

Far More Than 'Yes Minister'

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ABSTRACT

This paper focusses on the development of the delivery model and learning resources for training administration staff within Queensland Health, as a response to an enterprise bargain agreement for government employees. Resources were print-based and online, and accessible by employees located in remote communities as well as large city hospitals.

INTRODUCTION

The need for training is an established priority for Australian governments at both the Federal and State levels. (For example, the Kangan Report, 1974; the establishment of the Australian National Training Authority, (ANTA) in 1992; National Strategy for Vocational Education and Training, (VET) 2004-2010; Education and Training Reforms for the Future (ETRF) by The State of Queensland Department of Education, 2003.) The chosen strategic direction over the last decade or so, has lead to much greater input from industry into the direction of vocational education and training, priorities for funding, identification and forecasts of labour market requirements and an increasing consideration of efficiency in the delivery of services in a more learner-centred and flexible way.

There has also been the recognition that staff in the training arena need new skills to maximise the implementation of these agendas. Considerable funding and attention have been given to professional development programs, including the ANTA based Flexible learning leaders, LearnScope and Reframing the Future projects.

(<http://www.anta.gov.au> ANTA QuickLinks to professional development 30.04.04)

Enterprise bargain agreements

As an extension of recognising the need for training, enterprise bargain agreements for the public sector have included incentives for public sector employees to participate in formal training. This includes remuneration where the required conditions are satisfied. It was acknowledged that professional staff usually enter the public sector after completing their relevant education and training. However, administration staff have traditionally not had as much opportunity for the recognition of their skills. In essence, the enterprise bargain agreement has allowed

administrative staff, possibly with no qualifications beyond those gained at school, but with a wealth of experience, to have their skills formally recognised.

National training packages

'Training packages are sets of nationally endorsed standards and qualifications for recognising and assessing people's skills. A Training Package describes the skills and knowledge needed to perform effectively in the workplace.'

(<http://www.anta.gov.au> 30.04.04)

The majority of nationally recognised training and qualification frameworks are delivered through training packages. These are endorsed by ANTA after development through a range of mechanisms, including extensive industry input. Endorsement is generally for three years, after which there is a review process for currency and updates. As of January 2004, there were 72 endorsed training packages, each containing a number of qualifications, ranging from entry level through to diploma and advanced diploma. (Entry levels may be undertaken as part of VET in schools, through to diplomas or advanced diplomas as equivalent to first year bachelor degree standard.)

Assessment processes are critical to the achievement of the units of competence within training packages. The pivotal concept is the evidence demonstrated by the learner, rather than descriptions of knowledge and concepts. This provides much flexibility in the way that training is provided and the assessment options for the learners. The integrity of assessment underpins the validity of training packages.

This paper concentrates on the implementation of training opportunities for administrative staff employed by Queensland Health. Components of implementation include the delivery model and the development of the necessary learning resources for both print and online delivery. Successful completion of training leads to a nationally recognised qualification within the public sector training package. A Certificate II qualification was first developed. Available qualifications have since ranged up to Certificate IV, diploma and now some units at advanced diploma standard. Whilst the resources are developed with an emphasis on the needs of Queensland Health, there is a requirement that materials can be readily adapted to the broader public sector, for use across other government departments and beyond.

PARTNERSHIP - QLD HEALTH AND OPEN LEARNING INSTITUTE

Queensland Health

Queensland Health has the responsibility for managing the provision of health services across the state of Queensland. It is the largest of the state government departments, employing approximately 60,000 staff. The working environment of staff ranges from large teaching hospitals to remote, indigenous communities.

Discussions commenced in 2000 with the Open Learning Institute (OLI) through a tender process by Queensland Health. Initial development was commenced by OLI through a public sector initiative, for the development of generic resources for Certificates II & III. Queensland Health assumed the primary role of funding the development of resources from Certificate IV onwards. This is managed through the Leadership Development Program (LDP) which was established with a small core of staff. As a result of this program, the resources are developed to meet the context of Queensland Health, and then adapted for general public sector use. This adaptation reflects the importance of work based, adult learning being relevant to the workplace so that it can be translated into everyday practice.

