



**Health Education England**

**Primary and Community Care**

**2-4 Victoria House, Capital Park, Fulbourn, Cambridge**

**CB21 5XB**

# **Recognition of Educational Environments**

## **Guidance Form**

The contents of this form are to help organisations in completing the application form to become a learning organisation or to expand their current workforce. What is contained within is not prescriptive, however, it is acceptable for organisations to use this as a basis for their application and adapt this to reflect their individual circumstances. We do not expect essays for each answer – bullet points are entirely acceptable.

## Learning Organisation Approval Form

This form is to be completed by all organisations applying to become primary care training organisations for the first time within the East of England, including but not limited to general practices, community pharmacies, nursing homes, hospices, and dental practices. Individual organisations may apply to become training organisations although where possible it is encouraged that organisations should apply as a locality, for example, a primary care network. This form will also need to be completed if additional groups of learners that the organisation has not been previously approved to host are intended to be trained.

This form should be completed online. We cannot accept this form in any other format. Please ensure that ALL boxes on this form have an answer. Organisations will need to complete and submit this form electronically to local training hub. Please DO NOT embed any documents within this form as they will not be viewed. Any information submitted that later turns out to be falsified will be considered a probity issue.

This document replicates the HEE Quality Framework but is consistent with both CQC and professional body i.e. GMC, NMC, HPFC standards associated with high quality learning environments.

Name of Organisation e.g. Primary Care Network, OOH Provider	This section should contain the name of the organisation – If this is a PCN application it would be the name of the PCN and not the individual practices within.
Name of Constituent Placements e.g. practices, pharmacies, care homes (if different from above)	All the constituent placements of the organisation should be listed, not just those where the organisation plans to place learners. This will help with identifying greater capacity.  For example, for a PCN Site A Site B Site C Site D Site E
Current CQC Rating for all sites	For example, for a PCN Site A – Good

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	<p>Site B – Good          Site C – Outstanding          Site D – Requires improvement          Site E - Good</p>
<p>Any Previous CQC Ratings Below Good?          Please List Actions Taken</p>	<p>Applicants need to demonstrate a level of insight and reflection on the issues. The action plan that is suggested should be relevant and proportionate to the concerns raised by the CQC. Grandiose suggestions that are unlikely to be achieved raise as much of a red flag as action plans that lack any specifics.</p> <p>For example,          Site A – Previously rated as “needs improvement” for “are they caring”. CQC picked up on several complaints relating to how receptionists greeted patients. A team meeting was held to discuss issues, and this was also raised at the patient participation group. It was identified that the receptionists were often being asked to undertake administrative tasks whilst on the front desk, which was increasing their stress levels and not allowing them to concentrate on dealing with patients. The shifts were altered, so that receptionists could move away from the front desk at times and an extra member of staff employed to help with admin. Complaints reduced and feedback from the PPG was positive.</p>

### Section 1: Placement Details

Separate information is required for each geographical location being put forward as a placement option. A primary care network is encouraged to apply as a single organisation, but please still detail the constituent environments and teams, with the provision offered.

Placement Address	<p>Applicants should only include the addresses of the constituent placements that they wish to put forwards to host learners.</p> <p>For example for a PCN</p>
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	Site A – Address Site B – Address Site C – Address Site E - Address
Proposed Placement Provision	
Current Provision	Professions of learner groups covered and number of learners on site at any one time (complete below). <span style="color: red;">(Please detail the maximum number of learners (of each professional group) the LO can currently accommodate.</span>
The number of current learners should not exceed the capacity of the organisation i.e., there should be enough qualified educators to supervise the number of learners placed. This can be more than one learner to each educator. Applicants should indicate which learners are placed at which site.  For Example, Site A – 2 GPSTPs, 3 Medical Students, 1 Nursing Student, 1 ACP Site B – None Site C – 1 GPSTP, 4 Medical Students, 1 PA Student, 1 Pharmacy student, 2 Nursing Students Site E - None	
Planned Provision	Professions of learner groups proposed and planned number of learners on site at any one time (complete below). <span style="color: red;">(Please detail the maximum number of learners (of each professional group) the LO is planning to accommodate.</span>

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**As above. It is important that the number of qualified educators is sufficient to support the number and type of proposed learner.** Information should be provided for each proposed site – Please note that the sites may differ to above if the organisation is expanding capacity.

For Example,

Site A - 2 GPSTPs, 3 Medical Students, 2 Nursing Students, 1 ACP

Site B – 1 Nursing Student, 1 GPSTP

Site C – 2 GPSTPs, 4 Medical Students, 1 PA Student, 1 Pharmacy student, 2 Nursing Students

Site E – 4 Medical Students, 1 FY2

TH and ICS Alignment

Learning Organisations may host a number of learners that are placed across a number of Integrated Care Systems (ICS) and Training Hub (TH) boundaries i.e. all the GP Specialist Trainees (GPSTs) may be placed by one GP Specialist Training Programme (GPSTP) ‘aligned’ to an ICS but other professional learners may be placed by Higher Educational Institutes (HEIs) ‘aligned’ to another ICS. If this circumstance applies to your LO please indicate where you currently (or plan) to accept learners from and what your preference for TH liaison is.

GPSTs	Nurses	AHPs	Other
Aligned with ICS/TH (please indicate): <ul style="list-style-type: none"> <li>● SNEE</li> <li>● C&amp;P</li> <li>● MSE</li> <li>● N&amp;W</li> <li>● HWE</li> <li>● BLMK</li> </ul>	Aligned with ICS/TH (please indicate): <ul style="list-style-type: none"> <li>● SNEE</li> <li>● C&amp;P</li> <li>● MSE</li> <li>● N&amp;W</li> <li>● HWE</li> <li>● BLMK</li> </ul>	Aligned with ICS/TH (please indicate): <ul style="list-style-type: none"> <li>● SNEE</li> <li>● C&amp;P</li> <li>● MSE</li> <li>● N&amp;W</li> <li>● HWE</li> <li>● BLMK</li> </ul>	Aligned with ICS/TH (please indicate): <ul style="list-style-type: none"> <li>● SNEE</li> <li>● C&amp;P</li> <li>● MSE</li> <li>● N&amp;W</li> <li>● HWE</li> <li>● BLMK</li> </ul>

LO preference for all placement, quality and monitoring communication/liaison. Please indicate your preference TH and if this is for all learners regardless of which ICS their VTS or HEI is in.

