# Midlands Learning Environment Application Form



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## How NHS England uses data

NHS England’s [privacy notice](https://www.england.nhs.uk/contact-us/privacy-notice/) explains how NHS England will use and protect any information they are given including any information about NHS England sponsored training, education, and development.

NHS England processes personal information because NHS England has a legal obligation to do so or because it is necessary for the exercise of NHS England’s 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 and NHS England must ensure that all data and information is securely stored in accordance with the requirements of NHS England and the Data Protection Act 2018 / General Data Protection Regulations.

## CONSTITUENT PLACEMENT CQC INFORMATION

**Applicants:**  please complete all boxes in **BLUE**

**Training Hub Assessor:**  please complete all boxes in **GREEN**

**NHSE Workforce, Training & Education (WT&E):** complete boxes in **PURPLE**

|  |  |
| --- | --- |
| Name of Applicant Organisation:  *e.g., primary care network, practice, OOH provider* |  |
| Date of application: |  |
| Name(s) of Constituent Placements  e.g., practices, pharmacies, care homes (if different from above)  *NB Please include ODS code for GP practices* | 1.)  2.)  3.) |

|  |  |  |  |
| --- | --- | --- | --- |
| **Name of Constituent Placement** | ***Date of most recent CQC rating & Provide CQC link if possible*** | ***Scoring across all 5 standards***  ***(Must be rated ‘good’ in all)*** | ***Any previous CQC ratings below ‘Good’?***  ***(Please list actions taken)*** |
|  |  | *Safe -*  *Effective-*  *Caring -*  *Responsive-*  *Well led –*  *OVERALL RATING-* |  |

*Please repeat above row for each* geographical location being put forward as a placement option.

|  |  |
| --- | --- |
| **Date of Recognition assessment:** |  |
| **Assessors:** |  |

## CONSTITUENT 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 an organisation, but please still detail the constituent environments and teams, with the provision offered.

*Legend:*

* **blue** boxes: applicant to complete and submit prior to assessment.
* **green** boxes: Training Hub assessing team to complete at assessment or visit.

#### Placement information

|  |  |
| --- | --- |
| **P1: Placement name and address:** |  |

|  |  |
| --- | --- |
| **P2: Current provision:** | *Existing Professions of learner groups covered and number of learners on site at any one time (complete below)* |
|  | |
| **P3: Proposed placement provision:** | Proposed and planned numbers of learner groups on site at any one time (complete below) and programme & post |
|  | |

**P4: Placement manager**

|  |  |
| --- | --- |
| **Name:** |  |
| **Phone number:** |  |
| **Email address:** |  |

**P5: GP Educational lead (if different to above / not applicant)**

|  |  |
| --- | --- |
| **Name:** |  |
| **Phone number:** |  |
| **Email address:** |  |

**P6: Nurse Educational lead (if different to above / not applicant) example Programme Director**

|  |  |
| --- | --- |
| **Name:** |  |
| **Phone number:** |  |
| **Email address:** |  |

**P7: Clinical Educational (AHP, PA, Clinical Pharmacy or other) lead (if different to above / not applicant)**

|  |  |
| --- | --- |
| **Name:** |  |
| **Phone number:** |  |
| **Email address:** |  |

**P8: Any other critical key contacts: (Practice / Business Manager)**

|  |  |
| --- | --- |
| **Role:** |  |
| **Full name:** |  |
| **Contact details** |  |
| **Clinical link:** |  |

**Please repeat and complete sections P1 to P8 for EACH constituent placement**

## QUALITY FRAMEWORK DOMAINS

This document forms the application for East and West Midlands approval of a learning environment within Primary Care.

The Quality Framework sets out the standards expected of clinical learning placements. Including the principles of continuous quality improvement, innovation and reflecting the professional frameworks and regulations across the whole system, in all clinical learning environments and for all learner groups.

