

HEE Quality Framework from 2021



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Introduction

At Health Education England (HEE), we work with our partners to plan, recruit, educate and train the future health workforce to produce the highest quality new clinical professionals ever in the right number. The Care Act 2014 also outlines our responsibility for securing continuous improvement in the quality of education and training and, via this, continuous improvement in the quality of health services. The HEE Quality Strategy sets out our national and local priorities, principles and overarching processes to achieve this.

The Quality Strategy is underpinned by the HEE Quality Framework, which makes clear the quality standards we expect of clinical learning environments, safeguarded through the NHS Education Contract. Through these standards, placement providers are required to work with us and other stakeholders to support learners in their career pathways and transition from healthcare education programmes to employment, while also working collaboratively with system partners to maintain and improve practice placement capacity and capability. By working together in this way, we can ensure training is responsive to new care delivery models and supports workforce transformation and a sustainable workforce supply.

First published in 2016, the Quality Framework was developed to provide an overarching set of multi-professional quality standards for the clinical learning environment. During 2020 and early 2021, the Quality Framework was refreshed to reflect the everchanging landscape of healthcare education and the wider context within which it takes place. This was achieved through a process of co-production with our system partners and stakeholders.

The refreshed Quality Framework reinforces the quality principles set out in the Quality Strategy. In particular, the framework:

- has patient safety and learner wellbeing at its core
- promotes quality improvement
- is multi-professional
- promotes Equality, Diversity and Inclusion (EDI)
- promotes consistency and a common language
- encourages innovation
- facilitates a cross-system approach to quality and encourages partnership working
- reflects the shared responsibility we all have for quality.



The HEE Quality Framework – scope, structure and purpose

The Quality Framework applies to the quality of all healthcare education and training, funded through the NHS Education Contract, of all learners and across all clinical learning environments within which they are placed (including an increasing variety of settings in the primary, secondary, community and independent sector).

HEE exists within a wider system, working in partnership with, and across, healthcare and professional regulators, service and education providers, other arms-length bodies, and key stakeholders. We occupy a unique space where we can view quality through a multiprofessional and cross-disciplinary lens and have an overview and understanding of the clinical education and training landscape, which reaches across sectors and organisations. Therefore, our Quality Framework articulates HEE's expectations of the quality of the clinical learning environment as a whole 'system', complementing other regulatory and professional frameworks and requirements (relating, for example, to clinical safety, curricula and programmes). It does this across six core domains, reflecting key components of quality in all clinical learning environments for all learner groups and our commitment to developing a sustainable workforce (see Figure 1)



1. Learning environment and culture relates to the settings within which learners are located and where the activity of education and training takes place.



2. Educational governance and commitment to quality describes the organisational ethos, priorities, structures. rules and policies in place to support learning.



3. Developing and supporting learners sets out the resources. support and tools learners need to succeed.



4. Developing and supporting supervisors covers the resources and support required by those guiding and overseeing the clinical and educational development and progression of learners.



5. Delivering programmes and curricula articulates how organisations can provide for learners' education significantly and training needs, including placement providers' collaboration with the wider system to achieve this.



6. Developing a sustainable workforce underpins the other 5 domains by aiming to improve the retention, progression and development of the whole workforce.

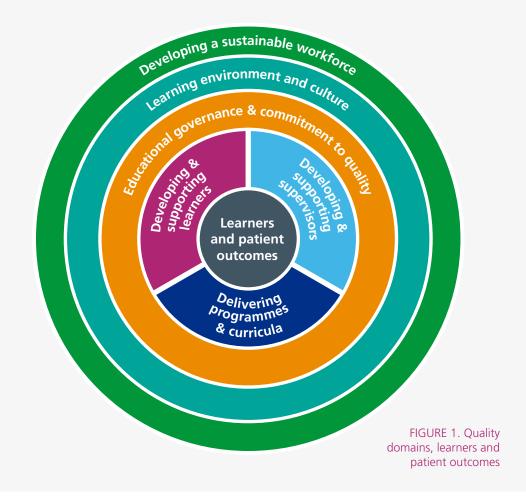


The HEE Quality Framework – scope, structure and purpose

Each domain has an overview of standards, and there are overlaps and interdependencies between them.