*Please note that it is possible that LO’s preference is to liaise with multiple TH’s – in this circumstance please indicate which TH and for which learners. Organisations will NOT have to duplicate paperwork for different THs should they choose to liaise with multiple THs.*

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TH	Learners (i.e., GPSTs, Nurses, AHPs, other or ALL)
<ul style="list-style-type: none"> <li>• SNEE</li> <li>• C&amp;P</li> <li>• MSE</li> <li>• N&amp;W</li> <li>• HWE</li> <li>• BLMK</li> </ul>	

### Placement manager

Name	Essential – This does not have to be the same as a practice manager.
Phone Number	
Email Address	

### GP Educational Lead

Name	Essential if there are FY2, GP trainees or medical students
Phone Number	
Email Address	

### Nurse Educational Lead

Name	Essential for nursing students – This could be the same person as above.
Phone Number	
Email Address	

### AHP Educational Lead

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Name	Essential for AHPs – This could be the same person as above.
Phone Number	
Email Address	

### Any other critical key contacts

Role	This may include a rota manager if separate to the placement manager.
Clinical Link	

**Please list all the organisations the LO accepts learners from i.e. GPST Programme(s) and Higher Educational Institutions.**

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**Domain 1: Learning environment and culture**

## Learning Organisation Approval Form

The organisation's members, learners and service users should be treated with dignity and respect and have the resources to help the organisation develop as a learning organisation, responding to feedback and delivering safe, effective, and compassionate care.

**Please describe the facilities available for training purposes across the organisation. This should include the available space, IT and recording equipment.**

There should be sufficient space for the number of learners hosted. Ideally there should be space for learners to undertake private study and to host tutorials. Please list access to IT or library, secure storage for personal items, essential diagnostic equipment, technology to assist recording of consultations, access to practice policies/guidelines.

Across a PCN facilities, such as conference rooms, may be shared.

You may be fortunate to have training models, although these are not essential.

### Example 1 – Single Site

10 Consulting rooms, minor surgery room, eye room, nurses treatment room, examination room, library, training room. Dedicated consulting rooms equipped with wall mounted diagnostic kits and video recording equipment. All rooms have computers with internet access. Shared drive allows access to local policies, protocols, and guidance. Training room has ear and eye model and Clevertouch TV.

### Example 2 – Multiple Sites

Site A - 7 Consulting rooms fully equipped. Two dedicated for training with fixed recording equipment. One nurses room, one treatment room. Large conference room with ability to partition into two smaller rooms. Library/quiet area. Minor surgery room. Speaker phones present in all rooms. Cloakroom. Staff relaxation room. Access to guidelines/protocols through shared drive.

Site B – 4 Consulting rooms. One nurses' room. Staff recreation room. Close to site A and learners have access to this for minor surgery, library, and conference room facilities.

Site C – 8 Consulting rooms, two dedicated for learners with recording equipment available. Box of essential equipment supplied at beginning of placement. One training room/library with two computers connected to internet. One nurses' room and one private examination room. Minor surgery suite. One private office. Secure storage lockers. One large staff room.

Site E – 3 Consulting rooms, one nurse/treatment room, training room. Staff room/kitchen. All rooms equipped with wall mounted diagnostic kits and have secure storage. Computers in all rooms allowing access to internet/protocols/guidelines. Portable recording equipment on site at all times.

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### **Describe any limits on your provision for disabled or other special needs learners, including the need for flexible working**

This section refers to the ability of the organisation to accommodate learners with physical, mental, or social needs. Are the rooms that the learners use easily accessible for those with physical disabilities? If not, are there adaptations that the organisation is able to make. Is there flexibility so that the needs of learners with psychological or social problems may be accommodated i.e. can the organisation support flexible working of learners? Potential restrictions should be qualified with how the organisation plans to mitigate against those.

#### Example 1 – Single Site with no Limits

There are no limitations, and we can support flexible working.

#### Example 2 – Single Site with Limitations

Most rooms are on the ground floor; however, the training room is on the first floor and the building has no lift. Those unable to manage stairs could join meetings through Zoom. Tutorials may be held downstairs in one of the larger consulting rooms. The approved nurse educators both work part-time and we would need to negotiate with the learners the timetable at the beginning of the placement so that there is sufficient cross-over. Clinical supervision is always available from other members of the team.

#### Example 3 – Multiple Sites with no Limitations

None of the sites have any limitations and can support flexible working.

#### Example 4 – Multiple Sites with Limitations

Sites A and C have no limitations. Sites B and C would struggle to accommodate learners with physical disability, but, if necessary, those learners could be moved to either site A or C where they could be accommodated. The conference room on site A is fully accessible by all. Site E has approval for building work which will include adding a lift. Site B has no nurse supervisor available on Wednesday and Friday. Learners that needed to work on those days could be accommodated by rotating them to one of the other sites.

### **Please confirm that your organisation ensures the safe secure recording and storage of consultations/assessments on digital media and is fully compliant with the GDPR. Please describe what the organisation's policy is about video recordings/consultations.**

It is essential that GDPR is complied with. There MUST be a recording policy in place. Please do not provide excessive detail about the policy or provide an attachment of the policy. A brief overview is sufficient.

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### Example 1 – Single Site

The organisation is fully GDPR compliant.

Consent is to be sought before and after recording, patients are aware of the purpose of the recording, recordings will not be held for any longer than is necessary for teaching and training purposes, all recorded consultations remain the property of the organisation, all recordings will be held on protected devices within the organisation and not be transferred to portable devices that are unprotected, for example, mobile phones. There should be a recognised data control officer for the organisation.

### Example 2 – Multiple Sites

All sites are fully GDPR compliant.

Across the sites we have a shared policy or we intend to share the policy across all sites.

Consent is to be sought before and after recording, patients are aware of the purpose of the recording, recordings are not to be held for any longer than is necessary for teaching and training purposes, all recorded consultations remain the property of the organisation, all recordings are to be held on protected devices within the organisation and not be transferred to portable devices that are unprotected, for example, mobile phones. There should be a recognised data control officer for the organisation.

### **Please describe the opportunities for learners to be involved in multi-professional learning including audit, quality improvement and significant event analyses**

A description of potential meetings that learners can attend, and their frequency is sufficient. Examples may include – Clinical meetings, significant event analysis meetings, complaints meetings, frailty meetings, safeguarding meetings, palliative care meetings and audit meetings. You may intend to or already hold multi-professional learner tutorials within a single placement or across a PCN. If there are any innovative meetings you hold, please provide a brief description of what this entails.

Please provide information on how you would support learners undertaking audit and quality improvement projects – You may have an audit clerk or training administrator who can facilitate. Are there previous examples of audit/QIP that the organisation or previous learners have undertaken? (Titles rather than full descriptions would be acceptable).

### Example 1 – Single Site

Learners may attend all the following:

Monday meetings – Week 1: MDT, Week 2: Clinical, Week 3: General Meeting, Week 4: Business Meeting

Tuesday – Joint tutorials

MDT meetings are with palliative care, PCN mental health worker, care co-ordination team.

Clinical meetings include safeguarding, NICE guidance, prescribing, QOF, complaints, and incidents, and significant events.

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General meetings to discuss any matters arising relating to guidance received from CCGs etc. or any clinical incidents.

Business meeting with partners and accountant.

Learners encouraged to present QIP, significant events and NICE guidance updates at clinical meetings. Audit clerk available to support audit activities. Current learners working on a QIP regarding enhanced use of digital methods for managing patient demand.

