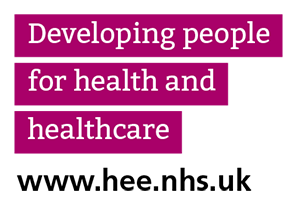
Form 1: Initial Recognition of New Educational Environments and New Educators in a Primary Care Network.

HEE London







May 2022

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# Introduction

Health Education England (HEE) is responsible for the quality assurance of education and training of healthcare learners in England. Quality practice placement experiences, within a positive learning environment, support the development of healthcare professionals to deliver safe and effective person-centred care.

The Quality Monitoring of Educational Environments and Educators in Primary and Community Care was created in September 2020 so that those individuals and organisations who conduct education and training to healthcare learners/learners understand their responsibilities and expectations in relation to practice placement learning.

This guide and self-assessment tool applies to any structured learning placement in NHS England (London Region) that is accessed by Post Graduate Medical and Dental and undergraduate Nurses, Midwives and Allied Health Professionals, Paramedics, Physician Associates and Pharmacy Foundation year and supported through an educational approval programme by HEE.

Following the launch of the Quality Standards for Practice Placements, this audit tool was developed in response to accompany to enable initial recognition of the educational placements and educators at organisations within HEE (London region).

This tool will be used alongside the HEE Quality Framework which underpins all educational quality in England. In addition, this guide supports other tools developed by higher education institutes (HEIs) to meet professional bodies’ requirements of the General Medical Council (GMC), General Dental Council (GDC), Nursing and Midwifery Council (NMC) and the Health and Care Professions Council (HCPC).

This tool is to approve locations that have never had a learner before and those who persons who have undergone a formal education course and are new to being an educator. The location approval is multi-professional and once a location is approved; it is approved for all types of health learners. Locations do not have to resubmit when they want to take on new types of health learners. The educator approval is for all persons who have undergone a formal course in clinical and educational supervision. The educator approval process does not apply to nurses who have undergone the SSSA, these nurses do not need formal approval.

The tool will become the main way that PCNs will use to evidence the quality of the learning environment which supports all education in practice.

This guidance document sets out the generic process by which HEE recognises the quality of placements in primary care and community settings.

# Responsibilities for Decision Making

The HEE Primary Care School is responsible for ensuring that decision making for the recognition of placement providers and educators meet the HEE Quality Framework and that the process is consistent, fair, valid, together with the Quality Patient Safety & Commissioning (QPSC) department for advising the Postgraduate Dean accordingly.

# Partnership Working

All Higher Education Institutes (HEIs) will need ongoing recognition from an education provider and the regulator or professional body. Given that there will already be established processes in place to accommodate this requirement, wherever possible, joint processes should be arranged with representation from HEE, drawn from Training Hub educator networks.

# Appendix 1: Governance Process for educators and training locations in Primary Care Networks

**HEE Recognition of a placement provider and educator**

* This form is to be used ‘at scale’ which means at PCN level, Borough level, ICB footprint and for large groups of new educators. Training locations are required to undertake the self-assessment for recognition of educational environments as a primary care network, including any community organisations linked to these if they are felt to be appropriate learning environments.
* This self-assessment form will need to be co-ordinated and sent in as a single application to represent the organisation.
* The applying organisation will therefore need to decide who takes leadership responsibility for self-assessment form. The representative conducting the self-assessment should include all sites and clinical professions that take leadership responsibility for education in that PCN.
* The PCN submits one completed form that represents each practice. The PCN can choose to have each practice complete an individual form and then collated for the one PCN application, these forms if used should be attached as an appendix for reference. Having each practice compete the form is not required for the application but may be easier for the PCN to collate the information on to one form representing all practices.
* This form relates to those practices that have never been a training location or those newly qualified as educators. For practices and educators that have already been individually approved be HEE and are applying as a PCN, use Form 2: Primary Care Network Recognition of Previously Approved Educational Environments and Educators.
* Those wishing to be educators must complete an HEE approved course and after such, will be approved by HEE, they should not be attached on this form, they will undergo a separate process when they have finished their course.
* The applicant is defined as the person submitting the self-assessment form on behalf of the primary care network or organisation. The applicant can be any role within PC that will take leadership for the process.