The LDP generally offered Certificate II in Government for administrative officers level 2, (AO2s), through to the Diploma in Government for AO5s. The competencies required for Certificate IV and the diploma usually necessitated supervisory or management responsibilities within the job descriptions of the staff who undertook training at this level.

The LDP was responsible for setting up the infrastructure which was required across the department to support a workplace training program. This included the provision of workplace assessors, local program coordinators (LPC), information and marketing programs, and processes to manage self assessment and enrolment.

OLI

The Open Learning Institute is the key provider of distance education in Technical and Further Education (TAFE) Queensland. The organisation, in various guises, has been established for more than 60 years. Whilst its origins were in print-based 'correspondence' programs, it is now encompassing the open learning and flexible approaches of the 21st century. The majority of its 23,000 students per year, enrolled

in one of 124 different courses, are studying individually, enrolling at any time of the year, and completing at their own pace. Some learners live in remote or rural areas, where accessing educational facilities may be difficult. More typically, learners have chosen this mode of study to suit their lifestyle and other commitments, such as family and employment responsibilities.

Increasingly over the last few years, OLI has also addressed the needs of corporate clients. This has led to its involvement with Queensland Health and other government departments, in the provision of training, customised to their particular needs, but within the specifications of the competencies in the training package. In this type of partnership, OLI provides its status and expertise as a Registered Training Organisation (RTO). This ensures that staff successfully completing the training are eligible for nationally recognised qualifications, in a training environment that meets required standards, but tailored to the needs of their organisation.

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DELIVERY MODEL

The following diagram shows the main features of the delivery model, with the roles of each organisation in providing these features.

OLI	Queensland Health	Comments
Enrolment at OLI through VETTWeb	Participants self-nominate, with Qld Health approval for fee subsidy	VETTWeb manages information and enrolment processes
Self-assessment processes leading to RPL or study pathway		VETTWeb manages training pathway and access to learning materials
Learning materials developed by OLI Workplace context provided by Queensland Health		Learning materials the same for print-based and online delivery
Learner support through: OLI Tutor Workplace supervisors and colleagues, district learning program coordinators and corporate office		VETTWeb provides electronic communication facilities

Assessment tools developed by OLI	Workplace assessment provided by Queensland Health	
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Figure 1: Delivery model

Features of delivery model

In establishing the way that the training program was to be delivered, a number of factors were considered. These included provision for staff to receive recognition for the skills that they already had, as evidenced by their day-to-day work practices. It was envisaged that some staff would be eligible for a qualification without undertaking any formal study.

Self assessment

A self assessment process enables potential enrollees to determine which competencies they already had, and to identify any gaps where some training was required. This process needed to be readily accessible, and easy to use. The RPL process verifies self-assessment outcomes.

Assessment

To ensure that the training package requirements would be satisfied within the workplace context, assessment would be conducted in the workplace, by Queensland Health workplace assessors. As this is a secondary task for such personnel, albeit an essential component to the integrity of the attainment of qualifications, OLI provides assistance to workplace assessors.

Learning management system

As all administrative staff had access to computers, Queensland Health's Intranet system could be used as an integral component in the delivery of both information and learning. It also meant that any OLI-based system would need to be compatible with Queensland Health systems.

OLI uses an in-house learning management system, VETTWeb, which was linked to Queensland Health's Intranet system, and accessible to users through a single mouse click. From the learner's perspective, the delivery platform allows for enrolment, administrative support, access to learning materials, an online interface between the learner and facilitator, tutorial support and help desk facilities.

From Queensland Health's point of view, VETTWeb allows local program coordinators to track and report on the progress of learners as they work through their training program. VETTWeb also provides a forum for workplace assessors, as well as the provision to download assessment tools and supporting information.