### Example 2 – Multiple Sites

Site A – Fortnightly meetings including MDT, safeguarding, complaints and incidents, audit/QIP, QOF, clinical guidance, prescribing. Once per month partners meeting in the evening.

Site B – Weekly informal catch-up meetings with all staff to discuss clinical incidents and complaints/local directives. Monthly MDT with frailty team and palliative care. Every 3 months significant events are discussed.

Site C - Clinical meeting monthly for all staff, palliative care, and community nursing teams. Meeting covers adult and child safeguarding, incidents and complaints, palliative care, frailty, NICE guidance, QOF, prescribing, significant events, audit/QIP.

Business meeting with partners and accountant once per month.

Site E – Weekly practice meeting to discuss clinical incidents, complaints, NICE guidance and QOF with all staff members.

Monthly MDT meeting to discuss safeguarding and palliative care patients.

We support learners joining meetings from any of the sites and this could be done using MS Teams. Staff from all sites meet once per month for half-day closing so that there may be shared learning on how the system may develop. There are PCN meetings every month that learners would be welcome to attend.

We plan to encourage all learners to engage with QIP and significant events and to present their work in clinical meetings.

Depending on the learner this could be at an individual site level or at the level of the larger organisation. The PCN administrators can support learners with this. Each site maintains their own database of previous QIP/audits which is shared with learners for inspiration. Previous work includes:

Management of UTIs – Site A

Reducing anticholinergic burden – Site B

Improving access for smears – Site C

Improving the practice website – Site D

**Please reflect on any feedback received from learners (if you have had any), highlighting any examples of feedback which reinforce good practice, or introduction of new good ideas developed from feedback by learners**

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This relates to feedback on service user experience. It is helpful to state whether this has been sought and the methods used for doing so, including the timing. Where possible please provide a brief description of any positive organisational changes that have been generated from this feedback.

### Example 1 – Single Site. No Previous Learners.

Learners will be advised at induction to raise any potential safety incidents that may arise from current systems within the organisation. They will be encouraged to think about what they think the organisation is doing well and what could be improved when considering possible QIP/audits. At the midpoint of the placement learners will be asked whether there are any areas of improvement that they can suggest. We plan to keep an action log of this with a suggested plan and review outcomes at clinical meetings.

### Example 2 – Single Site. Previous Learners

Learners are encouraged to provide suggestions on how organisational systems may be improved during their placement. This is done continuously when having progress reviews and on an ad hoc basis in response to significant events, near misses or general observations of the learners. Learners who have come from different organisations often bring a different perspective and we have utilised this in the past to adapt our processes. For example, one learner suggested how we could improve our document processing by training other members of the team to code information and ask the pharmacist to update medication from discharge summaries. This has not been formalised in the past, but we are planning to introduce an action log to record this.

### Example 3 – Multiple Sites

Learners are advised during their induction that their opinions regarding the experience of service users is important. Sites A and C have clear established processes for seeking verbal and/or written feedback from their learners and we intend to adapt those processes so that they can be shared across all sites. We are hopeful that learners being able to spend some time within the different sites will allow us to elevate our standards of care across the organisation. Last year a nursing student identified that there was no effective recall system in place for postmenopausal ladies with IUCDs and this was shared amongst the other sites at a PCN meeting.

### **Please describe your processes/protocols for ensuring patient safety in the context of a learning environment**

It is important to evidence that safety is not put at risk by exposing service users to learners who do not have appropriate experience or have difficulties. The organisation should make it clear to service users that they are a learning organisation and that learners may be involved in or leading clinical encounters. Organisations should respect the preferences of service users who do not wish to be seen by a learner.

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### Example 1 – Single Site

Learners will be advised at induction regarding consent and confidentiality and what the supervision arrangements are and who they should direct any clinical queries to when seeing patients. There is a written clinical supervision policy detailing this. Where the usual supervisor/mentor is unavailable it is to be made clear to the learner who will be supervising them. Learners will be given time at the beginning of their placements to familiarise themselves with the facilities, access to guidelines and undergo a period of observation. With experience the number of contacts with service users is increased. GPSTPs attend several home visits before attending any of these on their own. Where there are concerns about the performance of a learner, we would try to address this locally in the first instance and this may involve greater levels of supervision. Patients are advised on the website and within the practice leaflet that this is a learning environment. Accreditation certificates for medical students are displayed within the waiting room. Medical and nursing students will always be observed when they are with patients.

### Example 2 – Multiple Sites

Across all sites there is a standardised induction checklist that reminds each site to cover consent, confidentiality and what the supervision arrangements are. Site A has produced a clinical supervision policy which is to be shared amongst all sites. At times it may be necessary for supervision to be arranged between the sites and this is included within the policy. A remote supervision policy is available for when learners are working from home. Learners across all sites are observed early within their placements to identify potential developmental needs and assess support. Through their placement they are encouraged to see more service users and undertake greater responsibility (where relevant) for managing their needs. Across all sites this is done by mutual agreement with the affected learner. Patients are advised on the websites and practice leaflets of sites A and C that they are training organisations. Sites B and E will need to do this once successful in their application. Any plan to help a learner in difficulty will take account of patient safety and whether amendments need to be made to the level of clinical exposure.

## Domain 2: Educational Governance and Leadership

There should be evidence of a strong multi-professional approach to education and training underpinned by robust educational governance and leadership. Education and training opportunities should promote equality, diversity, and inclusion.

**For each professional group of learners you host or plan to host, please describe their personal induction process.**

**Please note this section is for the specific induction identified for different professional learners and differs from an 'organisational' induction which you should describe in the Domain 3 section below.**

Personal induction refers to the educational induction of individual learners. Bullet points are acceptable. Please explain for each group of learner.

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### Example 1 – Single Site

Learners will undergo a period of observation for the first two weeks of the placement.

Supervisors/mentors to discuss with each learner what their prior experience is and what they need to develop whilst in the placement including required assessments.

An induction meeting is documented detailing the suggested outcomes of the placement.

A learning needs assessment will be undertaken.

Learners will be shown how to use any essential equipment that they are unfamiliar with where relevant.

There is to be a discussion regarding flexible working and rotas where appropriate.

### Example 2 – Multiple Sites

All sites will use a standardised approach to personal induction. There is a written personal induction policy.

All learners are observed initially so that learning needs may be identified.

At the beginning of the placement learners will meet with their supervisor/mentor to discuss prior experience and what learning outcomes they want to set for the placement.

This meeting is to be recorded and used to drive and assess learner progression.

Learners are shown how to use any essential equipment that they are unfamiliar with where relevant.

Learners discuss their rota and flexible working during the initial meeting.

### **Please describe how the wider non-clinical or management staff are involved in the teaching and support of learners**

A successful learning organisation has education at its core and involves all members of the organisation team to support this. Applicants should describe who, and in what capacity, is involved from the wider team. Management staff should be involved in induction and throughout the placement. Bullet points are acceptable

### Example 1 – Single Site

During induction learners spend time with reception, administration, and the practice manager.