The self-assessment form can be obtained from the HEE website here: <https://london.hee.nhs.uk/gp>

* The HEE team will provide information including the:
  + indicative timetable for recognition assessment, from receipt of application to outcome
  + process for submission of the self-assessment, supporting role
  + evidence and action plan
* The Training Hub is to manage and ensure the application meets requirements to support application/assessment.
* The local Training Hub are responsible for putting a panel together that will review the application forms.

**Submission**

* Completed self-assessment form is to be submitted to the Training Hub.
* Following submission, the self-assessment form will be checked for errors and omissions by the Training Hub in liaison with the HEE Primary Care team as necessary.
* The Training Hub will check the CQC website for latest inspection report.
* The Training Hub may contact the applicant to ask for copies of evidence used within the forms to meet the standard.
* Where possible the HEE Recognition assessment should be undertaken jointly or after liaison with other educational partners including Higher and Further Education providers and where appropriate regulators.

**Training Hub Assessors.**

* The Training Hub assessors will be drawn from Training Hub managers, clinical leads, and other experienced educators. They are responsible for assessing existing and proposed training environments and educators.
* One Training Hub assessor must be a registered member of one of the professions for which recognition is sought and they must be an experienced educator.
* One of the Training Hub assessors will be nominated as the lead assessor.
* The assessing professionals will take responsibility for decisions about the range of learner/ educating professions for which recognition is sought and be fully competent with the requirements for each profession.
* The assessing panel is responsible for making recommendations to the HEE local Quality Team and Primary Care School acting on behalf of the Postgraduate Dean regarding the recognition or ongoing recognition of environments and educators.

**Outcomes**

The possible outcomes are:

* Recommend continued recognition
* Recommend continued recognition with actions
* Not recommended for continued recognition

**Duration**

* The approval of a PCN as a training location is lifelong and each PCN will be asked to undertake a short yearly self-assessment tool of 15 questions to ensure educational governance.
* HEE is working on alignment between recognition requirements by education providers and where applicable regulators and professional bodies so that a streamlined process can be achieved.

**Feedback**

* Feedback to applicant, will be provided by the HEE Local Team.

**Notification of Outcome**

* The Lead assessor will make the recommendation to the Primary Care School and London HEE Quality Team on behalf of the assessment team.
* The Primary Care School will be responsible for reviewing the decision in conjunction with the London Quality Team and advising the Postgraduate Dean.
* The London Quality Team will be responsible for notifying each applicant of the outcome of the assessment in writing.
* The notification will include feedback and, if necessary, advice on where further work or evidence is required.
* HEE will be responsible for notifying the HEI learner providers, named in the application for recognition.

**Commencement of Placements**

* Following notification of ongoing recognition, the applicant is responsible for ensuring the dates for each placement are agreed and for liaising with education providers as required.
* The applicant will also be responsible for agreeing the number of learners at placements at any one time, but within capacity limits agreed by the ICB Training Hub at the time of the assessment.
* A clear process for setting and changing the number of learners in a placement, in each recognised setting will be agreed.

**HEE Appeals process**

* Any appeals with respect to the process or outcome must be made in writing within one month of notification of the decision and submitted to the Primary Care School.

**Escalation of Concerns**

HEE is responsible for ensuring that there are high quality learning environments for all healthcare learners in England. HEE recognition of placements in primary care and community settings is undertaken as part of HEE’s remit to make sure that people are protected when learners care for them, as part of their education and training, and those providing education and training meet HEE quality standards. To protect the public, HEE act on concerns when someone raises them, and the way HEE applies this is set out in ‘Raising and responding to concerns’.

HEE have signed [an agreement](about:blank) to help us share concerns with seven other system and professional regulators more effectively. The [‘Emerging Concerns Protocol’](about:blank) seek to provide a clearly defined mechanism for organisations with a role in quality and safety of care provision to share information and intelligence that may indicate risk to users of services, their carers, families, or professionals. Such organisations may comprise NHSE/I, CQC and regulators.

