff differentiate between clinical audit, research and service review activities. (2009). HQIP
- <sup>1</sup> New Principles of Best Practice in Clinical Audit. Edited by Robin Burgess. HQIP. 2011. Radcliffe publishing
- An Introduction to Statistics for Clinical Audit. HQIP (April 2010)
- An information governance guide for clinical audit HQIP (September 2009)
- Ethics and clinical audit and quality improvement. HQIP
- Clinical audit programme guide and guidance tools HQIP (September 2009)

**Curriculum area three: Designing, planning and setting up a clinical audit project**

**Learning Outcomes**

**To be able to describe how to design and plan a clinical audit project which demonstrates practical application of principles and theories reflecting best practice**

By the end of this curriculum area learners will be able to describe:

- How to choose, design and plan a clinical audit properly
- How to draw up and incorporate clinical audit standards to measure quality or safety of patients for the clinical audit and to demonstrate this in practice
- How to incorporate the characteristics of quality of care measures and show how the validity of quality standards are to be tested.
- The need of and strategies to engage and/or involve key and relevant stakeholders in a clinical audit project

	Indicative content	Notes
1	Description of how to undertake a clinical audit project*	
2	How to design and plan a clinical audit*	<p>Guide to Facilitating Clinical Audit across Different Care Settings HQIP (April 2010)</p> <p>Guide to carrying out clinical audits on the implementation of care pathways HQIP (April 2010)</p> <p>Clinical audit programme guide and guidance tools (September 2009)</p>
3	<p>The importance of good planning</p> <p>Key principles of planning a project</p>	
4	How to draw up and incorporate criteria, objectives and standards for a specific clinical audit project*	<p>Reference to Criteria for Best Practice in Clinical Audit. HQIP. 2009<sup>22</sup></p> <p>Clinical Audit Criteria Tool. HQIP<sup>23</sup></p>

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<sup>22</sup> Criteria of best practice in clinical audit. Sept 2009

<sup>23</sup> Clinical Audit Criteria Tool. HQIP (criteria-of-best-practice-in-clinical-audit)

## Curriculum Area Four: Data collection and analysis

### Learning Outcomes

#### **To be able to explain how data is collected, analysed and presented.**

By the end of this curriculum area learners will know:

- How data is collected
- Different methods of presenting data
- How to analyse data from a clinical audit project
- What constitutes a good audit summary and full clinical audit report
- The importance of continual review and repeating the clinical audit

	<b>Indicative content</b>	<b>Notes</b>
1	How clinical audit data is collected*	
2	How clinical audit data is analysed*	
4	How to use the evidence*	
5	What constitutes a good summary report and a good full clinical audit	
6	The difference between recommendations and actions	
7	The importance of continual review and repeating the clinical audit stages (re-audit)	

## **Curriculum Area Five: Making sustained improvements**

### **Learning outcomes**

**To be able to describe the importance of clinical audit findings, recommendations and action plans and the involvement of stakeholders in achieving sustained improvements in patient care and experience**

By the end of this curriculum area learners will be to describe:

- How to involve stakeholders in clinical audit
- The importance of sharing results of clinical audit to improve patient care
- How to use the results of audit to improve practice

	<b>Indicative content</b>	<b>Notes</b>
1	The different stakeholders and how to work with them and engage them in clinical audit*	
2	How to present key findings from clinical audit to different target audiences:	
	How to use the results of audit to improve practice*	
3	The different ways to influence people's attitudes towards improvement in practice*	
4	The different methods for publicising the outcomes of clinical audit	

# Appendix 1

## Definitions of the Framework for Higher Education Qualifications<sup>24</sup>

FHEQ level	Examples of HE qualifications	Examples of National Qualifications <sup>25</sup>	Examples of Qualifications and credit framework <sup>26</sup>	Advanced	Intermediate	Basic
<b>4</b>	- Certificates of higher education - Higher national certificates	- NVQs at level 4 - BTEC Professional Diplomas, Certificates and Awards	- BTEC Professional Diplomas Certificates and Awards - HNCs - NVQs at level 4		Yes	Yes
<b>5</b>	- Diplomas of higher education - Foundation Degrees - Higher national diplomas	- HNCs and HNDs - NVQs at level 5 - BTEC Professional Diplomas, Certificates and Awards	- HNDs - BTEC Professional Diplomas, Certificates and Awards - NVQs at level 5		Yes	Yes
<b>6</b>	- Bachelors degrees - Bachelors degrees with honours - Graduate certificates and diplomas - Professional Graduate Certificate in Education	- National Diploma in Professional Production Skills - BTEC Advanced Professional Diplomas, Certificates and Awards	- BTEC Advanced Professional Diplomas, Certificates and Awards	Yes		
<b>7</b>	- Masters degrees - Integrated masters degrees - Postgraduate certificates - Postgraduate diplomas	- Diploma in Translation - BTEC Advanced Professional Diplomas, Certificates and Awards	- BTEC Advanced Professional Diplomas, Certificates and Awards	Yes		

<sup>24</sup> The FHEQ broadly corresponds with levels 4 – 8 of the National Qualifications

<sup>25</sup> Have to be accredited by the three regulators for England, Wales and Northern Ireland

<sup>26</sup> New framework.