Each domain is supported by quality descriptors. These are intended to provide a guide to what quality may look like in practice, rather than acting as a 'check-list'. Different evidence will therefore be required to assess whether standards are being met, and HEE recognises that standards and descriptors will relate to different types and size of placement provider in different ways. HEE's approach to quality data and evidence is outlined in our Quality Strategy.







The HEE Quality Framework – scope, structure and purpose

In describing quality across the totality of a clinical learning environment, the quality domains and standards have relevance and utility for all stakeholders with an interest in healthcare education and training. The quality standards are useful for:

- Patients, service users and the public, by being transparent about the standards that placement providers are held to.
- **Learners**, by setting expectations of learning environments, the contribution that learners can make, and how to raise concerns.
- **Supervisors**, by clarifying their role in supporting high quality clinical learning environments.
- **Placement providers**, by describing the standards through which their delivery of education and training will be assessed as part of the NHS Education Contract and enabling new and prospective providers to see the standards required of them (including global partners who wish to contribute to the education and training of NHS staff).
- **Education providers**, by working with providers to support the continuous improvement of practice placements.

- **Integrated Care Systems**, by supporting regional oversight of quality, enabling decision-making about education and training capacity.
- Healthcare and professional regulators, by highlighting the links between HEE and regulator responsibilities in monitoring, maintaining and sustaining quality, promoting closer working and avoiding duplication.
- NHS England, by supporting decisions on practice placement capacity, expansion, international recruitment and new placement providers, and enabling a system-wide understanding and overview of quality, and an approach to consistent quality control, quality management and quality improvement.

As a multi-professional document, the Quality Framework must use language that is generalisable across different professions and providers. We recognise that there are multiple ways in which similar roles and activities are typically described in different contexts (for example, the act of supervising learning in practice) and so a consistent terminology is employed throughout to aid clarity and avoid confusion. Where appropriate, terms and definitions are aligned to the NHS Education Contract. A glossary is provided within this document to set-out what we mean by the terms used.







DOMAIN 1. Learning environment and culture

Overview

This domain ensures that the learning environment and culture of education and training meets learners' needs, are safe and open and provide high quality care and experience for patients and service users.

The learning environment is multi-professional, with a culture that is fair, promotes EDI, and values and facilitates learning opportunities and support for all learner groups.

The culture within the learning environment is one which models positive behaviours, both in terms of clinical practice and a proactive, self-directed approach to learning.





- **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.
- 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 evidenceled 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 multiprofessional 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.



- The placement provider is explicit in the importance it places on learning, including recognising, promoting and supporting the vital role than all staff can play in creating and supporting a positive learning environment (for example, through rolemodelling and both formal and informal supervision). There is a supportive environment within which learners are developed, encouraged and challenged to become reflective practitioners and lifelong learners, and where a deep rather than surface approach to learning is fostered.
- Policies and processes are in place to promote EDI (and challenge exclusion) within the learning environment and ensure impartiality. Relationships between diverse groups are fostered.
- There is 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.
- All staff, including learners and supervisors, have access to the necessary resources,

- facilities and equipment to ensure their safety within the workplace and to deliver safe clinical care.
- There is a culture, systems and processes that enable all staff, including learners and supervisors, to raise concerns about clinical safety and the standard of care, and of education and training, openly and safely without fear of adverse consequences. Learners feel secure and able to raise concerns about bullying and undermining.
- Any known clinical patient safety concerns, or concerns about the safety of staff, including learners, are dealt with rapidly and effectively and in compliance with any regulatory requirements. The volume and nature of concerns raised is monitored.
- Mistakes are investigated and learning identified, with reflection on incidents and near misses. Learning is facilitated through effective reporting mechanisms, feedback to individuals and teams, sharing learning across the organisation and local clinical governance activities.