The Quality Framework (2021) comprises six core domains:

1. [Learning environment and culture](#_DOMAIN_1._Learning) – the settings learners are located and the activity of education and training.
2. [Educational governance and commitment to quality](#_DOMAIN_2._Educational) – the organisational ethos, priorities, and policies in place to support learning.
3. [Developing and supporting learners](#_DOMAIN_3._Developing) – the resources, support and tools learners need to succeed.
4. [Developing and supporting supervisors](#_DOMAIN_4._Developing) – the resources and support required by those overseeing the clinical and educational development of learners.
5. [Delivering programmes and curricula](#_DOMAIN_5._Developing) – how organisations provide for learners’ education and training needs including collaboration with the wider system to achieve this.
6. [Developing a sustainable workforce](#_DOMAIN_6._Developing) – how the organisation improves retention and develops the whole workforce.

## NHSE WT&E QUALITY STANDARDS EVIDENCE

**Applicants:** please complete all boxes in that are marked in **BLUE TEXT**

**Training Hub Assessor:** please complete all boxes in **GREEN**

**Example guidance:** in **RED**

|  |  |  |
| --- | --- | --- |
| DOMAIN 1. Learning environment and culture | | |
| Please provide examples of activities, processes and or policies that demonstrate how you develop and support programmes and curricula. There may be gaps, depending on the maturity of your organisation. | | |
| **Standard number** | **Standard description** | |
| 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 are treated fairly, with equity, consistency, dignity, and respect. | |
| 1.4 | Learners are in an environment that delivers safe, effective, compassionate care and prioritises a positive experience for patients and service users. | |
| 1.5 | The environment is one that ensures the safety of all staff, including learners on placement. | |
| 1.6 | All staff, including learners, can speak up if they have any concerns, without fear of negative consequences. | |
| 1.7 | The environment is sensitive to both the diversity of learners and the population the organisation serves. | |
| 1.8 | 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. | |
| 1.9 | There are opportunities to learn constructively from the experience and outcomes of patients and service users, whether positive or negative | |
| 1.10 | 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. | |
| 1.11 | The learning environment promotes multi-professional learning opportunities. | |
| 1.12 | The learning environment encourages learners to be proactive and take a lead in accessing learning opportunities and take responsibility for their own learning. | |
| 1.13 | Please reflect on any feedback received from previous learners hosted by the organisation, highlighting any examples of feedback which support good practice, or introduction of new good ideas developed from feedback by learners. | |
|  | | |
| **Standard number** | **Example Guidance. This is not exhaustive and are prompts to consider.** | **Please provide evidence here. It can include a mixture of text and embedded documents and can answer more than one question at a time.** |
| 1.1  1.10 | *The environment hosts different learners.*  *There are a number of educators trained appropriate to learners.*  *Different educators for different learners.*  *There is appropriate capacity with regards to estates or the site has thought innovatively of how to allow capacity for learners.*  *Is there a Lead Educator for each learner set that facilitates the learning process and a port of call for other supervisors as needed/*  *Is there any innovative learning?*  *Are there tutorials across different learner groups where appropriate?*  *Community based or PCN based learning?*  *Evidence from GMC survey, NETS and local feedback mechanisms e.g., Learners, TPDs and HEI feedback.*  *Easy access to policies for different organisations e.g., GP School, HEIs etc*  *Contacts for specific organisations readily available*  *Access to equipment in each room or follows learners.*  *Timetable includes attending useful meetings.*  *Process to gain access to IT resources for learners.*  *Recording facilities if needed.*  *Availability of resources through the day*  *Is there appropriate space for the learner and quiet space when needed?* | The learning environment is one in which education and training is valued and championed.  Please describe the facilities available for training purposes across the organisation. This should include the available space, access to digital resources when needed (either via WiFi or internet-enabled terminals) and access to library and knowledge services and specialists?  Click or tap here to enter text. |