Practice Manager – Discusses timetabling, sickness reporting, key policies, how to raise concerns

Receptionists – Learners sit with reception to understand how service users access care and how they are directed. They provide information on clear communication be it written or otherwise.

Administration – Demonstrate how to generate referrals, where to access forms/guidance, how to undertake clinical reports for audit.

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Throughout the placement they continue to be a source of help and advice

Practice Manager – Key link to HR and HEIs, return to work interviews, helping with IT issues, equipment issues, providing information on enhanced services, organisational management of general practice/organisations

Receptionists – Provide feedback formally and informally to learners and their supervisor/mentor, knowledge of patients so that learners are protected from potentially dangerous situations, helping to book appropriate patients when relevant for assessments.

Administration – Helping to guide on referral processes, new services, access to local policies, providing feedback on performance of learners, assisting audit and QIP.

### Example 2 – Multiple Sites

Sites A and C have already been using their management staff to support their learners during induction and throughout the placement and we intend to share their experience across all the sites. Our PCN meetings with all staff will allow us to share good practice.

During induction learners spend time with reception, administration, and the practice manager.

Practice Manager – Discusses timetabling, sickness reporting, key policies, how to raise concerns

Receptionists – Learners sit with reception to understand how service users access care and how they are directed. They provide information on clear communication be it written or otherwise.

Administration – Demonstrate how to generate referrals, where to access forms/guidance, how to undertake clinical reports for audit.

Throughout the placement they continue to be a source of help and advice

Practice Manager – Key link to HR and HEIs, return to work interviews, helping with IT issues, equipment issues, providing information on enhanced services, organisational management of general practice/organisations

Receptionists – Provide feedback formally and informally to learners and their supervisor/mentor, knowledge of patients so that learners are protected from potentially dangerous situations, helping to book appropriate patients when relevant for assessments.

Administration – Helping to guide on referral processes, new services, access to local policies, providing feedback on performance of learners, assisting audit and QIP.

Additionally, we plan to utilise our management staff to induct and support the learners working across the PCN creating opportunities for them to be involved in QIP across the network and attending strategic meetings where possible.

**Please describe how the wider support staff are involved in the teaching and support of learners and how have they been trained for this role**

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It is desirable that the organisation engages in multi-professional education as this is likely to help learners to understand how the primary care system operates, enabling them to understand when systems could be improved and how working relationships may be strengthened to enhance the service user experience. It is **essential** that how people have been trained for their roles is included. Bullet points are acceptable.

### Example 1 – Single Site

There are opportunities for learners to spend time with different health professionals during induction and throughout their placement and learners will be encouraged to speak to them for advice where appropriate. Currently we have access to the following health professionals – Nurses, clinical pharmacist, pharmacy technician, first contact practitioner (physio), physicians associate, emergency care practitioner and doctors. The nurses have undertaken their educator training. The FCP has completed the relevant pathway. ECPs are on the ACP pathway. Those without formal educational qualifications are supported by the educational lead and advised on how to provide feedback and clinical supervision within their scope or practice. Learners may also go out with the district nurses and palliative care nurses.

Learners will be encouraged to attend a joint tutorial and PCN wide meetings during the half day shut down once per month. Clinical pharmacists and the FCP can offer tutorials relative to their expertise.

Learners will be able to attend nurse-led smear clinics, coil, and implant clinics and minor surgery clinics.

Clinical pharmacists will support the GPSTP prescribing assessment and help learners who are interested in undertaking prescribing courses.

### Example 2 – Multiple Sites

Across the network we have the following healthcare professionals – Social prescriber, clinical pharmacist, pharmacy technician, first contact physiotherapists, advanced nurse practitioner, dietician, mental health worker, practice nurses, physician associates, emergency care practitioner, GPs. We have six tier 3 educators across the sites, including ACPs and GP educators. Our ANP has completed the nurse supervisor course. Our tier 3 educator in site A is going to support the GP in site B who is not yet a qualified tiered educator.

During the placement there will be opportunities for all the learners to have tutorials from the various healthcare professionals, which we plan to run once per month at a network level. Local tutorials will be held on the other weeks at the individual sites.

Learners will be encouraged to seek support from relevant team members if they have questions related to their scope of practice. For example, if there is a query regarding a musculoskeletal condition, they will be encouraged to speak to the FCP, in addition to their supervisor/mentor.

Allied health professionals may also support learners in QIP and audit where relevant.

There may be opportunities for the AHPs to support specific workplace-based assessment.

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For the FY2s the AHPs will form part of the placement supervision group.  
Medical students will benefit from spending time with relevant AHPs depending upon their specific curricular requirements.

**Please provide a short summary and reflection on any formal or informal complaints received by the organisation in the last 5 years which relate to education and training. Please include a summary of any changes made.**

There may not have been any complaints within the past 5 years, particularly if this is a new learning environment. Where informal or formal complaints have arisen organisations should reflect on the learning from these. It is not necessary to provide the specific details unless you feel that it helps to contextualise the learning. You should not declare a complaint without providing any reflection on the learning or fail to declare complaints that have arisen.

### Example 1 – Single Site, No Complaints

We have not received any such complaints

### Example 2 – Single Site with Complaints

In one of our placement feedback reports it was highlighted that the medical students had limited opportunities for taking a full history and examination of patients, which was a part of their assessment. Students had been sitting in with one of the GPs and doing this on an ad hoc basis. Following the feedback we started to keep a list of expert patients who were happy to be invited in for up to an hour at a time so that the students could spend a good amount of time with them, allowing them to do their assessment.

### Example 3 – Multiple Sites Without Complaints

None of the sites have had any complaints

### Example 4 – Multiple Sites with Complaints

Site A had a learner who complained that the feedback received in their multisource feedback was unfair and unjustified. On review of the feedback some of the comments were biased and based on opinion rather than behaviour. Site A held a session with all the support staff to develop their ability to give feedback.

Site C was accused of bullying a previous nursing student and an independent investigation was undertaken by the HEI. The findings of the investigation showed that the student was struggling with managing their work-life balance and this resulted in some attitudinal issues. Site C realised that the attitude of the learner was not picked up as being a cue for additional support and a fixed negative view of the learner pervaded the organisation. Following the investigation, the nurse mentors attended a course on recognising learners in difficulty.

Sites B and E have had no complaints.

**Please describe your approach to providing clinical supervision for your learners, including cover for educator holiday or other absence including how those covering have been trained for this role**

There needs to be a clear policy in place to ensure that learners are clinically supervised by an appropriate member of staff. In some community placements the learner may be working with a supervisor from an allied health profession and in those circumstances the learner should not be working beyond the scope of practice of that supervisor. Applicants should be able to describe how they organise clinical supervision if there is no written policy. This can be illustrated using bullet points.