Where risk or concerns are raised, HEE Local Quality Teams and Primary Care Schools will work together with placement and education providers and to address these concerns in accordance with the emerging concerns protocol.

With respect to placements:

* In the event of a report of a very serious concern HEE will remove the learner with immediate effect and place the learner at another site.
* If a concern is raised a whistleblowing report is received, a serious incident takes place, or HEE intelligence suggests that a recognised placement provider is no longer meeting HEE quality standards HEE reserves the right to undertake a review.
* HEE will share information and actions with Education Providers and Regulators and expects Education Providers and Regulators to do likewise.
* The purpose of the review is to identify if the placement provider continues to meet HEE Quality Standards.
* If the outcome of the review identifies concerns the placement provider will be expected to put an action plan in place to mitigate these concerns and progress with addressing the concern/s via the action plan which will be monitored by the HEE Quality Team.
* HEE Quality and the Primary Care School, as well as local Training Hub networks will work with placement providers to develop solutions to concerns raised.
* Any interventions will be in accordance with the HEE Intensive Support Framework. The policy of the Intensive Support Framework is to be supportive rather than punitive, but HEE will suspend training if required in the case of serious concerns.

**Notification of Major Change**

* An approved educator can change practices and commence as an educator there as long as that location is an already approved training location, the educator must notify HEE of their new location details. The educator does not need to seek re-approval.

* A recognised placement provider must inform the HEE Quality Team and their local Training Hub of any major changes such as a merger, sale of practice, change to educators as soon as they occur and not wait for the yearly self-assessment.
* The HEE Quality Team, in liaison with the Training Hub will review the change and notify the placement provider of any action needed.

**How HEE Uses Data**

* HEE’s privacy policy explains how HEE will use and protect any information they are given including any information about HEE sponsored training, education, and development.
* HEE process personal information because HEE has a legal obligation to do so or because it is necessary for the exercise of HEEs statutory functions or any other functions in the public interest. This includes the quality assurance of training programmes and ensuring that standards are maintained.
* The applicants, Training Hubs, HEE Teams, and the Primary Care School on behalf of the London Regional Dean must ensure that all data and information is securely stored in accordance with the requirements of the HEE and the General Data Protection Regulations.

# Appendix 2: Application Form for Initial Recognition of New Educational Environments and New Educators in a Primary Care Network.

Completion of the application form:

• Include all educators and training locations within the PCN

• Include evidence on how the standard is being met

• If an action is currently not met, please include how it will be met in the future

• Complete all sections in blue of the form, if sections cannot be evidenced or answered then an action plan will be developed to address

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| Applicant / PCN Lead’s Name:  (Applicant submitting on behalf of PCN) |  |
| Role: |  |
| Practice Manager email/details |  |
| PCN/Organisation: |  |
| Date completed: |  |
| Signature: |  |

**Section 1: Location Recognition (Please remove this section if only undertaking educator approvals)**

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|  | List of all locations applying for approval: | | | | |
| Training Practice/Location Name & ODS Code | | Address | Practice Manager Contact details | CQC Rating | List all types of proposed learners at location and numbers |
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Complete Domains 1, 2,3 & 6 in this section.

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| **Domain 1: Learning environment and culture** | |
| **1.1** | The learning environment is one in which education and training is valued and championed. |
| **1.2** | The learning environment is inclusive and supportive for learners of all backgrounds and from all professional groups. |
| **1.3** | The organisational culture is one in which all staff, including learners, are treated fairly, with equity, consistency, dignity and respect. |
| **1.4** | There is a culture of continuous learning, where giving and receiving constructive feedback is encouraged and routine. |
| **1.5** | Learners are in an environment that delivers safe, effective, compassionate care and prioritises a positive experience for patients and service users. |
| **1.6** | The environment is one that ensures the safety of all staff, including learners on placement. |
| **1.7** | All staff, including learners, are able to speak up if they have any concerns, without fear of negative consequences. |
| **1.8** | The environment is sensitive to both the diversity of learners and the population the organisation serves. |
| **1.9** | There are opportunities for learners to take an active role in quality improvement initiatives, including participation in improving evidence led practice activities and research and innovation. |
| **1.10** | There are opportunities to learn constructively from the experience and outcomes of patients and service users, whether positive or negative. |
| **1.11** | The learning environment provides suitable educational facilities for both learners and supervisors, including space and IT facilities, and access to library and knowledge services and specialists. |
| **1.12** | The learning environment promotes multi-professional learning opportunities. |
| **1.13** | The learning environment encourages learners to be proactive and take a lead in accessing learning opportunities and take responsibility for their own learning. |

