

Review of the Healthcare Work-Based Assessment Terms of Reference

September 2017

1. OVERVIEW

This document sets out the terms of reference for a consultant to review Brooke's Healthcare Work-Based Assessment (WBA) tool. Brooke would like to review the design and use of this tool, to ensure it is adequate and appropriate for the tasks it is intended for. The results of this review will be used to identify what revisions (if any) should be made to the tool, and will be used by:

- Brooke UK's Global animal healthcare team (Programmes Directorate)
- The Performance & Evaluation team (Planning & Performance Directorate)

Background

Brooke is an international animal welfare charity dedicated to improving the lives of working horses, donkeys and mules. Operating in Africa, Asia, Latin America and the Middle East, we reach over 2 million working animals – more than any other organisation. We employ around 900 staff worldwide, including vets, animal welfare experts and development specialists.

Working donkeys, horses and mules make up approximately 112 million of the global livestock population in less developed countries. They support people's livelihoods in a wide range of sectors including; agriculture, construction, tourism, mining, and public transport. It is estimated that working equine animals help approximately 600 million people globally, very often in the poor and marginalised communities.

In Brooke, Global Animal Healthcare refers to the systems that exist to restore or maintain the health in a population of animals, while also ensuring that people do not suffer financial hardship when paying for these services. Our work involves navigating private and government animal healthcare systems to ensure activities build on existing infrastructure. This sustainable approach requires complex interventions with multiple stakeholders at different levels; for example improving veterinary education by working with training institutions or accessing essential medicines by liaising with pharmaceutical companies. In addition, by working closely with primary animal health practitioners, we develop an understanding of their challenges and motivations and can support provision of a good quality healthcare service that responds to the needs of animals as direct beneficiaries. An animal healthcare system does not act in isolation of the people that use and pay for the services. Careful analysis and understanding of issues affecting animal owners and their treatment seeking behaviour identifies opportunities for change, and the facilitation of a process of change, with positive outcomes for the animals.

A key element of our work in all countries are activities to improve the capacity of animal healthcare practitioners (vets, paravets, animal health assistants etc.). Our aim here is to ensure they have the competencies to provide an acceptable standard of care to equine animals.

We have developed an approach to monitoring the quality of clinical services animal health practitioners provide in order to help us mentor them over time, and to assess how successful our

efforts are. A key element of this is a competency framework called the Work-Based Assessment¹. Other elements (not in the scope of this assignment) include an assessment of the satisfaction of animal owners and users with animal healthcare services provided, an assessment of the economic sustainability of the animal healthcare service provided as well as mapping of the animal healthcare system.

The Healthcare WBA was first developed by Brooke in 2013, on the basis of a review of different approaches used in clinical quality monitoring in human and veterinary medicine. The concept was developed into a rubric through a participatory approach with Brooke colleagues internationally and reviewed by an external veterinary consultant (Tim Brazil). Further iterations followed pilots in Jordan and Ethiopia. Brooke's East Africa programme team has since taken a lead in implementing the tool, presenting results at the Veterinary Education Symposium in 2016. Other Brooke country programmes are either already using the tool to collect data, or beginning to roll it out. A recent international review of the tool has collated lessons learnt through four years of application.

Aspects for improvement included;

- Clearer guidance required to ensure the tool was objective
- High scores were possible even if practitioners were not clinically competent or caused severe welfare compromise to animals
- There was a focus on use as a monitoring tool rather than taking action to make improvements

This has resulted in a revision of the rubric and additional resources including comprehensive guidance notes and a training course for assessors, to support reliable use of this tool.

Healthcare WBA results are used for two main purposes:

1. **Programme monitoring.** The results provide an indication of the success (or otherwise) of Brooke's work to build the capacity of animal healthcare practitioners and the animal health system in which they are working. They may also serve for related purposes, e.g. to contribute to deciding if a project has reached its objectives and can be closed down.
2. **Veterinary education,** through mentoring animal healthcare practitioners in the field or training institution. An initial assessment using the tool allows key competencies and equipment to be determined, and areas for improvement identified. This assessment provides the basis for ongoing mentoring with the service provider about how clinical quality can be improved and to acknowledge good practice. Subsequent assessments are then carried out periodically (at least once every three months); to identify any improvements, and where further mentoring is required. Informal feedback from veterinary education experts at the Royal Veterinary College and Nottingham vet school has been supportive of this approach.

¹ To date, we have done more work in developing the healthcare version of this tool. A version to assess the competencies of farriers (Farriery Work Based Assessment) also exists, but is not included in the scope of this review.

Objectives

As we move into a second phase of use of this tool we have commissioned a review of the concept prior to roll out, there are not yet results available for use of the new version. We would like to gather information on whether the requirements will be fulfilled in theory. It is recognised that it can be very difficult to determine if practical tools are fit for purpose when not used in the field. There is a plan for a second phase of consultation a year following roll out of the new rubric, guidance notes and training course so that use of these tools can be assessed in the field.

The review should provide clear and detailed answers to the following questions. In the consultant's view, does the animal healthcare work based assessment provide a reasonable level of:

1. Content validity e.g. do the issues tracked using the tool properly reflect the clinical competencies we want to assess? Are the levels of competencies appropriate and relevant?
2. Internal validity e.g. if results obtained using the tool show an improvement, does this correspond to an improvement in clinical competencies?
3. Usability e.g. is the tool appropriate for use in different contexts?
4. Proportionality e.g. is the time required to implement WBA proportionate to the value of information gained? (note that the work based assessment tool is also used as an intervention to improve animal health services)
5. Does WBA provide data for monitoring results (outcomes), or does it also provide information for monitoring processes (inputs and activities)? This question should be answered with respect to the definitions and explanation provided in the Annex 1.
6. Is the tool as currently configured in line with international good practice in this field?
7. Are there any improvements that could be made to the tool *from a programme monitoring point of view*?