**Example 1 – Single Organisation with Policy**

As an organisation involved in education for many years our staff have learned what is important in supervising learners. We have a clinical supervision policy in place. This includes:

- Ease of access of the policy to learners
- Named individual supervisor/mentor for each session that the learner is working
- How that supervisor should be contacted, for example, messaging, phoning or in person, depending upon the level of confidence/experience of the learner
- The number of blocked appointments that each supervisor has when supervising/mentoring
- Arrangements for alternative supervision when the main supervisor/mentor is away
- Arrangements for debriefing following a session
- Remote supervision or links to the deanery policy for remote supervision of learners

**Example 2 – Single Organisation without Policy**

We plan to supervise learners using appropriately trained named clinical supervisors/mentors. When those members of staff are absent there will be someone available for clinical advice who is fully qualified and able to offer help clinically and the learners will be aware of who that person is always. All of our supervisors have been briefed on what activities learners are able to undertake, how to provide feedback and how to raise potential concerns. Learners will be encouraged to seek advice on any clinical issues there are unsure of. If this is urgent then they should contact their supervisor/mentor before the service user leaves the site. Less urgent queries may be reviewed at the end of the session and the service user contacted subsequently. Supervisors/mentors will have protected time within their own sessions to allow them to answer queries, review patients and to enable a debrief following any sessions. We are aware of deanery policy regarding remote supervision and will follow that policy. As learners gain more experience we would encourage them to take greater ownership of their decision making but will ensure that they have access to a supervisor on site at all times.

### Example 3 – Multiple Sites with Policy

We have a clinical supervision policy that will govern all the potential sites. This includes:

- Ease of access of the policy to learners
- Named individual supervisor/mentor for each session that the learner is working
- How that supervisor should be contacted, for example, messaging, phoning or in person, depending upon the level of confidence/experience of the learner
- The number of blocked appointments that each supervisor has when supervising/mentoring
- Arrangements for alternative supervision when the main supervisor/mentor is away
- Arrangements for debriefing following a session
- Remote supervision or links to the deanery policy for remote supervision of learners

The non-tiered educator at site B has enrolled on the tiered training to become a tier 2B supervisor and will be supported in their role by the GP educational lead.

### Example 4 – Multiple Sites without Policy

Sites A and C have a long history of supervising learners and we have discussed how this will work at a PCN meeting. We plan to ensure that all learners are aware daily of who they are being supervised by. The named supervisor will have time within their own work blocked out to enable them to undertake that role. Most of the time it will be the tiered educators responsible for the clinical supervision, but where this is not possible, for example, when they are on leave, there are enough fully qualified health professionals at each site to ensure that the learner has supervision. Each site is encouraged to produce a supervision rota in advance that may be altered depending upon the leave of the named clinical supervisors. New potential educators will be encouraged to undertake tiered educator training. Where learners are required to work remotely we shall discuss each patient contact in detail to ensure patient safety and to support the learner. There are regular updates for all our staff at the PCN meetings to discuss what it means to be a learning organisation and how supervision should be undertaken.

### **Please describe any policies or processes that you have in place or are aware of relating to bullying and harassment and dignity at work and how learners' access these**

All learning organisations need to demonstrate that they actively support anti-bullying and anti-harassment of all staff and learners. There should be a policy in place that is easily accessible by all and has clear mechanisms for supporting the raising of concerns. It is acceptable to state that there is a policy in place and how learners should access this. If there is no formal policy the organisation should ensure that one is in place and what should be included.

## Learning Organisation Approval Form

### Example 1 – All Organisations with Policy

We have a shared policy that covers bullying, harassment, and dignity at work. This is available on the shared drive. Learners are made aware of this at induction and would be signposted to it if concerns are raised. We encourage all staff within the organisation to approach their immediate line manager in the first instance. Learners should raise their concerns with either the placement or educational manager. We would investigate concerns in an impartial manner without discrimination.

### Example 2 – All Organisations without Policy

We do not currently have a policy but will adapt one and use this across sites. We shall ensure that all learners have access to this. Within the policy we shall include:

- Protected Characteristics
- Definitions and examples of bullying and harassment
- Roles and Responsibilities of Employees, Learners, Employers and Managers
- How to raise a concern
- How that concern will be dealt with
- When the concern needs to be escalated
- Principles of any proposed investigation including the timeframe for response
- How to appeal the results of any investigation
- Support available to those who have raised concerns

### **How does the organisation actively support and promote the principles of equality, diversity, and inclusion?**

Organisations should be aware of the Equality Act and have an up-to-date Equality and Diversity Policy. Any educators should have completed their EDI training. It is unnecessary to provide a copy of certificates or policies. Organisations should highlight how they are actively supporting the principles. Larger organisations with multiple sites should make it clear that there is either a shared policy or that each individual site has its own policy. Bullet points are fine.

### Example – All Organisations

All educators have in date EDI training.

We have an Equality and Diversity Policy that is reviewed every 2 years. This includes the following:

- Protected characteristics
- Definition of equality and diversity
- Definition of discrimination
- Commitment to maintaining dignity, respect, and equal opportunity for all

## Learning Organisation Approval Form

- Process for when there is a breach
- When the policy applies – e.g. recruitment, training, promotion, during employment

The organisation has a zero tolerance for discrimination by service users.

We actively recruit our staff to reflect the population served.

We promote close personal working within our teams where each individual is recognised as a person.

### Domain 3: Supporting and empowering learners

Learners should receive an appropriate induction, pastoral support and have ample opportunities for relevant curricular experience and assessment such that learning outcomes may be achieved.

**Please outline how you intend to deliver the organisational induction for a new learner (see notes above regarding 'personal induction'. This section should detail the generic induction to the LO that all learners will participate in.**

The organisational induction is the process by which learners are made to feel welcome within the organisation and understand any organisational policies or processes. Organisations with multiple sites may wish to consider whether they organise induction as a group of learners, bringing them together from the various sites or whether they intend to continue offering inductions at site level. Bullet points are acceptable.

#### Example 1 – Single Site

All learners will/do have an induction pack that advises them regarding key policies, such as, Bullying and Harassment at Work, and, How to Raise Concerns.

The pack also contains information about roles and responsibilities, how to access computer systems, useful contact numbers, including those of the organisation and manager, rota templates and general information about the organisation.

Learners meet with all staff during their first few days and have opportunities to sit with various members of the team, including receptionists, administrators, secretaries, manager, and allied health professionals.

Learners receive a physical orientation of the premises and are advised on how and when areas may be accessed.

At the end of the induction period learners are asked to complete an "induction checklist".

#### Example 2 – Multiple Sites

We plan to/are already offering group inductions where learners begin their placement at the same time OR each individual site within the organisation provides induction for the new learners placed with them.

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Each site has its own induction pack or there is an induction pack that covers the whole organisation with some site-specific information.