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| **Applicant to complete and submit prior to assessment and link description to evidence** | **Mandatory sources of evidence:**  **The Assessment Panel may request all or some of evidence listed below. (Please tick, if you do not meet all requirements, please state what actions will be taken)** |
| * Systems and processes in place to support patient safety/care. * Protocols to ensure patient safety. * Adequate space to host the proposed number of learners, consultation/tutorial recording facilities with secure storage on IT systems. * Identification of additional training facilities that may be used to supplement main teaching facilities. * System for gathering and responding to patient feedback. * Access to technology/WiFi, library services. * Opportunities for multi-professional learning and quality improvement activities. * QI Activities * Learnings from incidents * EDI training * HR policies | Does the Location have Standard Operating Procedures (SOPs) in place to support patient safety/care?  Does the location have an incident reporting system?  Does the location investigate incidents and near misses and use as teaching?  Is there evidence of QI activities  Does the location record feedback from patients and discuss these in meetings?  Does the location publish improvements made based on patient feedback?  Does the location have evidence of improving EDI, access, differential attainment?  Does the location have a zero-tolerance policy for violence & aggression?  Does the location have HR polices for bullying and undermining, complaints, and staff performance?  Does the location have a system for learners to voice concerns and action on them?  Do learners have access to digital resources when needed (either via WiFi or internet-enabled terminals)?  Are any recordings of training sessions held on secure servers?  Does the location undertake multi-professional teaching and working?  Does the location have a learner induction?  Does the educators and learners discuss expectations on commencement, and it is included into a learning plan?  Does the location allow learners to choose teaching and learning sessions? |

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| **Please use the space below to provide further information on how you meet the requirements of this domain** |
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| **Assessors to comment on evidence found at assessment below** | **Comment of assessing team on suitability and any recommendations** |
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| **Domain 2: Educational Governance and Leadership** | |
| **2.1** | There is clear, visible, and inclusive senior educational leadership, with responsibility for all relevant learner groups, which is joined up and promotes team-working and both a multi-professional and, where appropriate, inter-professional approach to education and training. |
| **2.2** | There is active engagement and ownership of EDI in education and training at a senior level. |
| **2.3** | The governance arrangements promote fairness in education and training and challenge discrimination |
| **2.4** | Education and training issues are fed into, considered, and represented at the most senior level of decision making. |
| **2.5** | The provider can demonstrate how educational resources (including financial) are allocated and used. |
| **2.6** | Educational governance arrangements enable organisational self-assessment of performance against the quality standards, an active response when standards are not being met, as well as continuous quality improvement of education and training. |
| **2.7** | There is proactive and collaborative working with other partner and stakeholder organisations to support effective delivery of healthcare education and training and spread good practice |
| **2.8** | Consideration is given to the potential impact on education and training of services changes (i.e. service re-design / service reconfiguration), taking into account the views of learners, supervisors and key stakeholders (including HEE and Education Providers). |