- Opportunities for learners and supervisors to undertake activity and learning that drives quality improvement in service and education and training, to the benefit of the wider health and care service. are supported.
- Learners have access to WiFi and IT equipment to support educational activities (such as technology enhanced learning, research, assessment and completion of electronic portfolios). Supervisors also have access to suitable IT facilities to enable fulfilment of their roles.
- Learners and supervisors have access to quality assured knowledge and library services to support education, research and decision making in line with the **Knowledge for Healthcare Strategic** Framework 2021-2026.
- Every learner is supported to be an effective member of the multi-professional team through the promotion of a positive culture of learning and collaboration between all learner groups (across professions, disciplines and specialties).







DOMAIN 2. Educational governance and commitment to quality

Overview

This domain promotes a commitment to quality and ensures that all placement providers have effective arrangements for educational governance and leadership to manage and improve the quality of education and training. It also requires providers to work collaboratively with HEE and other stakeholders in this endeavour.







- **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).





- Effective, transparent and clearly understood educational governance arrangements and processes are in place to effectively evaluate, manage and improve the quality of education and training.
- There are named senior leaders with responsibility and accountability for education and training quality. The educational leadership is joined-up to ensure a multiprofessional oversight of the learning environment and to promote and facilitate multi-professional and inter-professional learning where appropriate.
- The governance arrangements promote and support the development and sharing of EDI good practice in education and training and there are named senior leaders with responsibility and accountability for EDI in education and training.
- There is an explicit and clear line of accountability to the Board of the organisation or equivalent senior decision-making body, with a process for regular reporting.
- The appropriate use of educational resources for the purposes they are intended (including financial allocations via the NHS Education Contract and other sources) can be clearly demonstrated.
- Learners and supervisors are able to raise specific concerns about education and training (such as fairness and discrimination), including via regular forums or other routine feedback mechanisms. Learners and supervisors are supported if they do raise concerns. Any concerns are investigated and responded to, with feedback to the individuals who raised the concerns outlining what action has been taken.



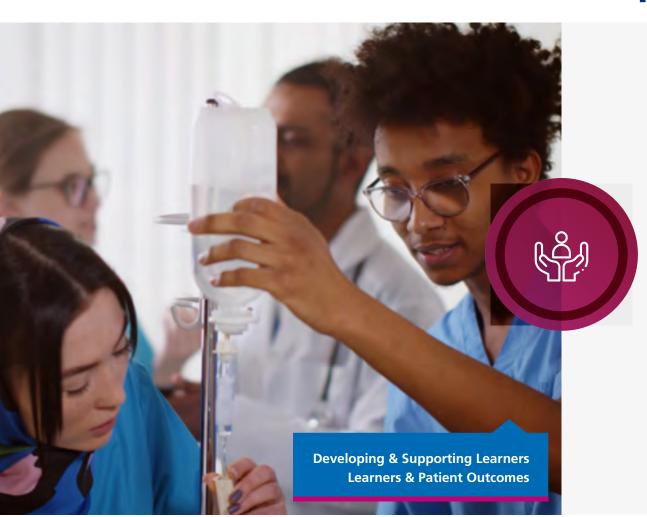




- Governance arrangements support the delivery of appropriate educational and clinical supervision, ensuring an integrated approach and so that information can be shared to maximise learning opportunities and meet learner portfolio and assessment needs. The arrangements ensure that educational and training needs and personal goals discussed during supervision sessions are documented.
- The provider actively and positively engages with HEE's quality management processes (in line with HEE's reporting requirements and agreed timelines), including participating and cooperating with quality interventions, improvement planning and, where appropriate, working in partnership with HEE and other stakeholders in sharing evidence and delivering improvements.
- The appropriate allocation and use of educational resources can be demonstrated, including support for supervision roles (such as allocated time in job plans), learning infrastructure and learning resources.







DOMAIN 3. Developing and supporting learners

Overview

This domain ensures that learners receive appropriate supervision and support, clinically and educationally, to enable them to gain the knowledge, skills and behaviour required by their curriculum / programme. It also requires providers to promote and support EDI.