Induction packs contain links to key policies for learners that incorporate Bullying and Harassment and How to Raise Concerns. The pack also contains information about roles and responsibilities, how to access computer systems, useful contact numbers, including those of the organisation and manager, rota templates and general information about the organisation.

Learners meet with all staff during their first few days and have opportunities to sit with various members of the team, including receptionists, administrators, secretaries, manager, and allied health professionals.

There is opportunity for learners to attend different sites during their induction and to attend PCN meetings where they may meet those health professionals working across the sites.

Learners receive a physical orientation of the premises and are advised on how and when areas may be accessed.

At the end of the induction period learners are asked to complete an "induction checklist".

**Please describe the process of how you plan to create your learners' work plan, including how you will ensure that this complies with employment contracts and takes account of individual learners' personal circumstances. Whilst the LO may not directly employ the learner (except apprentices), in this section you should describe how you will ensure the learners will be protected under their contracts of employment for e.g. EWTD.**

Certain learner groups have features of the working week that need to be described. Ideally there should be some narrative regarding flexible working and the process as in the example below. For larger organisations with multiple sites, it would be sensible to have a unified approach.

### Example – All Organisations

There is a unified process for workplans across all sites within the organisation OR each site has its own approach to developing workplans based on shared principles.

We have developed template workplans for all the proposed learners to be adapted as necessary.

When learners begin their placement, they will have a discussion during their induction with the organisation manager/mentor/supervisor about their personal circumstances and any requirements for flexible working or working less than full time, for example, those with carer responsibilities.

When considering medical students – We follow/will follow the guidance sent out by the medical school.

When considering foundation doctors:

- Learners will have 7 clinical sessions, one tutorial, one protected learning session and one session for foundation competency teaching per week
- Their hours should not exceed 48 per week

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- FY2 doctors may undertake home visits if they have received appropriate induction and assessment on their ability, and they should not be for acutely unwell patients
- The plan should be agreed at the beginning of the placement and adjusted pro rata for those learners who are less than full time.

### When considering GP trainees:

- A workplan needs to be sent to the lead employer 6 weeks prior to the learner starting at the organisation.
- During the induction this needs to be discussed by the manager or supervisor and adjusted to account for any personal circumstances
- A full-time learner will have 70% clinical sessions and 30% educational sessions
- Hours should not exceed 40 per week (this is time at work, including breaks)
- For every 3 hours of clinical time there should be 1 hour of administrative time
- Debrief time is 50% clinical and 50% educational
- The educational time should consist of one tutorial, one protected educational session and one half day release session
- Learners should be encouraged to do OOH and have time off in lieu within two weeks of working the shift
- Once the workplan is agreed this should be adhered to
- Organisations may be aware of a spreadsheet that is available for calculating clinical and educational sessions to avoid potential breaches

### Nurses/AHPs

- Learners should contact the organisation at least 2 weeks prior to start date and be given contact details of supervisors and assessors
- Upon induction a workplan for the full placement should be developed with the learner and the assessors/supervisor/placement manager
- Learners should have a minimum of 20% protected learning time
- Hours should not exceed those specified by the HEI – Usually no more than 37.5 hours per week

### **What learning opportunities can the organisation facilitate for learners involving professionals external to the organisation from other professionals outside of the placement?**

There will be different potential opportunities depending upon the individual organisation and the list below are some examples. Please indicate potential learning outcomes. It is worth referencing that for medical learners time spent in organisations that are not GMC approved must not exceed one session per week. A statement such as “It is not anticipated that the GP trainee would spend more than a few sessions during their placement with that provider” would suffice.

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### Possible Examples to Consider

- Community pharmacy to learn about minor illness and health promotion, for example, smoking cessation
- Residential home to learn about ceiling of care and looking after people with frailty/communication difficulties.
- Hospice/Palliative Care Nurses to learn about end-of-life care
- Optician to learn how to examine the eye and features of chronic eye diseases
- Frailty team to learn about community services and how these co-ordinate
- Community physio to learn about MSK
- OT to learn about non-medical management for stroke, arthritis, falls etc.
- Health visitor clinics to learn about child safeguarding and developmental checks
- Community midwives to learn about antenatal and postnatal care, breastfeeding advice
- Urgent Care Treatment Centre to develop urgent and unscheduled care capabilities
- District nursing team to learn about community nursing and practical procedures such as wound dressings

School nurse to learn about vaccinations and safeguarding

### Domain 4: Supporting and empowering educators

Educators need to be appropriately trained to required standards and maintain those standards through feedback and appraisal. The organisation should release educators from clinical duties to allow them to undertake their roles.

Name of Applying and Existing Educators. Please indicate whether existing or applying	Profession	Please Indicate that the Relevant Training Required to Become an Educator has been Undertaken (Yes/No)	Professions Educator is Qualified/Applying to Teach
Dr J Bloggs (Existing)	GP	Y	Medical Student
Mrs J Doe (Existing)	GPN	Y	Nursing students
Mrs B Blocker (Applying)	Clinical Pharmacist	Y	Pharmacy Technician
Dr J Rutherford (Applying)	GP	Y	Foundation/GPSTPs
etc			

## Learning Organisation Approval Form


### What protected time is allocated to educators to enable them to fulfil their roles in training and assessment?

It is essential that educators within a learning organisation have time to undertake the administrative and assessment aspects of their role. This includes having time during clinics to supervise, mentor, debrief, undertake planned reviews and educational assessments. Educators will also need to engage in continuing professional development in respect of their educational role and will need to be released by the organisation so that they are able to attend deanery, hospital trust or HEI update days.

#### Example 1 – Single Site

Whenever a learner is sitting in or being supervised there are blocked appointments to allow the supervisor/mentor to catch-up. We plan to give our educators two blocked slots per learner per clinic. There is protected time at the end of each session to allow the educator to debrief with the learner.

When medical students are hosted, the clinical supervisor is blocked for the whole session to support them and provide direct supervision.

Learners will have regular joint clinics and tutorials during which assessments may be completed.

Over and above the study leave entitlement we will encourage our educators to attend the required deanery/HEI update days. With more than one educator within the practice this will be done fairly, albeit the advent of virtual conferencing has made this easier in recent years.

#### Example 2 – Multiple Sites

Sites A and C already have good experience on managing this and we tend to replicate this across sites B and D.

Where learners are being supervised/mentored that person will have enough blocked time within their session to allow for discussion, review and debriefing of service users.

Joint sessions allow educators to complete required assessments and these sessions are booked with longer appointments to assist this.

We plan to combine tutorials across the PCN and across the multi-professional team so that individual supervisors/mentors will have additional time released to complete other learner assessments and reviews.

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Virtual conferencing has made it easier for educators to attend required updates, but it is still important that there is a fair opportunity for educators to attend HEI/deanery update courses. We plan to work with the smaller sites within the PCN to ensure their educators are released by providing some cross-cover.

**Are any Health Care Professionals working under regulatory body conditions or other restrictions (Yes/No)? – If yes, we will be contacting you for further details.**

Please only indicate yes or no for this section and which educators this applies to. There is no need to provide any specific details.