Mitchell (2003:80) describes VETTWeb as:

'... the Queensland Health participants who access the associated VETTWeb learning room include 40 local program coordinators, 140 workplace assessors, all online participants and the Queensland Health corporate office.

One feature of this unique delivery system is that the student is provided with an easy-to-follow, online flow chart that maps out the various pathways that can be taken to obtain qualifications. For instance, the flow chart shows how and when the student can complete self-assessment tests, apply for recognition of current competencies, inform a supervisor and workplace assessor of progress and participate in assessment activities.'

Learner support

A critical facet of the delivery model is the provision of support to the learner. Support requirements need to accommodate a diverse group of learners and learning environments, including those of isolated staff where technology is not always reliable. The delivery platform is an important component in this provision of support, but is not, in itself, sufficient. The human interface is through workplace support by supervisors, colleagues, and local program coordinators. OLI provides the support of a tutor, who can be contacted through telephone, email and VETTWeb forum.

The range of support mechanisms also recognises needs at different stages of the learning program. For example, learners at the beginning of their study may be reassured by personal discussion, but satisfied by the VETTWeb interface as their studies progress and their confidence increases.

Learning materials

The delivery model needed to meet the client specification that the learning resources would be developed under two modes of delivery - print-based and online. Print-based resources would be downloaded through VETTWeb via Queensland Health Intranet. These resources are available to all Queensland Health staff. However, enrolment processes need to be completed prior to undertaking any assessment, or accessing any of the other facilities of the program.

The delivery model also required that the actual resources would be the same,

regardless of the selection of the print or online delivery mode. It was envisaged that most staff would prefer the online option, but the choice was that of the learner.

A more detailed discussion on resource development occurs later in this paper.

Implementing the delivery model

The planning and implementation of the delivery model were in some ways, challenging to both organisations. The requirement of conducting a registered training organisation, and meeting the standards of delivering training programs, is, quite rightly, well outside the core business of delivering health services.

Working on this scale with such a diverse range of corporate students, was an expansion of previous experience for OLI. It was essential that both organisations work together to move through the development of processes which would meet the needs of the training package and RTO requirements, and at the same time, be feasible within the infrastructure of both organisations. This required the clear identification of roles, testing of technological interfaces and development of administrative processes to deal with enrolments, tracking and monitoring, and reporting of results. Overarching this, was the requirement that the processes would be user-friendly for learners.

This model has now been modified for use in other environments, such as the delivery of these qualifications to other government departments. It also extended to other parts of Queensland Health, especially in the provision of Certificate II in Support Services to operational stream workers. These include staff working in the areas of patient services, food, laundry, cleaning and grounds maintenance. In this program, the initial emphasis is on the recognition of current skills, and the workplace provision of any gap training.

DEVELOPING THE LEARNING RESOURCES

The design and development of the learning resources for the range of qualifications for the public sector training package has been the largest commercial project undertaken to date by the OLI. The scale of the project alone (more than 30 units, spread over five levels of qualifications, each in formats for print, online and adapted to Queensland Health and generic public sector clients), necessitated close attention to design processes. A number of parameters were considered.

Target audience

Queensland Health participants were from a diverse background. Many had no previous qualifications, but a wealth of experience in performing their workplace functions. Other potential students were highly qualified clinicians, who were looking to a career adjustment to an administrative role within the clinical field. Members of this group may have been nurses moving to management roles. Thus, levels of previous education and workplace backgrounds varied from basic high school to postgraduate tertiary.

The day-to-day activities of staff in the same role, also varied in different work environments. For example, an administrative officer at level 3 may need to assume a different range of responsibilities in working at a regional health centre from that of a similar officer in a large hospital.

Access to technology

Whilst all administrative staff were assumed to have access to computers, and the Queensland Health Intranet, the reality is that some had far better access, higher speed and download times, broader bandwidth etc. This necessitated that the lower end of online features needed to be used, rather than high level interaction and animation. It also meant that some resources, such as .pdf formatted reference material may require a CD-ROM delivery option.

