East Midlands Multi-professional

Quality Standards for local training and education providers

Health Education East Midlands'

Approach to Quality

Put **People First**

Inspire and **Innovate**

Listen to and **Value Everyone**

Own the **Solution**

"The standards are to be used to measure the quality of health training and education in the local education and training placement environment and link to the Education Outcomes Framework."

Introduction

These quality standards were co-created by over 180 key partners during 2013. The standards are used to measure the quality of health training and education in the local education and training placement environment and link to the Education Outcomes Framework (EOF).

Use this document to frame your local training and education strategy. This will ensure that you are working towards meeting all the domains necessary to provide an excellent training and education environment.

The principles that underpin these standards are:

- **We will listen to the patient's voice**
  every contact will count

- **We will work together**
  building good, strong relationships

- **We will share information**
  in the best interests of patients and the public

- **We will promote a learning and development environment**
  one which is safe, nurturing and inviting

- **We will think 'multi-professional' whole system**
  multi-professional

- **We will look at the pathways**
  patients, students and trainees

NB. For the purpose of this document we will refer to students and trainees collectively as 'learners'.

Guidance

These standards can be used for a variety of activities: quality control, quality management and contracting commissioning. They provide guidance about what to look for when Health Education East Midlands (HEEM) quality manage on behalf of regulators like the General Medical Council and the Nursing and Midwifery Council. We recognise that each organisation is on a journey and may be partially meeting some of these requirements. HEEM is there to help you achieve the level of excellence you aspire to. Remember as local education and training providers you have a responsibility to quality control these standards to ensure they are consistently being met and sustained.

The standards are built around nine domains:

1	Patient Safety
2	Quality management, review and evaluation
3	Equality, diversity and opportunity
4	Recruitment, selection and appointment
5	Delivery of approved curriculum including assessment
6	Support and development of learners, mentors and trainers
7	Management and governance of training
8	Educational resources and capacity
9	Outcomes including innovation

The standards within each domain have been co-created by a range of different health professionals, patient and public representatives; we believe that they can be used across multi-professional educational and training environments. These standards are part of Health Education East Midland's quality framework for measuring the multi-professional education and training outcomes.

Local Education Providers will be rated for the quality of their education and training and this document will inform that rating.

How does the Quality Management and Assurance process hold providers to account?

The National Learning and Development Agreement contract

These Quality Standards for Education and Training have been shaped using a number of regulatory standards. The local education placement provider must demonstrate a proper concern for quality, manifested through routine and systematic quality monitoring to provide suitable assurance for HEEM and for the Regulatory Bodies.

Actions plans will be jointly drawn up to reflect the findings from all quality monitoring and inspection activities, ensuring that responsibility for each action is clearly identified and that completion and compliance are monitored. This will be reviewed annually through the local Learning and Development Agreement Contract Review meetings which will reflect national agreements in respect of Quality Assurance frameworks.

What happens if organisations do not meet the standards? This could result in the following:

- Enhanced monitoring
- Triggered visits
- Regulator visits
- Removal of learners (students/ trainees) +/- removal of future funding
- Removal of training programme placements and removal of funding
- Termination of the Learning and Development Agreement Contract

Domains
1. Patient Safety

Can you demonstrate that:

1.1 There are clear processes in place for concerns to be raised and that there is a feedback process to learners that have been involved in any incidents relating to patient safety

1.2 Learners have access to the Whistleblowing policy and are aware of how it should be used

1.3 Learners have access to the Complaints policy and procedures

1.4 Learners are able to feedback/voice their concerns re patient safety and evidence is available of how this is used systematically to improve ways of working and learning with positive outcomes

1.5 Learners are encouraged/supported to do the above by their supervisors, mentors and colleagues

1.6 There is a mandatory, timely and structured induction in place for all learners, this must include all newly qualified professionals. The induction must cover points 1.1 to 1.5

1.7 The organisation learns from reports of never events and near misses and uses this to systematically improve education and learning

1.8 Serious Untoward Incidents (SUI's) have been used as learning opportunities and feedback provided to learners involved

1.9 Incidents that happen involving learners are routinely shared with Health Education East Midlands

1.10 There is evidence that triangulation of the patient voice, learner voice and staff voice are used to inform the content and quality of education and training

