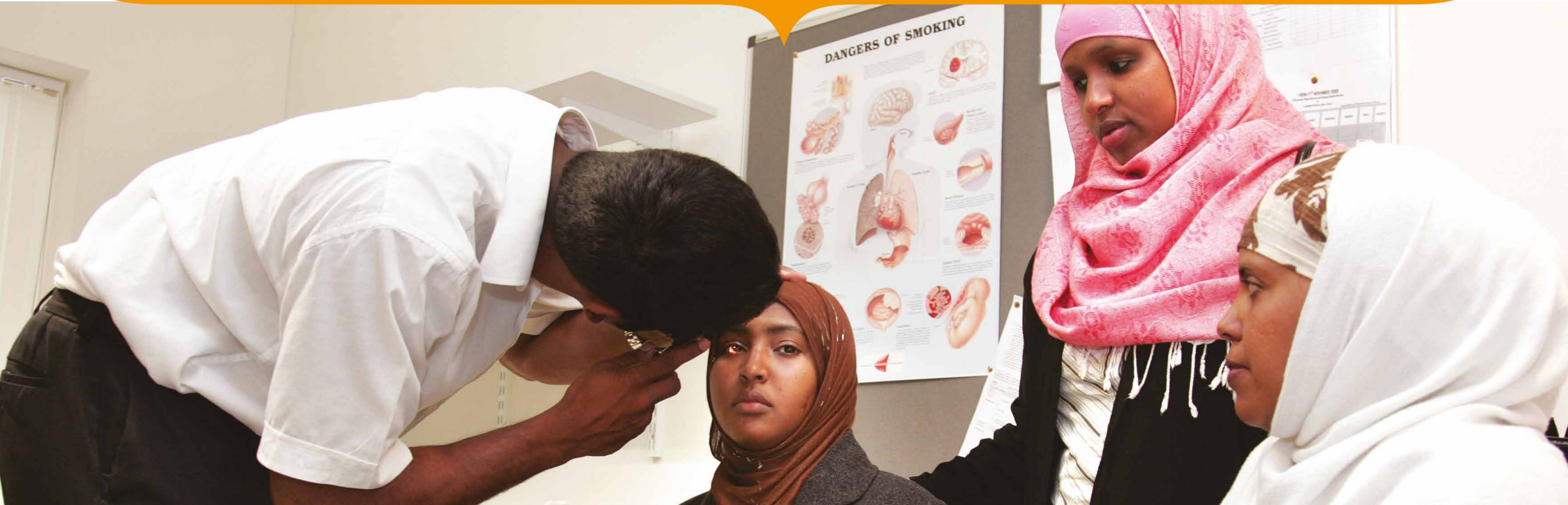


HEE Quality Framework 2016/17



1. Introduction

1.1. Principles of the HEE Quality Framework

This HEE Quality Framework is intended to be used collaboratively across educational providers in all relevant settings – work-based placements and academic educational providers – and HEE local teams. It sets out HEE’s expectations for quality and represents a single framework through which we will evaluate, manage and improve the quality of education and training for all healthcare learners.

Quality assurance and quality improvement of education and training have generally been organised separately for postgraduate and undergraduate medical, pre-registration and post-registration non-medical, as well as apprenticeships and Agenda for Change bands 1 – 4. However, as HEE has responsibility for quality across all of these learners, we must ensure effective oversight of where training is succeeding and help to create new solutions where there are concerns about quality.