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| **Applicant to complete and submit prior to assessment and link description to evidence** | **Mandatory sources of evidence:**  **The Assessment Panel may request all or some of evidence listed below. (Please tick, if you do not meet all requirements, please state what actions will be taken)** |
| * Effective, transparent, and clearly understood educational governance systems and processes. * Provision and recording of satisfactory completion of mandatory training / induction to placement /responsibility and scope (guidance needs to include the “must have” policies that will specifically support learners as opposed to substantive members of staff – e.g., how to raise concerns around bullying and harassment, patient safety, other concerns (including to HEE and HEIs) * Systems for supporting equality and diversity and support needs. * Evidence of how placements intend to seek and act on feedback from learners on the effectiveness of the policies/systems in place in keeping them and patients safe and supporting the learning experience. * Evidence for multi-professional educational leadership * Systems in place to alert stakeholders With reference to learner involvement in patient safety incidence. Actions undertaken in response to previous QM assessments. | Does the location review learner feedback and modify learning?  Does the location regulatory review the HEE Quality Standards and map which standards are met, and which are not?  Does the location have a whistleblowing policy?  Does the location practice in the local network educator groups?  Does the location undertake educator appraisals and peer review of teaching sessions?  Please confirm the following mandatory training will be given:  Safeguarding (children, young people, and adults)  Information Governance and Confidentiality  Equality and Diversity  Infection prevention and control  Does the location have any guidance on supporting Learners that may require additional support?  Please list what tasks learners will do to involve them in clinical governance with respect to patient safety.  Does the location have evidence of how HEE Placement funding is used?  Does the location actively engagement if HEIs. Other PCNs, training Hubs for support, educational delivery, sharing good practice, educator development? |

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| **Please use the space below to provide further information on how you meet the requirements of this domain** |
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| **Assessors to comment on evidence found at assessment below** | **Comment of assessing team on suitability and any recommendations** |
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| **Domain 3: Supporting and empowering learners** | |
| **3.1** | Learners are encouraged to access resources to support their physical and mental health and wellbeing as a critical foundation for effective learning. |
| **3.2** | There is parity of access to learning opportunities for all learners, with providers making reasonable adjustments where required |
| **3.3** | The potential for differences in educational attainment is recognised and learners are supported to ensure that any differences do not relate to protected characteristics |
| **3.4** | Supervision arrangements enable learners in difficulty to be identified and supported at the earliest opportunity. |
| **3.5** | Learners receive clinical supervision appropriate to their level of experience, competence, and confidence, and according to their scope of practice. |
| **3.6** | Learners receive the educational supervision and support to be able to demonstrate what is expected in their curriculum or professional standards to achieve the learning outcomes required. |
| **3.7** | Learners are supported to complete appropriate summative and/or formative assessments to evidence that they are meeting their curriculum, professional and regulatory standards, and learning outcomes. |
| **3.8** | Learners are valued members of the healthcare teams within which they are placed and enabled to contribute to the work of those teams |
| **3.9** | Learners receive an appropriate, effective, and timely induction and introduction into the clinical learning environment. |
| **3.10** | Learners understand their role and the context of their placement in relation to care pathways, journeys and expected outcomes of patients and service users. |
| **3.11** | Learners are supported, and developed, to undertake supervision responsibilities with more junior staff as appropriate. |

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| **Applicant to complete and submit prior to assessment and link description to evidence** | **Mandatory sources of evidence:**  **The Assessment Panel may request all or some of evidence listed below. (Please tick, if you do not meet all requirements, please state what actions will be taken)** |
| * Appropriate induction - organisational and placement: rotas; handover; study leave provision; timetable; supervision arrangements; sick leave processes. * Confirmed allocation of time every week for learner development. * Time for learners to complete their assessments as required by the curriculum or professional standards. * Process for aiding learners who need additional support. * Access to resources to support learners’ health and wellbeing and to educational and pastoral support. * Systems and processes are in place to support any learner who requires reasonable adjustments / risk assessment. * Availability at all times of a clinical supervisor, and structure for weekly educational supervision, including processes for when educator is absent. * Systems for supporting learner contribution to multi-professional environment, attending regular practice meetings, including partnerships business meetings. * Processes in place for encouraging learners’ feedback; actions taken on the feedback and evaluation of improvement. | **Please include copy of learner training plan.**  Does the location review clinical time and patient load of the learner?  Does the location on induction discuss clinical capacity of the learner and the clinical load they will be expected to take?  Does the location monitoring feedback on the induction plan?  Please confirm the amount of protected study time the learner is allocated on-site.  Please confirm the type of regular meetings with your learners are and the frequency.  Does the location have a process to assign learners to tutors/educations/supervisors and that it is multi-professional?  Please include any guidance for learners requiring additional support.  Please confirm that a relevant practice supervisor is on hand when the learner is away from the named educator (for example when the educator is on leave or on offsite visits).  Does the location meet regularly as a multi-professional education team and review learner feedback and act on this?  Does the practice include learners in its regular meetings and seeks comment and input from them on the location? |