| 1.2  1.3  1.7 | *Are policies and processes in place to promote equality, diversity, and inclusion in the learning environment?*  *Is there a clear commitment to create an environment of psychological and cultural safety for all learners, with no denial of their identity, to encourage a sense of belonging?*  *Is there an ED&I policy?*  *Is there one to one time and space set aside where problems may be raised?*  *At induction is it made known who to contact if there is a problem*  *Is there a local ED&I champion and if so, are the learners informed if appropriate?*  *Has there been unconscious bias training/Bystander and Active Allyship training/discussions.*  *Access for all learners*  *Are learners asked for their input and thoughts on aspects of care?*  *Consideration of any possible disabilities*  *Awareness that the NHS hosts such a diverse staff and also the patient population may be diverse.*  *EDI training for educators up to date and to consider other training such as Unconscious Bias and Bystander training.*  *Have an awareness of difficulties that learners may have (or not) if English is a second language.*  *Consideration of workplace adaptations if needed and how these can be accessed.* | Does the learning environment promotes inclusivity and is supportive for learners from all backgrounds and from all professional groups?  Describe the organisational culture in terms of how it ensures all staff (including learners) are treated fairly, with equity, consistency, dignity and respect?  How does the learning environment ensure it is sensitive to both the diversity of learners and the population the organisation serves?  Click or tap here to enter text. |
| 1.4  1.5  1.6  1.9 | *May be worth considering what has been written in the CQC report?*  *What protocols are there for patient safety? Safeguarding, Bloods, Letters etc*  *What may the Practice do differently or innovatively for patients?*  *Consider feedback from patients from various sources and what may have changed after feedback.*  *Learners have opportunities to attend from SEA meetings.*  *Consider learning from the patient journey, learners having discussions with expert patients*  *What systems and processes are in place (e.g. whistle-blowing policy) to enable all staff, including learners, to raise concerns about clinical safety, care, or education without any fear of repercussions?*  *How are patient safety concerns, or concerns about the safety of staff, dealt with and monitored?*  *What processes are in place to ensure the safety and wellbeing of patients, service users and learners?*  *Patients aware and informed of learners they may be consulting with learners.*  *Thorough induction including tour of building, resus equipment.*  *Do all staff, including learners, have access to the necessary resources, facilities, and equipment to ensure their safety in the workplace and to deliver safe clinical care?*  *Awareness of panic alarms and what to do.*  *What do in case of fire?*  *Health and Safety protocols*  *Phone numbers of supervisors given to learners if in the community.*  *Is there a named person they can speak to if concerns?*  *Approachability of supervisor and open-door policy for concerns*  *Can this be done anonymously?*  *Awareness of who the learner can contact in their organisation if concerns. Is this specified in induction.* | How does the environment deliver safe, effective, compassionate care and prioritises a positive experience for patients and service users?  Please describe how the environment ensures the safety of all staff, including learners on placement?  Please describe how staff, including learners, are able to speak up if they have any concerns, without fear of negative consequences?  Describe the opportunities to learn constructively from the experience and outcomes of patients and service users, whether positive or negative?  Click or tap here to enter text. |
| 1.8  1.12 | *Is there a menu of possible future audits and where are these kept. Is there a record of easily accessible previous audits.*  *Involvement with contracts, QOF, IIF and CEIF*  *Involvement in newsletters*  *Signposting to other QI resources such as RCGP, Kings Fund*  *Learning opportunities to discuss different types of QI.*  *Is the Practice RCGP Research accredited and can the learner be involved or has some learning from the Research Lead in the Practice and the Research team.*  *Are learners signposted to learning opportunities?*  *What resources are available?*  *Are there in-house learning opportunities that learners are invited to?*  *Awareness of e-portfolio to empower self-development.* | Describe the opportunities for learners to take an active role in quality improvement initiatives, including participation in improving evidence-led practice activities and research & innovation?  Please describe how learners are encouraged to be proactive in taking a lead in accessing learning opportunities and in taking responsibility for their own learning?  Click or tap here to enter text. |
| 1.11 | *Has multi-professional learning been considered?*  *More experienced learners deliver learning to others? e.g., STs to medical students as appropriate.*  *Tutorials across different learners as appropriate?*  *A realisation that different groups of learners may have different needs?* | Please provide evidence of multi-professional education across the organisation.  Click or tap here to enter text. |
| 1.13 | *Documentation of good feedback and any feedback that has led to changes in learning opportunities/systems etc.*  *Is this feedback celebrated when positive and disseminated across the host?*  *Could this feedback be cascaded to larger learning environments e.g., large Practices or PCNs?* | Please reflect on any feedback received from previous learners hosted by the organisation, highlighting any examples of feedback which support good practice, or introduction of new good ideas developed from feedback by learners.  Click or tap here to enter text. |

