**USING THE “WISDOM OF THE CROWD” IN PRE-REGISTRATION RADIOGRAPHY CURRICULUM DESIGN.**

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**Aim**

The purpose of this research is to explore if crowdsourcing provides an effective means of gathering situational expertise i.e. public and patient input, in the design of healthcare curriculum. It is postulated that by drawing on diverse groups of stakeholders who may not engage with traditional methods of curriculum design processes i.e. focus groups, nominal group and the Delphi technique, innovation will happen faster. Furthermore it will ensure that the patient public voice is captured, a vital component of healthcare education validation by professional bodies.

**Synopsis**

Feedback from regional practice partners is that nationally diagnostic radiography graduates are not qualifying with the skills and attributes needed in a rapidly changing technological age. A number of recent published editorials and research articles capture this viewpoint, highlighting the tension between the current radiography labour market demand and future skills requirement. Whereas existing commissioning systems can in part predict the future numbers of diagnostic radiographers, determining the exact competencies required for future practice is more difficult. This is intensified in healthcare education due to evolving national health policy and in diagnostic imaging because of rapid technological advancements.

Current methods of group consensus and forecasting on healthcare curriculum content have their advantages and disadvantages- focus groups, nominal group and Delphi technique. The main disadvantages are the space in which the group consensus happens, power dynamics, how individuals are invited to be part of “expert panels” and how the process can be inclusive of opinions and ideas. This research proposes to use an alternative method of achieving stakeholder engagement through crowdsourcing.

Crowdsourcing is a participatory online activity in which individuals and organisations voluntarily undertake a task which typically involves the pooling of knowledge resources. From an innovation system view-point, crowdsourcing can be seen as competence building by mobilization and the combination of knowledge resources from wider society. It creates on-line based communities of individuals and/ or organisations with different problem-orientated approaches thus harnessing a more creative approach to solving problems.

Examples of applying this tool in the digital environment for UK health projects include the “AHPs into Action: Using AHPs to transform health, care and wellbeing” on-line resource and the “Mind the Gap” project. In these examples, crowdsourcing provided a useful data collection method in generating an accurate representation of the social truth i.e. statements whose contents are shared, broadly agreed and useful in achieving common goals within the setting under investigations. For “AHPs into Action” 16,000 healthcare practitioners and members of the public across diverse geographic locations were involved in the resource design. Subsequently the final publication highlighted a clear view of the transformative potential of AHPs, examples of innovative AHP practice and a framework to develop local delivery plans. On the other hand, the “Mind the Gap” project looked at the experiences of millennials working for the UK National Health Service (NHS) in the West Midlands region. This campaign received 276 contributions and from these action points were delivered on how to support the careers of this group of health care professionals.

A literature review conducted systematically has highlighted that the tool has never been applied to healthcare curriculum design and the term crowdsourcing and the application of the tool continues to evolve in this field. In keeping with a Professional Doctorate ethos this research will adopt a pragmatist paradigm using a participatory action research approach. This is deemed appropriate as the aim of the study is to evoke change in curriculum design procedures.