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| **(Applicant) Please use the space below to provide further information on how you meet the requirements of this domain** |
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| **Assessors to comment on evidence found at assessment below** | **Comment of assessing team on suitability and any recommendations** |
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| **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 provider 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 and/or, where appropriate, career progression, is underpinned by a clear process of support developed and delivered in partnership with the learner |

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| **Applicant to complete and submit prior to assessment and link description to evidence** | **Mandatory sources of evidence:**  **The Assessment Panel may request all or some of evidence listed below. (Please tick, if you do not meet all requirements, please state what actions will be taken)** |
| * Placements should describe what action they may take, either as individual placements or in collaboration to promote Primary Care as a career for learners. * Promote local opportunities for employment. | Does the location engage with your local faculty/educator development group?  Does the location engage with their ICS Training Hub in the development of workforce needs?  Does the location provide career guidance and recommendations to learners wishing to work in PC?  Does the location liaise with the PCN and Training Hub to explore ways to expand clinical placement?  Does the location have HR policies to manage the GPSTs and the LEO?  Does the location have clear process to assist the learner transition for academic learning to clinical learning? |

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| **Please use the space below to provide further information on how you meet the requirements of this domain** |
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| **Assessors to comment on evidence found at assessment below** | **Comment of assessing team on suitability and any recommendations** |
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**Section 2: Educator Recognition (Please remove this section if only undertaking location approval)**

Complete Domains 4 & 5 in this section

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| **Domain 4: Supporting and empowering educators** | |
| **4.1** | Supervisors can easily access resources to support their physical and mental health and wellbeing |
| **4.2** | Formally recognised supervisors are appropriately supported, with allocated time in job plans/ job descriptions, to undertake their roles |
| **4.3** | Those undertaking formal supervision roles are appropriately trained as defined by the relevant regulator and/or professional body and in line with any other standards and expectations of partner organisations (e.g., Education Provider, HEE). |
| **4.4** | Clinical Supervisors understand the scope of practice and expected competence of those they are supervising. |
| **4.5** | Educational Supervisors are familiar with, understand and are up to date with the curricula of the learners they are supporting. They also understand their role in the context of learners’ programmes and career pathways, enhancing their ability to support learners’ progression |
| **4.6** | Clinical supervisors are supported to understand the education, training and any other support needs of their learners |
| **4.7** | Supervisor performance is assessed through appraisals or other appropriate mechanisms, with constructive feedback and support provided for continued professional development and role progression and/or when they may be experiencing difficulties and challenges. |

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| **Applicant to complete and submit prior to assessment and link description to evidence** | **Mandatory sources of evidence:**  **The Assessment Panel may request all or some of evidence listed below. (Please tick, if you do not meet all requirements, please state what actions will be taken)** |
| * Evidence of achievement of mandatory requirements for educators appropriate to the learners to be placed. * Understanding of, and commitment to meeting, the learning needs and curricular needs of the full professional range of learners placed in the practice. * Appropriate CPD and appraisal in place for educators * Allocated time to meet educational requirements. * Educational supervisors (trainers) need to be able to take at least 5 additional days study leave in respect of their educational role, allowing them to attend trainer workshops, contribute to local quality processes and other activities related to training. * Educators who are supporting and assessing learners, meet the requirements of the relevant Professional Body, including appropriate qualifications and experience. * Evidence of diversity of teaching methods/approaches used by educator. * Attendance at educational workshops/peer support and dates of most recent * Evidence of quality of teaching e.g. peer review of video or teaching session * Multi – source learner or team feedback on educational style and methods * Other sources of learner feedback * Reflection on engagement with educator workshops or events | Does the location have access to learner support if required?  Does the location provide time for educators to develop, attend network meetings and protected time for teaching?  Does the location have evidence that educators are up to date with all current curriculum requirements and standards?  Does the location on induction, understand the individual learning needs and how that learner learns?  Are all trainers registered with their professional body? |