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| DOMAIN 2. Educational governance and commitment to quality | | |
| Please provide examples of activities, processes and or policies that demonstrate how you develop and support programmes and curricula. There may be gaps, depending on the maturity of your organisation. | | |
| **Standard number** | **Standard description** | |
| 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 equality, diversity and inclusion 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) or 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 a clear strategy, involving working with partners, to ensure sufficient practice placement capacity and capability, including appropriately supported supervisors. | |
| 2.8 | 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. | |
| 2.9 | 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.). | |
|  | | |
| **Standard number** | **Example Guidance. This is not exhaustive and are prompts to consider.** | **Please provide evidence here. It can include a mixture of text and embedded documents and can answer more than one question at a time.** |
| 2.1  2.4  2.5  2.6 | *Is there a named lead for each learner group the practice hosts?*  *Is there an overall educational lead?*  *Any evidence of multi-professional learning where appropriate and this is promoted.*  *Is there sharing between educators? How they communicate – WhatsApp?*  *Robust, up to date and fluid induction pack. Involvement of learners in this.*  *Ongoing item for discussion at senior level meetings considering training, capacity with feedback from educational leads and other educators if not present at these meetings.*  *Consider a risk register for education/training.*  *Feedback from learners and how is this gained and how is it responded to.*  *Review of feedback, internally (supervision, tutorials etc) and from external sources e.g. NETS, GMC, HEIs and action on this feedback.*  *How regular is internal feedback and at what points?*  *Thinking ahead and awareness of changes on educational horizon.*  *Review of exam results, annual external reviews, WPBA etc.*  *Allocation of resources will be site dependant.*  *Supervision time*  *CPD time for educators and courses*  *Improve training facilities/IT.* | 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.  Education and training issues are fed into, considered, and represented at the most senior level of decision making.  Educational governance arrangements enable organisational self-assessment of performance against the quality standards, an active response when standards are not met, as well as continuous quality improvement of education and training.  The provider can demonstrate how educational resources (including financial) are allocated and used.  Click or tap here to enter text. |
| 2.2  2.3 | *Who leads EDI in the organisation and how do they ensure the development and sharing of EDI good practice in education and training?*  *Ensure EDI up to date of educators and are records kept.*  *Other appropriate training undertaken (Unconscious Bias/Bystander training etc)*  *Is there an EDI policy.*  *Awareness of EDI stakeholders/networks.*  *Discrimination, and what to do mentioned in induction.*  *Awareness of who to contact if this occurs, locally and awareness of who to contact in the organisation, be it GP, HEI etc.*  *Are learners and supervisors supported to raise concerns about training through feedback mechanisms?* | There is active engagement and ownership of equality, diversity and inclusion in education and training at a senior level.  The governance arrangements promote fairness in education and training and challenge discrimination.  Click or tap here to enter text. |
| 2.7  2.8 | *How does the organisation support the delivery of appropriate educational and clinical supervision for all learners (e.g., allocated time for supervision)?*  *Are educators allowed appropriate CPD time to keep upskilled.*  *Is there sharing of good practice between trainers within the e.g., the Practice, PCN, the wider area.*  *Is there shared educational events and resources? Has this been considered?*  *Is there sharing of resources at a management level with regards to training? Mentor Trainer/PM etc* | There is a clear strategy including working with partners, to ensure sufficient Practice capacity and capability, including appropriately supported supervisors.  Please provide information of any collaborative working with other partner and stakeholder organisations to support effective delivery of healthcare education and training, and the spread of good practice.  Click or tap here to enter text. |
| 2.9 | *How has the host responded to feedback and how is that feedback sought and how regularly.*  *Is there an awareness of the Long-term Workforce plan 2023 and the increase in number of learners in all fields.*  *How does the organisation work collaboratively with other stakeholders to ensure adequate placement capacity, quality and effective management of supervision resources?* | Please describe how 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 WT&E and Education Providers)?  Click or tap here to enter text. |