1.11 Staffing levels are adequate to provide a safe environment for patient care and learning

1.12 Evidence that there are processes in place to ensure reporting and monitoring of incidents by new learners and newly registered practitioners can be separately identified

Information and data that you might use to evidence the above:

- Whistleblowing policies
- Training records and attendance
- Data base on SUI and learners
- The system for reporting the SUIs to the Health Education England and the universities and medical schools
- Local and regional surveys
- Serious Untoward Incidents
- Form Rs (document for registering for Postgraduate Specialty Training)
- Minutes of meetings
- Action plans
- Training programme content
- Supervision and appraisal records
- Exit interviews
- Actions the local education and training environment has taken and what was the result and impact
- Different ways of working through learning

Domains (EE1 Excellent Education EOF)
2. Quality management, review and evaluation

Can you demonstrate that:

2.1	Learners are involved in audits and quality improvement initiatives and that there is evidence that the outcomes are put into practice and are sustained
2.2	There are up to date plans in place to address any issues identified as part of postgraduate medical, undergraduate medical and clinical professional quality management processes and these are shared across the organisation to ensure learning is embedded in all areas
2.3	There are clear reporting structures in place to gather evidence about the learner experience and systematic analysis is carried out routinely to continuously make improvements
2.4	Learner feedback about the quality of education demonstrates increased learner satisfaction across the whole system
2.5	Evaluation of post/pre-registration taught courses is shared and reviewed by practice partners and action plans are in place to make necessary improvements
2.6	Practitioners and service users/public and patient representatives are involved in the development of local education and training programmes
2.7	There is reporting about education and training at Board level and decisions that are discussed are recorded and outcomes are documented
2.8	Full picture /full scope e.g. multidisciplinary systems are in place
2.9	Training materials and resources are fit for purpose and regularly used and updated (e.g. simulation equipment)
2.10	There is a system that captures the performance of education quality

Information and data that you might use to evidence the above:

- Retention rates for both staff and learners
- Sickness and absence records
- Learner evaluations feedback
- National and local survey data
- Serious Untoward Incidents
- Senior turnover
- Patient stories on experience
- Mortality rates; in which departments; are there patterns emerging?
- Board minutes of meetings
- Financial records
- Training records
- Equipment records (e.g.simulation equipment)
- Service equipment records
- Actions the local education and training environment has taken and what was the result and impact
- Different ways of working through learning
- Feedback on placements, reports, surveys, exit interviews

Domains

3. Equality, diversity and opportunity

Can you demonstrate that:

3.1	There is an accessible policy in place that includes widening access to education from less represented groups
3.2	The policy on equality and diversity is appropriate for learners
3.3	There is evidence that the policy is reviewed and updated
3.4	All policies relating to the training and education environment/placement adhere to the principles of equality, diversity and opportunity
3.5	Equality impact assessments are used for training and education
3.6	Systems are in place to monitor equality, diversity and opportunity
3.7	There is a process to identify whether complaints data on equality and diversity relates to any learners and follow up action is taken
3.8	Learners have an equal opportunity to attend training
3.9	There are equal opportunities for all to apply to be a trainer/mentor
3.10	There is continuing professional development in place for trainer/mentors
3.11	Equality, diversity and opportunity training is mandatory for all learners, trainers and mentors and that it is up to date with current legislation
3.12	Training of all supervisors/mentors on equality and diversity awareness is in place
3.13	The courses are provided are representative of the area that it serves and evidence of community engagement (schools, colleges, etc.) to aid attraction and recruitment for the future workforce exists
3.14	International engagement – collaborative courses with overseas universities and health institutions exists

Information and data that you might use to evidence the above:

- Equality impact assessments
- Policies and procedures
- Outcomes of surveys, complaints
- Course content
- Training records, Appraisal Records, Continuous Professional Development records, Attendance Records,
- Actions the local education and training environment has taken and what was the result and impact
- Different ways of working through learning

Domains (Competent and Capable Staff EOF)
4. Recruitment, selection and appointment

Can you demonstrate that:

4.1 There is continuous planning for the right numbers and capabilities of trainers and mentors

4.2 Commitment to time to supervise, mentor and teach is a given

4.3 When and if you are involved as a key partner in the HEIs/Speciality School's recruitment and selection process that you are confident that the process complies with the NHS values and behaviours framework