- 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.

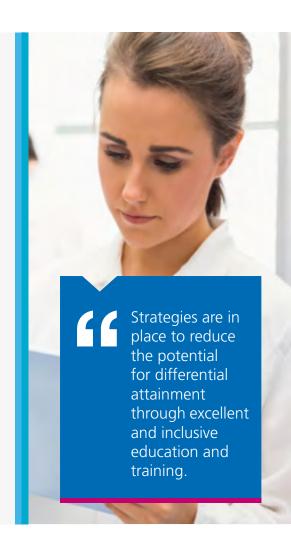
- **3.5** Learners receive clinical supervision appropriate to their level of experience, competence and confidence, and according to their scope of practice.
- **3.6** Learners receive the educational supervision and support to be able to demonstrate what is expected in their curriculum or professional 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.
- 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.



- Learners have access to, and are encouraged to utilise, resources to support their physical and mental health and wellbeing, including: opportunities and encouragement to enable them to lead healthy lives
 - confidential counselling services
 - careers advice and support
 - occupational health services
- Strategies are in place to reduce the potential for differential attainment (based on protected characteristics) through excellent and inclusive education and training, including:
 - tailored training resources that help respond to local **EDI** issues
 - enhanced induction for international learners and those new to the NHS
 - enhanced supervision to identify support needs early
 - coordinated enhanced support, including resources/ training in communication, portfolios and exam preparation

- awareness building and promotion of local networks, buddying/mentoring schemes and EDI champions
- supervisor development/training to support EDI themes and the response to differences in attainment.
- Learners receive adequate and appropriate clinical supervision and are informed who is responsible for their supervision and who (and how) to ask for help should they feel that they need it. Supervision should comply with the respective regulatory and professional requirements.
- Learners' active roles within, and contribution to, teams is recognised and utilised, with appropriate responsibility, autonomy and exposure to risk.
- Every learner must have access to a named individual responsible for overseeing their educational progression during the course of their placement. In cases where the named individual providing this support is external to the organisation, learners are supported to access this resource.
- The first supervisor contact, frequency of meetings and duration of the supervision relationship are sufficient to provide a sound basis for learning, delivery of safe, high quality care, understanding of roles and learner wellbeing.





- Supervision takes place according to agreed ground rules and boundaries (with clarity around roles, purpose of supervision, duration, preparation required, feedback, record keeping, confidentiality and escalation of concerns).
- Learners are supported to take study leave appropriate to their curriculum or training programme.
- Learners can access timetabled education and training sessions, including access and attend technology enhanced and simulation-based learning opportunities, during their placement as required by their curriculum or professional standards.
- Learners receive regular, constructive and meaningful feedback on their performance and are encouraged to seek and, where appropriate, give critical feedback.
- Learners are encouraged and supported, as adult learners, to take responsibility for their own learning.

- Learners receive a timely induction (in some cases this may involve both a corporate and departmental induction), which includes as a minimum:
 - their role in the team
 - how to gain support from senior colleagues
 - any clinical guidelines and policies they must follow
 - how to access clinical and learning resources
 - how to raise concerns about patient safety, standards of care, and education and training (including who the Freedom to Speak Up Guardian is (where applicable) and how they can be contacted).
- the learner's duties and supervision arrangements
- Learners are supported and developed to supervise more junior staff where appropriate. This may include clinical supervision, teaching and assessing others.







DOMAIN 4. Developing and supporting supervisors

Overview

This domain ensures that supervisors are selected, trained, appraised and receive the support, resources and time they need to deliver effective education, training and clinical oversight, including support for their professional development.