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| **(Applicant) Please use the space below to provide further information on how you meet the requirements of this domain** |
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| **Assessors to comment on evidence found at assessment below** | **Comment of assessing team on suitability and any recommendations** |
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| Educator Details | | | | | |
| Name | Practice Details (Name, Address, ODS Code) | Professional Registration Number | Email Address | Educational Qualification | Date of last Peer Review |
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| **Domain 5: Delivering curricula and assessment** | |
| **5.1** | Practice placements must enable the delivery of relevant parts of curricula and contribute as expected to training programmes |
| **5.2** | Placement providers work in partnership with programme leads in planning and delivery of curricula and assessments. |
| **5.3** | Placement providers collaborate with professional bodies, curriculum/ programme leads and key stakeholders to help to shape curricula, assessments and programmes to ensure their content is responsive to changes in treatments, technologies and care delivery models, as well as a focus on health promotion and disease prevention. |
| **5.4** | Placement providers proactively seek to develop new and innovative methods of education delivery, including multi-professional approaches |
| **5.5** | The involvement of patients and service users, and learners, in the development of education delivery is encouraged. |
| **5.6** | Timetables, rotas, and workload enable learners to attend planned/ timetabled education sessions needed to meet curriculum requirements. |

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| **Applicant to complete and submit prior to assessment and link description to evidence** | **Mandatory sources of evidence:**  **The Assessment Panel may request all or some of evidence listed below. (Please tick, if you do not meet all requirements, please state what actions will be taken)** |
| Provide evidence of:   * How the placement will deliver the education and training required to meet the requirements of the curriculum for the learner * How the associated assessment of knowledge, skills, competencies and/or proficiencies will be undertaken. * Describe how they have engaged with the educational organisations (HEIs, Colleges, etc) to identify how well they understand the expectations of the qualification that individual learners will need to achieve.   Placements should be able to demonstrably identify their understanding of:   * Particular challenges that each of the educational provision or assessment requirements have for each of the proposed learners. * How processes/systems within the placement may need to be altered/enhanced to ensure the educational provision or assessment requirements will be met * How placement will work with the educational organisations to ensure that plans to meet educational provision or assessment requirements are being met in practice | **Please include copy of each educator and learner timetable**  ☐ Does the location have an education and working space for each specialty that undertakes placement there?  Does the location engage with the HEI/ GP School/ PC School and Regulators regularly to review placements and clinical curriculum?  Does the location have a regular curriculum review with all educators present?  Does the location have evidence that all learners meet their learning requirements while on placement?  Does the location have processes to deal with escalation of any learning concerns?  Does the location have evidence of changing/modifying delivery of education based on feedback and clinical content?  Does the location have a patient engagement group?  Has the location undertaken a patient survey within the last 12 months and has evidence of service changes based on results?  Does the location have a rota co-ordinator and checks that it meets learners and HEI requirements? |

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| **(Applicant) Please use the space below to provide further information on how you meet the requirements of this domain** |
|  |

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| --- | --- |
| **Assessors to comment on evidence found at assessment below** | **Comment of assessing team on suitability and any recommendations** |
|  |  |

# Appendix 3: Mandatory Actions

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| --- | --- | --- | --- | --- |
| Organisation |  | | | |
| Date |  | | | |
| Standard Statement | Action Required | Resources Required | Person  Responsible | Estimated  Achievement or  Review Date |
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# Appendix 4: Sign Off

**Name and title of all assessors:**

|  |  |
| --- | --- |
| **Name** | **Title** |
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|  |  |
|  |  |
|  |  |

**Outcome:**

|  |  |
| --- | --- |
| Outcome (delete as appropriate) | Comments |
| ALL criteria met |  |
| SOME criteria met |
| Criteria NOT met |
|  |

**HEE Ratification and Sign off**

|  |  |
| --- | --- |
| Recognition decision confirmed: | Yes  No |
| QPSC sign-off: |  |
| Head of Primary Care: |  |
| Date of ratification: |  |