4.4 For each role of trainer, mentor and supervisor there is clearly defined role descriptions in place and understood and that they include a strong focus on delivering high quality patient centred care

4.5 Evidence exists of constructive partnerships between all local education providers and Royal Colleges and Higher Education Institutions

4.6 There is evidence that Local Education Provider staff involved in recruitment to education programmes have all received recruitment and selection training

4.7 Trainers and mentors show values and behaviours that are conducive to the NHS

4.8 The Local Education Provider acts if the values and behaviours are not evident once recruited to the trainer/mentor role and there is a feedback mechanism in place to inform the recruiting body

Information and data that you might use to evidence the above:

- Strategic workforce plans
- Number of current trainers and mentors per learner
- Recruitment policies and procedures
- Minutes of partnership meetings
- Training attendance data on values and behaviours
- Actions the local education and training environment has taken and what was the result and impact
- Different ways of working through learning

Domains (EE2 Experience of Supervision, CC1 Competent and Capable Staff, VB NHS Values & Behaviours EOF)
5. Delivery of approved curriculum including assessment

Can you demonstrate that:

5.1	Supervision/mentoring arrangements are in place for all
5.2	Trainers/mentors/supervisors understand the relevant curriculum for their learners
5.3	Supervisors and mentors demonstrate the NHS values and behaviours
5.4	There is evidence of teaching resources in place to deliver the curriculum for all professions (resources such as suitable environment, financial and people)
5.5	You are able to demonstrate alignment of taught programmes and practice learning
5.6	NHS Constitution values and behaviours are built into curriculum and assessment
5.7	Job plans are included in job descriptions, contracts and rotas
5.8	Protected time is allocated to deliver the curriculum and this reflects effective planning around service pressures
5.9	Effective clinical and educational supervision exists
5.10	Learners have regular on going access to their trainers/mentors
5.11	Departmental/multi-professional teams are learning together
5.12	Support for learners in difficulty and time for training exists
5.13	Study days include: – Working as team – Multi-professional training opportunities
5.14	An appraisal system and process is in place that is effective and supports all supervisors/mentors

Information and data that you might use to evidence the above:

- Database of approved education supervisors/clinical supervisors/mentors to meet the needs of all trainers for all professions
- Exam results and annual reviews of competency pass rates and outcomes
- Learner feedback surveys: General Medical Council National Trainee Survey, Higher Education, Further Education, National Student Survey etc.
- Higher Education Institution Educational audit of placements
- Data from education provider level by course – how many attended course, evaluation and feedback on quality of content
- Professional body assurance visits and outcomes
- Records of supervision, appraisal, feedback loops
- Actions the local education and training environment has taken and what was the result and impact
- Different ways of working through learning

Domains

6. Support and development of learners, mentors and trainers

Can you demonstrate that:

6.1	The balance is right between formal teaching and practice teaching
6.2	The exposure to both formal and practice teaching is broad enough to meet curriculum requirements
6.3	The appropriate protected time is given for supervision
6.4	Capacity to deliver education & training responsibilities exists, including recognition in job descriptions and job plans
6.5	Trainers/supervisors and mentors are appropriately trained and inducted to undertake their role
6.6	Each trainer/supervisor/mentor has current approval
6.7	There is a sufficient supply of trainers/mentors/supervisors
6.8	Educational development is integrated into the local education providers' overall strategy
6.9	Mentorship programmes for trainers/mentors/supervisors are in place
6.10	Mechanisms are in place to support trainers/mentors/supervisors
6.11	A re approval and quality assurance process is in place for all trainers/supervisors and mentors
6.12	Trainers/mentors/supervisors are quality assured, and how this assurance is gained
6.13	A backup process is in place when approval is withdrawn to ensure continuity and consistency for the learner
6.14	Trainers/supervisors/mentors are equipped to effectively support learners in difficulty
6.15	For all trainers, supervisors and mentors there is a 360 degree mechanism in place to gather feedback

Information and data that you might use to evidence the above:

- An up to date database of mentors/trainers/supervisors is maintained on all medical and clinical professions
- Physical resources to be included in placement audit (supervisors and mentors, time etc.) timeframes for trainers
- Use of Virtual Learning Environment to aid communication
- Resources available to deliver training and education
- Physical resources compared to other local education providers
- Database held on trainers and mentors, supervisors and mentors
- Database is updated as trainers/supervisors/mentors are recruited and leave
- Training is given to maintain recognition of trainer/mentor/supervisor role
- Evidence is captured through the appraisal route
- Feedback forms, evaluation forms
- Actions the local education and training environment has taken and what was the result and impact
- Different ways of working through learning

Domains
7. Management and governance of training

Can you demonstrate that:

7.1 A multi-professional education and training strategy and workforce development plan is approved by the Executive Board and reviewed regularly

7.2 There is a Champion at Board Level for education and training

7.3 Impact assessments of any local provider service reconfiguration plans that could affect training and education have been carried out

7.4 The management structure for training and education has an oversight of quality, safety, finance, compliance and people

7.5 There is a culture that all staff understand the value of 'learners' in the workplace

7.6 There is an embedding of multi-professional learning opportunities in the management planning for training

7.7 Plans are regularly reviewed and all partners are notified about changes to service reconfigurations which may impact

7.8 Systems for quality control and risk assessment exist

7.9 Proactive planning to ensure education requirements are met

Information and data that you might use to evidence the above:

- Management turnover data
- Surveys and outcomes
- Invest/merit in development in training and education development for their trainers/mentors/supervisors
- Exit interviews of trainers
- Good practice (all domains)
- Evidence that practice staff have an understanding of the education and training strategy and how this impacts on them as individuals.
- Evidence of a variety of resources which can be used to support the strategy (IT resources, video links, internally provided/supported programmes.)
- Education and Training Strategy, Investment plans, Board minutes and action plans, service reconfiguration plans
- Actions the local education and training environment has taken and what was the result and impact
- Different ways of working through learning

Domains

8. Educational resources and capacity

Can you demonstrate that:

8.1	The strategy shows proactive planning for educational resources and capacity?
8.2	Educational resources are fit for purpose and sufficient to meet the educational needs?
8.3	Trainers/supervisors and mentors are making the best use of the educational resources?
8.4	There is equal access to the educational and training resources for all?
8.5	These resources are regularly utilised?
8.6	Learners know that the resources are in place and how to access them?
8.7	The educational workforce has the capacity to meet the education and training need?
8.8	Tariff funding is being effectively used to increase placement capacity?

Information and data that you might use to evidence the above:

- Maintenance of accurate records of placement capacity
- Demonstration of how tariff funding is used to increase capacity
- Feedback from learners and trainers/mentors
- Actions the local education and training environment has taken and what was the result and impact
- Different ways of working through learning
- Tariff funding plans
- Education and Training Strategy
- Physical resources e.g. library, accommodation, Information Technology Systems 24/7
- Records of review and maintenance of physical education and training resources
- Induction records
- Welcome newsletters
- Website