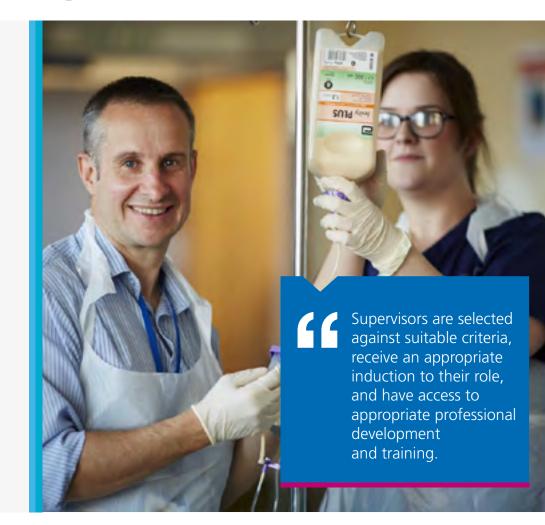


- Supervisors can easily access resources to support their physical and mental health and wellbeing
- **4.2** Formally recognised supervisors are appropriately supported, with allocated time in job plans/ job descriptions, to undertake their roles.
- 4.3 Those undertaking formal supervision roles are 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.

- 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 leaners' 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.
- Supervisor performance is 4.7 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.

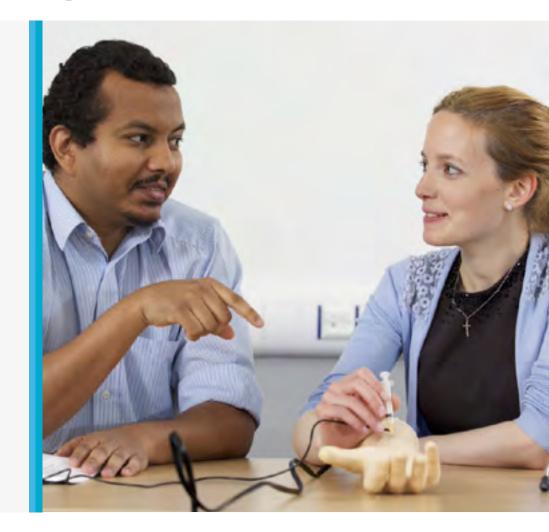


- The importance of supervisor wellbeing for delivering high quality supervision is recognised, and supervisors have access to resources to support their health and wellbeing, including:
 - opportunities and encouragement to enable them to lead healthy lives
 - confidential counselling services
 - careers advice and support
 - occupational health services
- Supervisors have appropriate allocated time to meet their responsibilities within job plans (and/or job descriptions), including undertaking summative and formative assessments of learners, so that they can carry out their role in a way that promotes safe and effective care and a positive learning experience.
- There is a clear pathway and process for staff considering pursuing a formal supervision role. Where appropriate, this should be actively encouraged (including for internationally recruited staff).
- Supervisors are selected against suitable criteria, receive an appropriate induction to their role, and have access to appropriate professional development and training.
- Supervisors are formally and meaningfully appraised against their supervision responsibilities (for example, via 360-degree feedback from those they supervise) and encouraged to take responsibility for ensuring that this takes place.





- Up-to-date and relevant details of all supervisors are recorded.
- Educational supervisors are supported to be familiar with the learners' programme/curriculum, and their scope of practice, and have the ability to select and support a range of appropriate learning opportunities commensurate with the learners' needs. Where appropriate, additional forms of supervision should be offered, for example, group supervision, Balint groups and Schwartz Rounds.
- Clinical supervisors are supported to know the scope of practice and expected competence of those under their supervision.
- Supervisors' concerns, or difficulties they face as part of their education, training and clinical supervision responsibilities, are effectively dealt with in a timely manner.
- Supervisors are supported to liaise with each other to make sure they have a consistent approach to education and training, both locally and across specialties, professions and all learner groups, and that there is shared understanding of learners' education, training and any other support needs.







DOMAIN 5. Delivering programmes and curricula

Overview

This domain ensures that programmes and curricula (including assessments) are developed and delivered in accordance with professional regulator, college and/ or Education Provider requirements and respond to the emerging models of care and service transformation. Placement providers have the freedom and flexibility to deliver curricula in innovative and creative ways.