**Are any Health Care Professionals currently under any formal or informal investigations or processes including referral to regulatory bodies (Yes/No)? - If yes, we will be contacting you for further details.**

Please only indicate yes or no for this section and which educators this applies to. There is no need to provide any specific details.

**Please describe any anticipated changes to the team or organisation which would affect the learning environment? For example, maternity, long term sick leave and retirement, or changes to estates or contract status coming to an end. Please describe your contingency plans**

There are a multitude of circumstances that could occur, and it is not possible to list all of these. Where there are anticipated changes, it is important that the suggested plan is pragmatic. If there are no anticipated changes then please state "None".

Example 1 – No Planned Changes

None

Example 2 – Educator Going on Maternity/Long-Term Sick Leave

The only nurse mentor within the practice is due to start her maternity leave in the next 4 months. One of our other nurses has almost completed her training and so should be able to take on her educational responsibilities when that time comes. When nurse A returns from maternity we may be able to accommodate an additional nursing student.

Or

The tier 3 trainer in practice A needs to have surgery and will not be back to work for 3 – 4 months following this. There will be a tier 2B trainer in the practice by the time that they leave, and they will have close contact with the tier 3 educator in practice C, who will meet regularly with them and the trainee.

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### Example 3 – Practice Merger

Two practices within the same building will be merging to share reception and administrative staff. One of the practices has not been involved in training thus far. This is likely to be a turbulent time with various staff leaving and joining. We have good systems in place to support training, but some newer staff will need to be upskilled. The practice population is also dramatically increasing, and this may have implications for workload, but we will ensure that this is not passed on to learners. It is a good opportunity for our GP trainees to learn about organisation, management, and leadership. We hope that in due course the extra capacity will also enable us to take on some nursing students.

### Example 4 – Closure of Branch

Our branch site will be closed within the next few weeks. We do not anticipate that this will affect learners as they were not spending a minimal amount of time at that site. We have expanded our current premises and devised new ways of working, to include remote working.

### Example 5 – Partnership Dispute

There have been several discussions over the past few months between the partners about the behaviour of one of them. This has been heated at times, although learners have not been exposed to this fully, they will have been aware of the atmosphere within the placement and how this has been affecting most of the staff. We have had supportive one-to-one conversations with learners and used this as an opportunity to talk about some of the business aspects of GP. We have been collecting regular verbal and written feedback from the learners which suggests that they remain happy with the placement.

OR

The partner involved in the above dispute is our only tier 3 trainer and will be taking a sabbatical. There is one other tier 2b trainer in the practice. We have decided, after discussion with the local GPSTP admin, that one of the tier 3 educators within a neighbouring practice in the PCN will act as educational supervisor for the GP trainee whilst they are clinically supervised by our tier 2b educator. The nursing and AHP students are unaffected.

### **Domain 5: Delivering curricula and assessment.**

The organisation demonstrates responsiveness to changes within curricula and assessment and is inclusive of all stakeholders in shaping curricula.

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**Please describe how educators remain abreast of the curricula requirements and mandatory assessments of the various learners within the organisation and how you will ensure that learners are only allocated to supervisors qualified to fulfil a supervisory role.**

Bullet points are acceptable here. If this is a new application please state what you plan to do rather than what you are already doing.

Example – All Organisations

All educators are allowed sufficient protected time for education within the working week

Educators are allowed time off to attend required updates by the deanery/universities

GP educators regularly attend trainers' workshops

Foundation supervisors attend the foundation faculty group meetings

We ask our nurses to maintain their competence when we undertake their annual appraisals

Regular updates are sent to educators from the deaneries and universities

E-portfolio helps guide assessments for GP trainees

Medical schools provide training, guidance, and updates on assessments

Within the PCN we have organised benchmarking sessions for our educators

All our staff have regular appraisals in which their ability to undertake supervision/education is assessed. We only place learners with the health professionals that are able to supervise them and match our placement capacity to the available supervisors.

**To ensure a wide range of learning opportunities for all learners is your organisation able to provide learners the learning opportunities required by their respective curricula? Please provide specific examples**

Bullet points are acceptable. There is no need to provide a long list for each specialty but consider which of the following you may support.

- Learning disability health checks
- Child health surveillance
- Minor surgery and joint injection
- Musculoskeletal clinic with FCP
- Antenatal clinic with midwife
- Acute emergencies
- Chronic disease management clinics with various health professionals
- Prescription queries
- Practice management

- Vaccination programmes
- Palliative care with exposure to palliative care team
- Working with mental health practitioner
- Social prescribing
- Dedicated clinics with expert patients
- Home visits with GPs and paramedics
- Joint tutorials with other learners in primary care
- Gaining an understanding of how primary care works and exposure to the wider healthcare team
- ENT outreach clinic

### **Domain 6: Delivering a sustainable workforce.**

The organisation should take steps to reduce learner attrition and promote opportunities for working locally.

#### **Please describe how the organisation plans to promote working in primary care and local opportunities for employment**

It may be that the organisation has been doing this already in the past if this is a PCN or expansion application and specific examples may be included if this is the case.

##### **Example 1 – Single Site**

We pride ourselves on having a friendly, welcoming team within the organisation. Learners will be encouraged to spend time with different members of the team, and we hope that this encourages learners to consider working again with us in the future.

Despite the challenges within primary care the outlook of most of our staff is positive and we hope that this instils some enthusiasm amongst our learners. We are planning to direct our learners to the local training hub resources so that they have awareness of fellowship programmes available locally for ongoing development and support once their respective course has finished. We are also keen to retain learners within the organisation where opportunity allows.

##### **Example 2 – Multiple Sites**

A couple of the established training practices within the PCN have over the years successfully retained GPs, nurses, and PAs. They have managed this by creating a positive working environment where all team members are treated fairly and through approaching learners early within their placement. With the ARRS we are hoping to train and employ our future workforce and will regularly promote these opportunities to our learners. We have links with the RCGP First Five Group for GP trainees. Learners

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are encouraged to attend our regular PCN "Time to Learn" meetings once every month to meet with other staff in different sites. In the past learners have been encouraged to attend the local primary care career fairs.

### **GDPR**

By completing this form, you agree to share the data with Health Education East of England and the regional training hubs. The information provided within this form will be held by the regional training hub for the purposes of approval and ongoing accreditation of educational environments. This data will also be shared with the relevant regulatory bodies i.e., GMC for their records of approved training environments. None of the data will be modified unless you notify the training hub of any relevant changes to the training environment. Data will be held for the entirety of the period in which the educational environment remains an approved training site.