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| DOMAIN 3. Developing and supporting learners | | |
| Please provide examples of activities, processes and or policies that demonstrate how you develop and support learners. there may be gaps, depending on the maturity of your organisation. The evidence provided will be assessed by the criteria in the assessment section for this domain. | | |
| **Standard number** | **Standard description** | |
| 3.1 | Describe how learners are encouraged to access resources to support their physical and mental health and wellbeing. | |
| 3.2 | Is there parity of access to learning opportunities for all learners? | |
| 3.3 | Does the organisation have an understanding of the pertinent issues relating to differential attainment for their (intended) learners. | |
| 3.4 | Please describe how supervision arrangements enable learners in difficulty to be identified and supported at the earliest opportunity. | |
| 3.5 | Please describe how learners receive clinical supervision appropriate to their level of experience, competence and confidence, and according to their intended scope of practice. | |
| 3.6 | Please describe how learners will be supported to complete appropriate summative and/or formative assessments to evidence that they are meeting their curriculum, professional and regulatory standards, and learning outcomes? | |
| 3.7 | please describe how the organisation will provide an environment where learners are made to feel valued members of the healthcare teams within which they are placed and are enabled to contribute to the work of those teams? | |
| 3.8 | Please describe the process whereby learners will receive an appropriate effective and timely induction an introduction into the clinical learning environment? | |
| 3.9 | Please describe how learners will be supported, and developed, if asked to undertake supervision responsibilities with more junior staff/team members as appropriate? | |
|  | | |
| **Standard number** | **Example Guidance. This is not exhaustive and are prompts to consider.** | **Please provide evidence here. It can include a mixture of text and embedded documents and can answer more than one question at a time.** |
| 3.1  3.2 | *What resources do learners have access to (e.g., Occupational Health, counselling, careers advice) to support their wellbeing?*  *Awareness of various apps for mental health.*  *Mentoring Support for particular learners.*  *Signposting downtime, walks etc during the day.*  *Awareness of Practitioner Health is applicable.*  *BMA/RCGP/RCN and other resources for well-being.*  *One to one time with educator/supervisor*  *What education and training sessions, including technology enhanced opportunities, as required by their curriculum do learners have access to during the placement?*  *Access to IT, educational events, both in-house and external.*  *Is Teams considered as a method of delivery education if learners not on site?* | Describe how learners are encouraged to access resources to support their physical and mental health and wellbeing.  Is there parity of access to learning opportunities for all learners?  Click or tap here to enter text. |
| 3.3  3.4 | *What strategies are in place to reduce potential differential attainment through inclusive education and training, such as enhanced induction, buddying and examination preparation?*  *Is there an awareness of International Graduates v BAME UK v UK Graduates and Male: Female with regards to attainment.*  *Getting to know the learner and difficulties that they may encounter (home life, isolation etc, bank accounts, renting, buying etc)*  *Think about how learners learn and flagging up learning styles appropriately.*  *Educators attend regular updates and are aware of the differential gap and have the tools to help decrease this gap in attainment.* | Does the organisation have an understanding of the pertinent issues relating to differential attainment for their (intended) learners.  Please describe how supervision arrangements allow learners in difficulty to be identified and supported at the earliest opportunity.  Click or tap here to enter text. |
| 3.5  3.6 | *How does the organisation facilitate the learners access to the named individual responsible for overseeing their educational progression during the placement?*  *Are supervisor meetings of sufficient duration and frequency to provide sound learning, safe patient care and learner wellbeing?*  *Build up that relationship with one-to-one time to allow the learner to feel comfortable to discuss.*  *Open door policy?*  *Ask the question? Be appropriately inquisitive.*  *Review the learner’s portfolio and assessments regularly as appropriate to offer feedback and see if improvements are made. Utilise WPBA to identify learners that may be struggling.*  *Know their story.*  *Triangulate feedback from other educators and other supervisors. How do educators communicate with each other?*  *Do not assume reasons why a learner may not succeed. Have they been successful previously. Does neurodiversity need to be considered?*  *Support structures in-house and external.*  *How does the organisation work collaboratively with partners to ensure the availability of placements can meet the breadth and depth of curricula requirements?*  *Educators trained in appropriate clinical supervision skills whether directly from the organisation or whether generic supervision skills course or utilisation of online resources. Consider resources on e-learning for health.*  *Surveys may suggest appropriate levels of support and supervision.* | Please describe how learners receive clinical supervision appropriate to their level of experience, competence and confidence, and according to their intended scope of practice.  Please describe how learners will be supported to complete appropriate summative and/or formative assessments to evidence that they are meeting their curriculum, professional and regulatory standards, and learning outcomes?  Click or tap here to enter text. |
| 3.7  3.8 | *Tailored education & learning?*  *One to one time with different members of the team so they are aware of that role and can build relationships.*  *Asked for their opinion and feedback given in an appropriate manner.*  *Invited to appropriate meetings and educational events.*  *Coffee time with the team and social events with the team*  *Feedback from learners, both internal and external.*  *How are learners supported to take appropriate study leave to support their curriculum (e.g., study leave policy)?*  *Do learners receive a timely induction including duties, supervision arrangements, their role, how to gain support, clinical guidelines, and policies to follow, access learning resources and how to raise concerns?*  *Induction timetable attached with initial observing.*  *Sitting in with PCHT for the reasons above*  *Induction folder and timetable sent before placement in a timely manner.*  *Consider an online resource so can be easily changed with links and accessible anywhere.*  *Introduction to staff and tour of the building*  *Innovative induction e.g., treasure hunt*  *One to one time with different members of the team so they are aware of that role and can build relationships.* | Please describe how the organisation will provide an environment where learners are made to feel valued members of the healthcare teams within which they are placed and are enabled to contribute to the work of those teams?  Please describe the process whereby learners will receive an appropriate effective and timely induction an introduction into the clinical learning environment.  Click or tap here to enter text. |
| 3.9 | *Blocks with more senior members of the team.*  *Debrief time at the end of surgery.*  *Plan ahead.* | Please describe how learners will be supported, and developed, if asked to undertake supervision responsibilities with more junior staff/team members as appropriate?  Click or tap here to enter text. |