- 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.
- 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.
- 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 also 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.



- Notwithstanding exceptional circumstances (which would be highlighted to relevant stakeholders such as HEE or an education provider through established channels), practice placements contribute as expected to the experience required for curriculum / programme delivery. Work undertaken by learners provides learning opportunities and feedback on performance and gives an appropriate breadth and depth of experience to meet individual learner needs. This requires a suitable balance between education and service provision, and adequate staffing levels and supervision capacity.
- Placement providers must work with programme leads to ensure that learning opportunities of placements continue to meet curriculum needs.
- Curricula and assessments are delivered so that all learners are enabled to achieve the learning outcomes required by their curriculum or professional standards.
- Placement providers should proactively develop and implement new and innovative ways of delivering teaching and learning to enhance the curricula and learner experience.
- Learners receive sufficient, protected time to attend education sessions and those facilitating these sessions have the support and resources to plan and ensure their delivery.





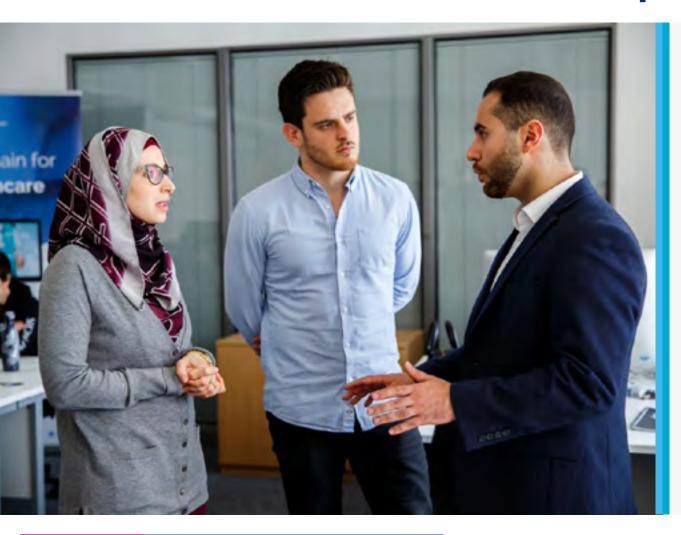


DOMAIN 6. Developing a sustainable workforce

Overview

Underpins the other five domains by acknowledging that in order to realise our collective endeavour to support and improve the quality of education and training, we must also significantly improve the retention, progression and development of the whole 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.



- Providers must ensure the safety and wellbeing of patients and service users with whom learners work, including formal processes for ensuring that all necessary legal checks for protecting vulnerable groups (e.g. DBS checks) meet the necessary requirements.
- The provider works and engages proactively and collaboratively with other partner and stakeholder organisations to ensure sufficient placement capacity and capability, and the effective management of supervision resources.
- The provider must jointly collect and analyse data to evaluate improvements to attrition levels and the impact on potential workforce supply.
- Providers must ensure that all members of staff are provided with opportunities and resources to support their wellbeing and, where appropriate, improve resilience, including confidential counselling and occupational health services.
- Providers have in place the infrastructure and resources to provide information and advice to support career planning decisions and enable learners to appreciate the range of career opportunities available, which may support new and innovative ways of working.

- Providers must ensure appropriate rotational programmes for all learners that provide opportunities for learning experiences across service, sector and organisational boundaries for health and social care where this is appropriate and adds value to the learning experience.
- Providers should work collaboratively with partners at a system level and across geographical footprints and networks to ensure the availability of placements can meet the breadth and depth of curricula requirements.
- Providers engage in workforce planning and development in partnership with wider health and care partners. Planned educational provision and investment reflects the outcomes of the shared workforce planning.
- Providers must proactively develop and implement activities that will support individual learners to successfully transition from their education programme to employment. Feedback from learners needs to be utilised to develop activities and outcomes evaluated to assess the impact on retention levels and spread good practice.