Domains (FW2 Flexible Workforce Receptive to Research and Innovation EOF)
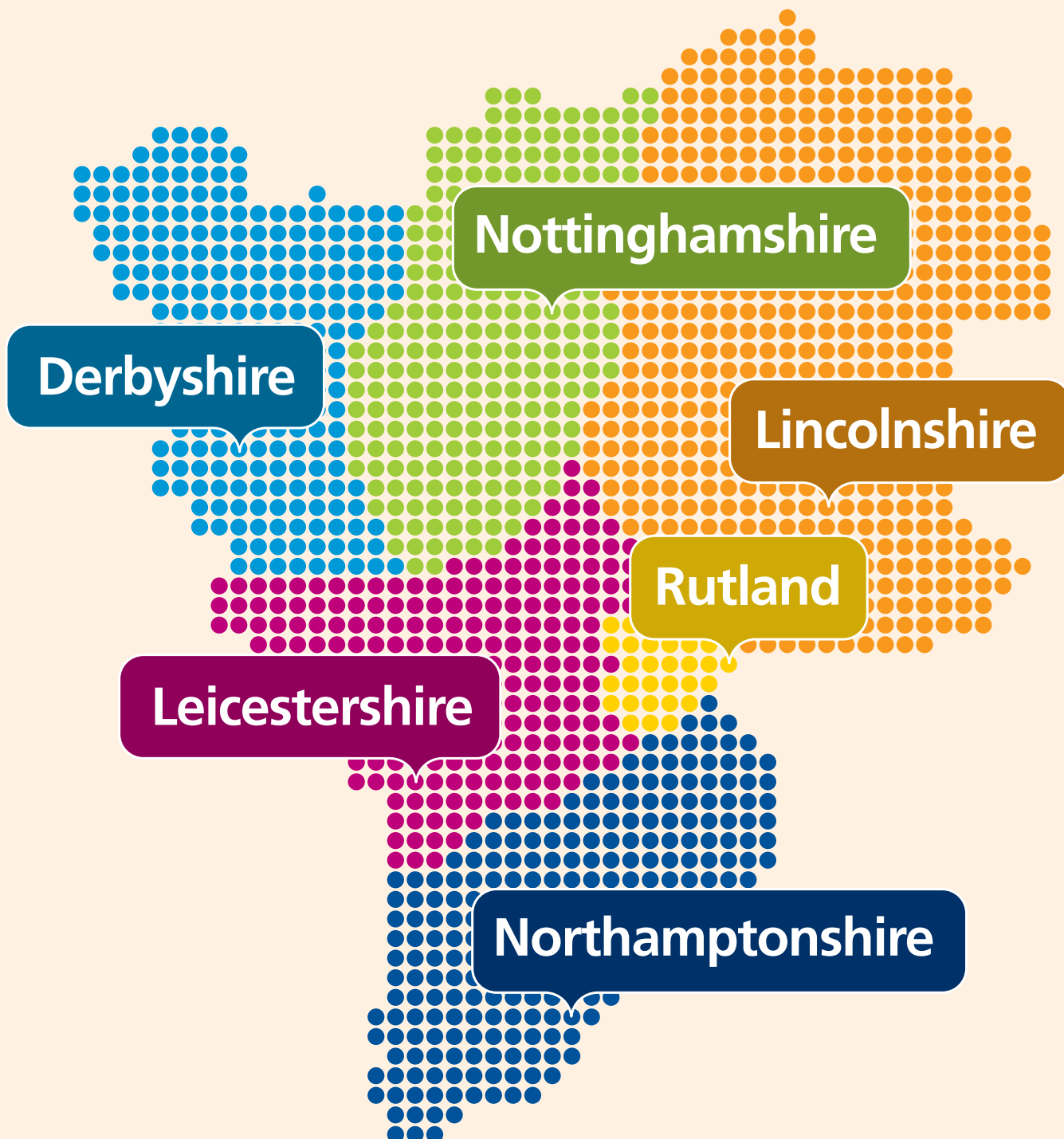## 9. Outcomes including innovation

Can you demonstrate:

9.1 What stage of innovative practice you are at as an organisation (invention/diffusion/adoption)?

9.2 How you respond to research and innovation and use this to improve the quality of service?

9.3 How innovation is linked directly to the patient?

9.4 How you encourage staff to respond to the opportunities to develop their understanding, knowledge and skill?

9.5 How research and innovation is valued?

9.6 That you have systems in place to sustain innovation and research practice?

9.7 That new technology has been used to improve training and education and patient care?

9.8 That innovative practice has reduced variability and poor practice?

9.9 That external recognition has been received?

9.10 There is impact on the patient, learner and trainer/supervisor and mentor outcomes?

9.11 That there is an impact on the culture of the organisation?

9.12 That incentives to implement innovative practices are in place?

9.13 That processes to support innovative practice are in place?

9.14 That there is celebration of innovation to encourage, brilliant learning opportunities?

Information and data that you might use to evidence the above:

- National, regional and local trainer/learner surveys
- Patient safety and satisfaction surveys
- Good practice logs
- Records of learner involvement of audit/quality improvement initiatives
- Recorded best practice case studies
- Poster entries at national, regional and local level
- Record of students who succeed and profiling of them
- Record of celebrations; newsletters, website, press etc.
- Actions the local education and training environment has taken and what was the result and impact
- Different ways of working through learning
- Incentives
- Audits, improvement initiatives and project documents, research, records of efficiency gains, performance reports
- National, regional and local awards, letters, media

Health Education East Midlands
Quality Improvement Framework

Nottinghamshire

Derbyshire

Lincolnshire

Rutland

Leicestershire

Northamptonshire

THE NHS
CONSTITUTION
the NHS belongs to us all

NHS

Health Education East Midlands