Similar print-based and online resources

With the requirement for the learning materials to be the same in both print and online formats, the design necessitated that the features usually used for online resources needed to be utilised in print-based versions. This has in fact lead to a sharper focus in the print resources, which has hopefully been a benefit to learners. Writing styles needed to incorporate the same rigours as online for conciseness - a discipline not always practised in print-only formats.

Strategies utilised included using flowcharts, tables, bullet points and diagrams to reduce the wordage. We found that Microsoft PowerPoint® was often useful for simple diagrams and flowcharts, as this format suited both media and were quick to download in limited, online environments. Other strategies include the use of references to other sources, either on the Queensland Health Intranet, websites and supplementary material. This reduces the length of the online page and gives greater learner-centredness in choosing areas to explore in more depth.

The use of websites in both print-based and online resources recognises that accessing relevant information is a skill required in today's work environment. For

example, it is not expected that learners have a detailed, rote knowledge of legislation. However, they do need to know how to access relevant legislation and organisational guidelines, and to possibly interpret and explain its implication to their staff team members. An additional benefit is that resources and websites can more easily be changed and so kept up-to-date.

Assessment and activities

The design is cognisant of the needs of adult learners in that learning and activities need to be relevant to the workplace, and seen to be of value. This caused some difficulty, given the diverse nature of the working environments of participants. Where possible, there are options for learners to choose from and workplace projects are generally process-based, for learner application to their own context. Where possible, assessment tasks can be completed as part of the learner's everyday activity, increasing the benefits of workplace learning. (Raizen, in Hawke (1995:1-2); Carter and Gribble, 1992: 25)

Activities and assessments are the same for both print and online delivery modes. However, the online medium does provide learners with downloadable activity templates and pro forma.

Activities contribute to the assessment portfolio which learners compile as they work through the unit. This results in the activities being an integral part of assessment. There is an onus on resource developers to construct activities with the same rigour as assessment tools. Other assessment components included third party reports from work place supervisors.

Learning processes

Whilst acknowledging current skills of participants, it would be remiss of the learning process if there were no opportunities to extend and challenge that knowledge base. The role of public sector employees has changed with the decentralisation of processes such as the management of budget and human resources. Such functions, previously undertaken by specialist units, have now become the part of the role for many. Staff may be able to carry out the processes they need to follow, but not have an understanding of the bigger picture. Learning thus forms part of change management.

Learning strategies vary throughout the units to accommodate different learning preferences. The general design principles of introductions and overviews; navigational aids, for both print and online; self checks on progress; examples and application of learning; summaries and activities are used throughout.

Case studies are a critical component to the application of knowledge. These are provided or validated by Queensland Health through content experts in the relevant subject matter. The contexts of case studies have varied through the range of backgrounds of the learners. Some may have an administrative, clinical, large hospital, or small, regional background. This means that along the way, learners will deal with a case study from a familiar context. There is the added bonus that learners will become more familiar with contexts outside of their regular role.

Case studies can be valuable as an introduction to a concept. This can then be referenced as an ongoing elaboration of the concept and its application. Alternatively, case studies are used as a summary and application of new learning. In some instances, case studies may be 'serialised' with the addition of information as the learning progresses. They are a powerful tool for the learner in the application of new knowledge or to a different context.

Case studies have also provided a mechanism for easier customisation to the generic public sector context. The actual learning may not need to be modified, but the replacement of case studies can effectively change the workplace environment to suit a learner from another government department.