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| DOMAIN 4. Developing and supporting supervisors | | |
| Please provide examples of activities, processes and or policies that demonstrate how you develop and support programmes and curricula. There may be gaps, depending on the maturity of your organisation. | | |
| **Standard number** | **Standard description** | |
| 4.1 | Can supervisors easily access resources to support their physical and mental health and wellbeing. | |
| 4.2 | Are formally recognised supervisors are appropriately supported, with allocated time in job plans/ job descriptions, to undertake their roles. | |
| 4.3 | All 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, NHSE). | |
| 4.4 | Clinical Supervisors understand the scope of practice and expected competence of those they are supervising. | |
| 4.5 | How do Educational Supervisors within the organisation ensure they are familiar with, understand and are up-to-date with the curricula of the learners they are supporting? Is there evidence they also strive to enhance their ability to support learners’ progression? | |
| 4.6 | Describe how Clinical supervisors are supported by the organisation to understand the education, training and 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. | |
|  | | |
| **Standard number** | **Example Guidance. This is not exhaustive and are prompts to consider.** | **Please provide evidence here. It can include a mixture of text and embedded documents and can answer more than one question at a time.** |
| 4.1  4.2 | *What support does the organisation provide for supervisor wellbeing?*  *Awareness of internal and external resources e.g., BMA, PH, RCN*  *Open discussions*  *Local resources – mentoring support. Any internal mentoring*  *Support from other educators, working as a team?*  *How is time protected to ensure that supervisors have appropriate allocated time to meet the responsibilities of the role, including assessments of learners to ensure safe effective care and a positive learning experience?*  *Attendance at educational days (e.g., GP Trainers Workshops, HEI updates)*  *Are all educators allowed to attend and if not how many?* | Can supervisors easily access resources to support their physical and mental health and wellbeing?  Are formally recognised supervisors are appropriately supported, with allocated time in job plans/ job descriptions, to undertake their roles.  Click or tap here to enter text. |
| 4.3  4.4  4.5  4.6 | *What is the process for staff considering a formal supervision role?*  *Does the organisation have an up-to-date record of all supervisors?*  *How are episodes of supervision (including debriefs, tutorials, shared surgeries) documented on the clinical system when patient care is discussed?*  *Appropriate Training Certificates*  *Record of appropriate & regular educational updates attended.*  *Aware of curriculum and WPBA guidance*  *Easy access to information for requirements and that they are up to date.*  *Lead in Practice may give regular updates.*  *Attend workshops, ARCP etc.*  *Feedback from peers e.g., video tutorials*  *Awareness of curriculum and where to find curriculum.*  *Awareness of assessment schedules*  *Attend updates.*  *Feedback from learners and from organisations supporting that the curriculum is being delivered.*  *Approaches in place to support learners’ specific needs & progression, any innovative ideas?*  *Support structure within educator team to support each other* | All 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, NHSE).  Clinical Supervisors understand the scope of practice and expected competence of those they are supervising.  How do Educational Supervisors within the organisation ensure they are familiar with, understand and are up-to-date with the curricula of the learners they are supporting? Is there evidence they also strive to enhance their ability to support learners’ progression?  Describe how Clinical supervisors are supported by the organisation to understand the education, training and other support needs of their learners?  Click or tap here to enter text. |
| 4.7 | *External Appraisals – ensure development plan on own Appraisal.*  *Peer to Peer Appraisals* | 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.  Click or tap here to enter text. |