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FHEQ level	Examples of HE qualifications	Examples of National Qualifications <sup>25</sup>	Examples of Qualifications and credit framework <sup>26</sup>	Advanced	Intermediate	Basic
8	- Doctoral degrees	- Specialist awards	- Award, Certificate and Diploma in strategic direction	?		

## Appendix 2

### Learning objectives/outcomes framework

#### Context:

The type of verb that is used in the task statement, determines the level or of learning (or degree of difficulty) that must be achieved. For example, being able to criticize a process shows a much more complex behaviour than simply being able to identify a process. For the purposes of the guidance we have used Bloom's Taxonomy<sup>27</sup> and its adaptations, as a framework and reference model. Bloom's Taxonomy was primarily created for academic education, however it is relevant to all types of learning.

#### **Blooms Taxonomy**

Bloom's Taxonomy underpins the classical 'Knowledge, Attitude, Skills' structure of learning method and evaluation, and aside from the even simpler Kirkpatrick learning evaluation model, Bloom's Taxonomy of Learning Domains remains the most widely used system of its kind in education particularly, and also industry and corporate training. It is a simple, clear and effective model, both for explanation and application of learning objectives, teaching and training methods, and measurement of learning outcomes.

#### **Bloom's Taxonomy model is in three parts, or 'overlapping domains'.**

1. **Cognitive domain** (intellectual capability, i.e. **knowledge**, or '**think**').  
What do we want people to know?
2. **Affective domain** (feelings, emotions and behaviour, i.e. **attitude**, or '**feel**'). What do we want people to think or care about?
3. **Psychomotor domain** (manual and physical skills, i.e. **skills**, or '**do**').  
What do we want people to be able to do?

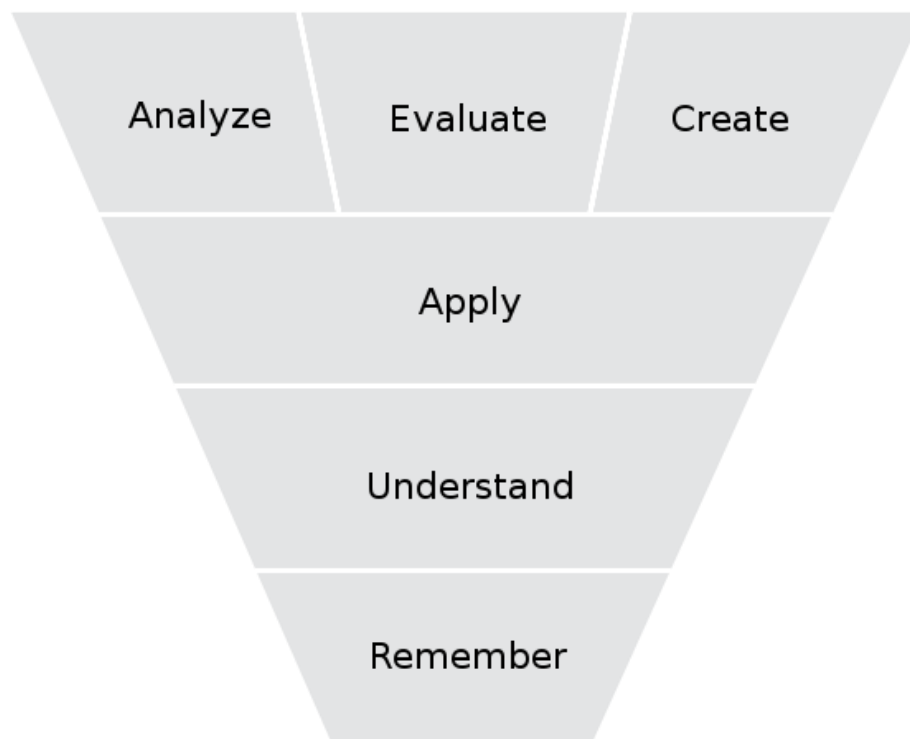
An important premise of Bloom's Taxonomy is that each category (or 'level') must be mastered before progressing to the next. As such the categories within each domain are levels of learning development, and these levels increase in difficulty.

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<sup>27</sup> Bloom B. S. (1956). *Taxonomy of Educational Objectives, Handbook 1: The Cognitive Domain*. New York: David McKay Co Inc.

The Cognitive Domain<sup>28</sup> is primarily used in determining the learning objectives of the curriculum guidance.

The simple matrix structure enables a checklist or template to be constructed for the design of learning programmes, training courses, lesson plans, etc. Effective learning - especially in organisations, where training is to be converted into organisational results - should arguably cover all the levels of each of the domains, where relevant to the situation and the learner.



Categories in the cognitive domain of Bloom's Taxonomy (Anderson & Krathwohl, 2

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<sup>28</sup> Detail of Bloom's Taxonomy Domains can be found in: ['Cognitive Domain'](#) - ['Affective Domain'](#) - ['Psychomotor Domain'](#)