The use of ongoing activities and assessment tasks, and case studies, are two of the strategies used to allow learners to move beyond 'surface' learning strategies, to 'deep' learning. (Holmberg, 1989:12)

Development process

The development process followed a standard, systems approach of instructional design. An initial meeting for each unit, conducted by Queensland Health, was attended by nominated expert Queensland Health staff, LPD personnel, and OLI project manager, instructional designers and writers. The unit of competence is reviewed in terms of how it can be adequately assessed in terms of the workplace; relevant resources available to Queensland Health staff, usually through the Intranet; relevant or emerging policy directions; applicable content and ideas for case studies. This stage has been critical for a common understanding of the unit requirements and the Queensland Health workplace context.

OLI then produces a blueprint for the unit development. This details the sequence and depth of content, reference resources, activities and assessment tools. On approval from Queensland Health, this is then used by the writer to produce the initial draft. After further review, the final draft is produced. This is then prepared for print and online versions. A generic, approved template was used for online development. This sameness in format was familiar to learners, and provided for more efficient development.

LEARNINGS

Enrolments have been offered since October 2001, so there has been opportunity for some review, learnings and improvement. The relationship between the two organisations has had the opportunity to mature as the common understanding of each other has grown.

OLI

This project has provided opportunity for the growth of staff in project and client account management, as well as managing resources for a large-scale commercial project in addition to the ongoing core business of managing individual learners across the state, the nation and internationally.

Development team staff - instructional designers, writers, editors, graphic artists, designers and programmers for the print and online environments - have learnt a lot as they have worked together. The team has developed a greater understanding of each other's role and the intermeshing of each role in the development process. Having primarily used contract writers, there has been an improvement in the way that we brief and work with writers to produce a consistent style of product. Learnings from this have been incorporated into mainstream OLI development processes. For example, instructional plans or blueprints had previously been developed by writers, but now are more commonly completed with the writer, instructional designer and content expert working together.

Feedback, either from learner feedback sheets or information from the tutor, allow for ongoing improvement in the learning resources. Some of the resources are still lengthy, especially given the online environment. We are always ready to consider new strategies that will provide efficient learning.

As at January 2004 approximately 1100 enrolments have resulted in the completion of 800 qualifications. Of these, more than half were on the basis of recognition of prior learning. These participants now have a formal qualification to acknowledge their existing skills, and perhaps the confidence and incentive to continue their training to extend these skills.

CONCLUSION - ACHIEVING THE GOALS

In view of the desired outcome of the enterprise bargain agreement to improve the opportunity for training and skills development in public sector staff, it is recommended that further research be carried out, with a focus on changed workplace practices. Five features within a culture which supports learning within the workplace have been identified as senior management commitment; development of a positive climate; recognition of expertise; empowerment and trust; and incentives and rewards. (Harris and Volet, 1996, p. 89.) It would be of interest to test the importance of these features within the context of Queensland Health, or other government departments utilising the training. As most government departments are moving towards becoming learning organisations, this has wider implications than the enterprise bargain training alone.

A master's dissertation by the OLI tutor for this program, (Tracey, 2004), found that more than one third of the responses listed an increase in knowledge and skills as the reason for undertaking the program. The value of holding a qualification was seen as an advantage in career progression. Over half of the responders wanted to continue with further study. The financial benefits were considered important by 3% of respondents, with 17% seeking recognition.

Managing time to learn in the workplace was 'very difficult' for 24% of the responses. Whilst there may be strategies in the workplace to help address this issue, it does reinforce the need to design the resources and assessment activities to be learner- efficient. Classroom delivery was the preferred delivery mode for 35% of the respondents, with many appreciating that this option is not always feasible. Learner support and communication strategies need to strive to support these learners.

An extension of this study, including impact of training on work practices, would be interesting to help to determine the effectiveness of the program in training public sector staff in today's work environment.

'The reality of the digital age is that learning is no longer restricted to the upper echelons in the hierarchy of the organisation and society.' (Rylatt, 2000:177) These skills are very different from those of the days of 'Yes minister'.

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<http://www.anta.gov.au> Website for the Australian National Training Authority. This site is a main source of information on the implementation of national policy for VET training in Australia.