### **Form Submission**

Thank you for completing this form which should be sent electronically to your local Training Hub:

<b>Training Hub</b>	<b>Email Address</b>
Bedfordshire, Luton, and Milton Keynes	<a href="mailto:ccs.blmk.traininghubqualityteam@nhs.net">ccs.blmk.traininghubqualityteam@nhs.net</a>
Cambridgeshire & Peterborough	<a href="mailto:cpth.qualityteam@nhs.net">cpth.qualityteam@nhs.net</a>
Hertfordshire & West Essex	<a href="mailto:hwetraininghub@nhs.net">hwetraininghub@nhs.net</a>
Mid and South Essex	<a href="mailto:primarycare.workforce@nhs.net">primarycare.workforce@nhs.net</a>
Norfolk & Waveney	<a href="mailto:nwicb.primarycareworkforce@nhs.net">nwicb.primarycareworkforce@nhs.net</a>
Suffolk & North East Essex	<a href="mailto:wsccg.snee.pact@nhs.net">wsccg.snee.pact@nhs.net</a>

Once the form is submitted there are two potential routes of approval:

- **Route one: Extend current recognition to wider groups**
- **Route two: New recognition which usually requires an assessment (virtual visit)**

**Formal Assessment of Educational Environment**

Please enter the names and roles of the assessment team			
Names and roles of LO staff taking part in this assessment			
Date of assessment			
Has the mandatory pre-approval training been completed for each GPST educator?			
<b>Recognition of the Educational Environment</b>			
Domain 1: Learning Environment and Culture			Choose an item.
Domain 2: Educational Governance and Leadership			Choose an item.
Domain 3: Supporting and Empowering Learners			Choose an item.
Domain 4: Supporting and Empowering Educators			Choose an item.
Domain 5: Delivering Curricula and Assessment			Choose an item.
Domain 6: Delivering a Sustainable Workforce			Choose an item.
Please indicate the panel's outcome decision	Recommend Recognition		<input type="checkbox"/>
	Recommend actions and Review – Please specify below		<input type="checkbox"/>
	Suggested date for review of actions		
	Not recommended for Recognition – Please give reasons below		<input type="checkbox"/>

## Learning Organisation Approval Form

Number and type of learners approved (Please indicate)	GP Trainees	
	Foundation Trainees	
	Medical Students	
	Nurses	
	Pharmacists	
	Other (Please specify)	
Please provide a summary of highlights		
Please provide a summary of the recommendations for educational development		
Lead TH Assessor Signature		

APPENDIX A – QUALITY STANDARD DOMAINS

The information below is taken directly from the national quality framework standards which can be found at:

<https://healtheducationengland.sharepoint.com/Comms/Digital/Shared%20Documents/Forms/AllItems.aspx?id=%2FComms%2FDigital%2FShared%20Documents%2Fhee%2Enhseuk%20documents%2FWebsite%20files%2FCommissioning%20for%20quality%2FHEE%20Quality%20Standards%2Epdf&parent=%2FComms%2FDigital%2FShared%20Documents%2Fhee%2Enhseuk%20documents%2FWebsite%20files%2FCommissioning%20for%20quality&p=true&originalPath=aHR0cHM6Ly9oZWZsdGhIZHVjYXRpb25lbmdsYW5kLnNoYXJlcG9pbmQuY29tLzpiOi9nL0NvbW1zL0RpZ2I0YWwvRWZGRVd3ekF5SGRGcDNaZldmWURMaVVCT04xS0YzQkhwV3NkX05YbzIqelIEQT9ydGltZT1zcHdETFVySTJFZWw>

<b>Domain 1: Learning environment and culture</b>	
<b>1.1</b>	Learners are in an environment that delivers safe, effective, compassionate care that provides a positive experience for service users
<b>1.2</b>	The learning environment is one in which education and training is valued and learners are treated fairly, with dignity and respect, and are not subject to negative attitudes or behaviours
<b>1.3</b>	There are opportunities for learners to be involved in activities that facilitate quality improvement (QI), improving evidence-based practice (EBP) and research and innovation (R&I)
<b>1.4</b>	There are opportunities to learn constructively from the experience and outcomes of service users, whether positive or negative
<b>1.5</b>	The learning environment provides suitable educational facilities for both learners and educators, including space, IT facilities and signposting to resources to develop knowledge which may be online, or in hard copy form of a library
<b>1.6</b>	The learning environment promotes inter-professional learning opportunities

<b>Domain 2: Educational Governance and Leadership</b>	
<b>2.1</b>	Educational governance arrangements measure performance against the quality standards and actively respond when standards are not being met
<b>2.2</b>	Educational leadership uses the educational governance arrangements to continuously improve the quality of education and training
<b>2.3</b>	The educational governance structures promote team-working and a multi-professional approach to education and training where appropriate, through multi-professional educational leadership.
<b>2.4</b>	Education and training opportunities are based on principles of equality, diversity and inclusion
<b>2.5</b>	There are processes in place to inform the appropriate stakeholders when performance issues with learners are identified or learners are involved in patient safety incidents

<b>Domain 3: Supporting and empowering learners</b>	
<b>3.1</b>	Learners receive educational and pastoral support to be able to demonstrate what is expected in their curriculum or professional standards to achieve the learning outcomes required
<b>3.2</b>	Learners are supported to complete appropriate summative and formative assessments to evidence that they are meeting their curriculum, professional standards or learning outcomes
<b>3.3</b>	Learners feel they are valued members of the healthcare team in which they are placed
<b>3.4</b>	Learners receive an appropriate and timely induction into the learning environment
<b>3.5</b>	Learners understand their role and the context of their placement in relation to care pathways and patient journeys

<b>Domain 4: Supporting and empowering educators</b>	
<b>4.1</b>	Those undertaking formal education and training are appropriately trained as defined by the relevant regulator or professional body

## Learning Organisation Approval Form

4.2	Educators are familiar with the curricula of the learners they are education
4.3	Educator performance is assessed through appraisals, revalidations, reapprovals, or other appropriate mechanisms, with constructive feedback and support provided for role development and progression
4.4	Formally recognised educators are appropriately supported and released from practice clinical time to undertake their roles
4.5	Educators are supported to undertake formative and summative assessments of learners as required

### Domain 5: Delivering curricula and assessment.

5.1	The planning and delivery of curricula, assessments and programmes enable learners to meet the learning outcomes required by their curriculum or required professional standards
5.2	Placement providers shape the delivery of curricula, assessments, and programmes to ensure the content is responsive to changes in treatments, technologies and care delivery models.
5.3	Providers proactively engage patients, service users and learners in the development and delivery of education and training to embed the ethos of patient partnership within the learning environment

### Domain 6: Delivering a sustainable workforce.

6.1	Placement providers work with other organisations to mitigate avoidable learner attrition from programmes
6.2	There are opportunities for learners to receive appropriate careers advice from colleagues within the learning environment, including understanding other roles and career pathway opportunities
6.3	The organisation engages in local workforce planning to ensure it supports the development of learners who have the skills, knowledge and behaviours to meet the changing needs of patients and service
6.4	Transition from a healthcare education programme to employment is underpinned by a clear process of support developed and delivered in partnership with the learner