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| DOMAIN 5. Developing programmes and curricula | | |
| Please provide examples of activities, processes and or policies that demonstrate how you develop and support programmes and curricula. There may be gaps, depending on the maturity of your organisation. | | |
| **Standard number** | **Standard description** | |
| 5.1 | Please describe how the organisation will be able to provide learners with the educational opportunities required by their respective curricula? | |
| 5.2 | Please describe how timetables, rotas and workload arrangements will enable learners to attend planned/ timetabled education sessions required to meet curriculum requirements? | |
| 5.3 | Please describe how the organisation will remain up to date regarding any changes to the curricular requirements of the learners it will host? | |
|  | | |
| **Standard number** | **Example Guidance. This is not exhaustive and are prompts to consider.** | **Please provide evidence here. It can include a mixture of text and embedded documents and can answer more than one question at a time.** |
| 5.1 | *Consider a needs assessment.*  *Ensure an understanding of the curricula by educators and learners.* | Please describe how the organisation will be able to provide learners with the educational opportunities required by their respective curricula?  Click or tap here to enter text. |
| 5.2 | *Ensure timetable appropriate.*  *Ensure not working above and beyond job plan and contract if appropriate.*  *Feedback from learners.*  *Consider attaching working week timetable* | Please describe how timetables, rotas and workload arrangements will enable learners to attend planned/ timetabled education sessions required to meet curriculum requirements?  Click or tap here to enter text. |
| 5.3 | *Ensure educators stay up to date and attend organisation updates regularly.*  *Read appropriate documents.*  *Feedback to others who cannot attend. How is information disseminated after learning to other supervisors and where/how is this stored.*  *Consider a summary of curricula changes documented and who has responsibility for this.* | Please describe how the organisation will remain up to date regarding any changes to the curricular requirements of the learners it will host?  Click or tap here to enter text. |