The Quality Framework is part of a suite of quality products that will be implemented across HEE from April 2016. The suite of products includes;

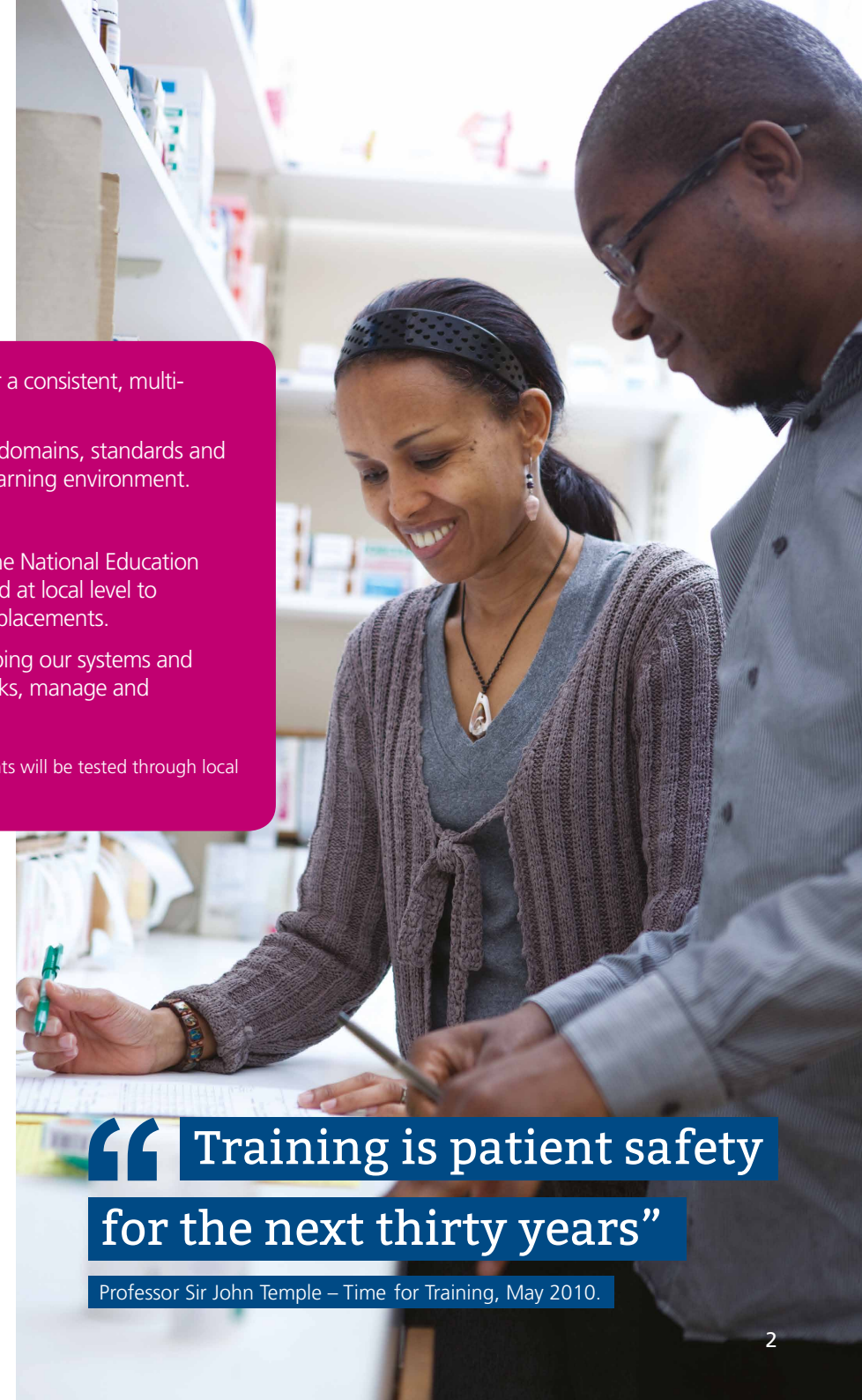
- HEE Quality Strategy – describing our vision for a consistent, multi-professional approach to improving quality.
- This HEE Quality Framework – describing the domains, standards and expectations to demonstrate a high quality learning environment.
- A HEE Quality Framework Glossary.
- A national core set of metrics, supported by the National Education and Training Survey (NETS)* to be administered at local level to support our insight into the quality of learner placements.
- A HEE Quality Framework Handbook – describing our systems and processes by which we will evaluate, assess risks, manage and improve quality.

The Quality Framework and suite of supporting documents will be tested through local teams and be further refined during 2016/17.