The reviewer should also comment on any other issues they consider relevant.

Brooke UK has separately looked at the issue of reliability e.g. will application of the tool in the same situation by different testers provide the same (or acceptably similar) results? While this issue is not included in the scope for the review (as it has been separately assessed recently), the consultant should be aware of it.

Scope and methodology

The review should be carried out using a combination of a desk review of documents, interviews with selected staff in Brooke UK and Brooke country programmes, and the consultant's own knowledge and experience. If the consultant is able to travel to London then a practical demonstration of the work based assessment tool can be arranged.

Expected outputs

The outputs from Stage 1 are:

1. A written report which answers the questions listed in the objectives above, providing evidence and argument for the conclusions drawn. The report should follow the following structure:
 - Cover page
 - Introduction and scope of the review
 - Findings (this should cover the following sub-headings)
 - Monitoring results or processes?
 - Validity
 - Usability
 - Reliability
 - Proportionality
 - Is the tool in line with good practice in this field?
 - Potential for improvements
 - Recommendations
 - Annex, with details of documents reviewed, and interviews conducted
2. A presentation / question and answer session, to be held following submission of the report. This may be held virtually (e.g. Skype), depending on where the consultant is based.

Profile of consultant

- Qualified veterinarian
- Experience monitoring and evaluating animal health and welfare interventions
- Experience working in low and middle income countries
- Experience working with equine animals or other livestock

Application process

Consultants interested in undertaking this work should submit the following documents:

- CV and covering letter identifying relevant experience and any other considerations. This letter should include the consultant's day rate.
- An example of a short written report previously produced by the consultant.

These should be sent to klara.saville@thebrooke.org, with a copy to fionn.osullivan@thebrooke.org.

The deadline for applications is midnight on Sunday 1st October 2017.

Days of input expected

The assignment should be carried out using a maximum of six days of consultant time.

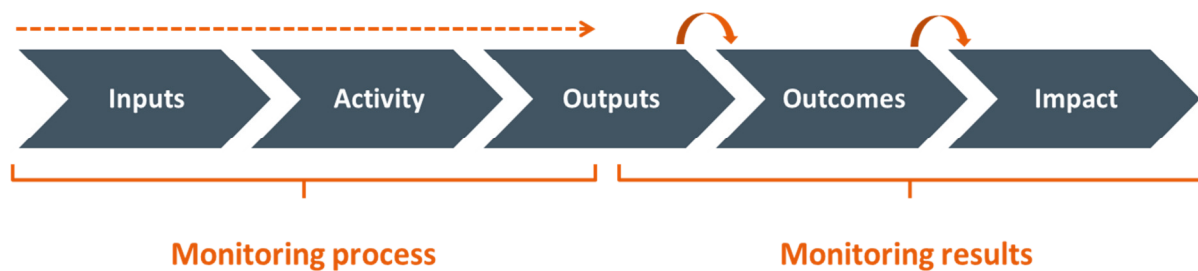
Timeframe

We would like to receive the written report by 6th November 2017.

Annex 1: Distinction between monitoring processes and monitoring results

This explanation is included to provide the context when considering Question 5 (Stage 1).

Development programmes commonly use “results chains” when planning, monitoring and evaluating an intervention. A results chain maps out the causal path by which the intervention is expected to contribute to the ultimate goal. The key elements of a results chain are set out in the diagram.



In this diagram:

- “Inputs” are the financial, human, and material resources used for an intervention (i.e. a project or programme).
- “Activities” comprise the work performed by which inputs are mobilised to produce specific outputs. For example: visiting animal healthcare providers at their place of work, observing their clinical practice and providing advice on how to improve this.
- “Outputs” are the services which result from an intervention. They may also include changes resulting from the intervention which are relevant to the achievement of outcomes. In the Brooke context, these may include the knowledge of good veterinary practice that animal healthcare practitioners gain from being mentored over time.
- “Outcomes” are the short-term and medium-term effects that result from an intervention’s outputs (effects that have already been achieved, or are likely to be achieved in future). For instance, an outcome of receiving ongoing mentoring from Brooke staff could be that animal healthcare providers consider animal welfare during the clinical process, for example having the ability to recognise and treat pain.
- “Impact” is the ultimate result of a development intervention. These may be positive or negative, and intended or unintended, and might be produced either directly or indirectly by the intervention. At Brooke, the key positive impact that we are trying to promote is improved animal welfare. A positive impact could for instance results where animals are healthier over time because they receive better quality healthcare.

Our approach to monitoring makes an important distinction between monitoring process, and monitoring results. As indicated in the diagram:

- “Process” issues are indicated by Inputs, Activities, and Outputs. This includes, among other things, the resources (e.g. project funds) we spend on an intervention, the activities that we implement (e.g. a mentoring programme), and the outputs (e.g. the number of mentoring sessions held).

- “Results” are indicated by Outputs, Outcomes and Impacts. This includes, for instance, how many owners gain sufficient knowledge of how to promote equine welfare (outputs), how many change their behaviour in ways that promote welfare (outcomes), how many animals reach an acceptable standard of welfare (impact).