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| DOMAIN 6. Developing a sustainable workforce | | |
| Please provide examples of activities, processes and or policies that demonstrate how you develop a sustainable workforce. There may be gaps, depending on the maturity of your organisation. The evidence provided will be assessed by the criteria in the assessment section for this domain. | | |
| **Standard number** | **Standard description** | |
| 6.1 | Please describe any work with other organisations with the aim to mitigate avoidable learner attrition from programmes/placements? | |
| 6.2 | Please provide any information about opportunities for learners to receive appropriate career 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 | Please describe how the organisation supports transition from a healthcare education programme to employment and/or, where appropriate, career progression? | |
|  | | |
| **Standard number** | **Example Guidance. This is not exhaustive and are prompts to consider.** | **Please provide evidence here. It can include a mixture of text and embedded documents and can answer more than one question at a time.** |
| 6.1  6.3 | *How does the organisation work collaboratively with other partner and stakeholder organisations to ensure sufficient placement capacity and capability, and the effective management of supervision resources?*  *How does the organisation mitigate avoidable learner attrition from programmes?*  *Support gained from HEIs, TPDs etc.*  *Early pick up of neurodiversity.*  *Is there feedback to the ICS about workforce?*  *Is there a PCN workforce plan that the organisation is engaged with?*  *Is there a register of risk with regards to workforce and plans and suitable plans in place* | Please describe any work with other organisations with the aim to mitigate avoidable learner attrition from programmes/placements?  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.  Click or tap here to enter text. |
| 6.2  6.4 | *How does the organisation enable learners to appreciate the range of career opportunities available, and new ways of working?*  *Consider tutorials with medical students/nursing students about Primary Care as a career.*  *Facilitate speaking to other learners e.g., medical students speaking to GP training doctors.*  *Is there a mentoring/support system for new salaried staff.*  *Regular Appraisals in-house considering the future of the learner.*  *Any offer of development to staff if they become salaried.* | Please provide any information about opportunities for learners to receive appropriate career advice from colleagues within the learning environment, including understanding other roles and career pathway opportunities?  Please describe how the organisation supports transition from a healthcare education programme to employment and/or, where appropriate, career progression?  Click or tap here to enter text. |

FORMAL ASSESSMENT (to be completed by Training Hub MDAT)

**Date of formal assessment (DD/MM/YYYY):**

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**Name and title of all assessors:**

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| **Name** | **Title** |
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**Name and title of placement staff interviewed during the formal assessment:**

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| **Name** | **Title** |
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| **Comments/Best practice identified.** |
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### Educational Assessors’ Comments and Recommendations

Lead Approved Assessor(s) to comment on achievement of each of the domains (continue overleaf, if necessary):

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| --- | --- | --- | --- | --- | --- | --- |
| **Domains** | **Achievement** | | **Comments/**  **Recommendations** | **Mandatory**  **Action**  **(Yes)** | **Person Responsible** | **Deadline**  **Date:** |
| **Met** | **Not Met** |
| **1** |  |  |  |  |  |  |
| **2** |  |  |  |  |  |  |
| **3** |  |  |  |  |  |  |
| **4** |  |  |  |  |  |  |
| **5** |  |  |  |  |  |  |
| **6** |  |  |  |  |  |  |

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### Outcomes of Recognition Assessment

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| **Recognition of learning environment** | Recognised  Not recognised |
| **Any further comments:** |  |

## NHSE-Midlands WT&E Ratification and Sign-off

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| **Recognition decision confirmed:** | Yes  No |
| **QRRP Panel Members:** |  |
| **Date of ratification:** |  |
| **Additional comments/feedback:** |  |