Glossary of key terms

Clinical Supervisor

Clinical Supervisors (also known in some contexts as Practice Supervisors or Practice Educators) are named experienced clinicians and educators, who are selected and appropriately trained to be responsible for overseeing learners' work and providing developmental feedback during a practice placement.

A Clinical Supervisor has responsibilities which include being available in the placement learning environment to support guided learning, monitor progress, provide direction and feedback on matters professional, educational and personal in the context of a clinical role in the care of patients or working within a team. They may be required to gather information about an individual learner's performance and progress from others within a multi-disciplinary team.

A Clinical Supervisor may also be a named Educational Supervisor, sometimes for the same learner (either concurrently or at different times) depending on the placement.

Clinical supervision

Clinical supervision defines the relationship between a Clinical Supervisor and leaner with the aim of improving and maintaining the learner's clinical practice. This includes, but is not limited to, supporting guided learning, monitoring progress, providing direction and feedback on matters professional, educational and personal in the context of a clinical role in the care of patients and/or working within a team.

Education Provider

The contracted provider which undertakes educational provision services, and which is an education provider of academic studies, including but not limited to a HEI, faculty, school, further education provider, or an education and training organisation.

Educational Supervisor

An Educational Supervisor is a named individual who is selected and appropriately trained to be responsible for the overall supervision and management of a learner's educational progress during a placement or series of placements. The Educational Supervisor will have responsibility for the individual learner's progression and may be required to sign off their competencies and/or progress.

The Educational Supervisor and Clinical Supervisor may be the same or different individuals depending on the placement.



Glossary of key terms

Educational supervision

The activities defining the relationship between an Educational Supervisor and a learner, which focus on the learning trajectory and ensure educational progress during a placement or series of placements, and include the provision of direction, support and guidance to ensure that curricula aims and objectives are being met. Educational supervision usually involves making summative judgments of the learner's competence to meet their professional regulatory standards.

Learner

An individual who is undertaking a programme of study, leading to a health or social care qualification, and normally where that programme of study leads to professional registration with their regulatory body. This includes Medical School graduates in formal training programmes leading to a Certificate of Completion of Training.

A learner refers to both students and trainees. undergraduate and postgraduate (and internationally or domestically recruited).

Clinical learning environment

A practice placement environment in which learners acquire knowledge, information, comprehension and skills in healthcare relevant to their programme of study or training.

It is also the physical, contextual and cultural location in which learning takes place between supervisors and learners.

Practice placement

(Sometimes known in different contexts a clinical placement, work-based placement or training post). Any suitable supervised clinical, practical or other learning experience in a workplace environment provided, conducted or arranged by the placement provider for learners; usually but not limited to an NHS Trust, NHS Foundation Trust, GP surgery, dental practice and other organisations that form part of the NHS or who deliver placement learning funded by the NHS, which for the purposes of the NHS Education Contract includes the independent and voluntary sectors (but only placements which are funded and/or managed by HEE).

Programme

Any of the pre-qualification programmes, undergraduate medical and dental programmes, postgraduate medical and dental training programmes and all other clinical programmes at undergraduate and postgraduate level, as may be applicable to the particular context, whether funded or not by HEE.



Glossary of key terms

Placement provider

An organisation within which a learner undertakes a practice placement and which delivers the practical, clinical element of an education and training programme. Placement providers are usually but not limited to NHS Trusts, NHS Foundation Trusts, GP surgeries, dental practices, opticians, pharmacies and other organisations that form part of the NHS or who deliver placement learning funded by the NHS which for the purposes of the NHS Education Contract includes the independent and voluntary sectors (but only placements which are funded and/or managed by HEE). They may also include the local authority sector (for example, for Public Health training)

Supervisor

A generic term to refer to both Educational Supervisors and Clinical Supervisors. In some cases, an individual may be acting as both the Clinical Supervisor and Educational Supervisor for the same learner at the same time, and for some professions the duties of both may be combined in one supervisory role.

Supervision

A generic term to cover both clinical and educational supervision activities and relationships. Supervision can happen in a single episode or on a regular basis, and on a one-to-one basis or in a group.