1.2. The aim of the HEE Quality Framework

- To ensure that HEE has a Quality Framework that covers all learner groups within the healthcare system, with a focus on the quality of work-based placements
- To embed a shared definition, measurement and benchmarks of quality across England to support quality improvement
- To enable HEE to systematically review our quality activities with local partners, to ensure a proportionate and effective approach
- To establish clear quality governance arrangements, consistent quality management and quality improvement processes across HEE
- To enable us to set the national and local ambition for quality in education and training in order to drive innovation and quality improvement

*NETS is a new multi-professional learner survey that is currently being piloted by HEE and will be validated in the near future



“ Training is patient safety
for the next thirty years”

Professor Sir John Temple – Time for Training, May 2010.

2. The HEE Quality Framework

2.1. The Quality Framework – Structure and Development

The Framework is based on six domains that reflect the key components for quality in work-based placements for all learner groups. Each domain is supported by a set of evidence-based Quality Standards that learning environments will be expected to demonstrate. Each domain has a small set of metrics that will act as proxy measures to evidence the standards. This will be facilitated by triangulation of data and information including insight on patient safety by local teams.

As part of building the data sources to support an evidence base for the quality standards, the framework will also introduce a single multi-professional NETS to capture learner experience during placements. It will give the system a comparable view and remove the duplication and inconsistency in learner surveys that are currently administered.

Under each Quality Domain we have developed a shared narrative of what good quality looks like that will act as guidance for providers, educators and learners, and will align an evidence base, best practice, innovation and tools to drive quality improvement. This evidence base will be supported by academic research and testing and will draw on innovation and evolving educational requirements for the healthcare workforce.

2.2. Multi Professional Context of the Quality Framework

The advantages for establishing a multi professional framework and supporting quality improvement process are:

- To reduce the burden on education and placement providers in terms of number of visits and data requests and ensure HEE has a consistent view and standards for quality.
- To provide a better overview of the whole placement learning environment that encourages multi-professional working and inter-professional learning within work-based placements and associated academic course content.
- To align to and signal an expectation that placement providers have structures in place which encompasses the quality of education and training for the whole workforce.
- To ensure effective educational and quality governance arrangements across HEE, with Postgraduate Deans enabled to ensure oversight of quality for all learner groups and the entire placement learning environment.

2.3. Quality Domains

In developing our new framework HEE has worked with partners to ensure we reflect the multi-professional aspects of training and care. The six domains are:-

1. Learning Environment and Culture – ensures that the learning environment and culture for education and training meets learners' needs, is safe and open and provides high quality care and experience for patients and service users.

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

2. Educational Governance and Leadership – ensures that all learner placements have effective systems for educational governance to manage and improve the quality of education and training. These systems should treat learners according to principles of equality and fairness, manage their progression and share outcomes of education and training.
3. Supporting and Empowering Learners – ensures that learners receive appropriate education and pastoral support, to enable them to gain the knowledge, skills and behaviour required by their curriculum or specified in their professional standards.
4. Supporting and Empowering Educators – ensures that educators are selected, appraised and receive the support, resources and time they need to support and enable effective education and training.
5. Developing and Implementing Curricula and Assessments - ensures that curricula and assessments are developed and delivered in accordance with regulator, college or university requirements and responds to the emerging models of care and service transformation.
6. Developing a Sustainable Workforce – 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.

3. Partnership roles and responsibilities

The following describes the respective roles and responsibilities of HEE and local partners in the context of evaluating, managing and improving the quality of education and training through the HEE Quality Framework.

3.1. Placement Providers (Providers)

- Provide high quality educational learning environments for all learners.
 - Ensure robust processes are in place to supervise and support learner and educator development.
 - Work with Education Provider partners (Higher Education Institutions and other providers of education) to ensure the continuous improvement of the placement learning environment and educational provision.
 - Use the opportunity provided by the HEE Quality Framework to provide objective and constructive feedback to Education Providers.
 - Work with Education Provider partners, Workforce Partnerships and the HEE local team to make continuous quality improvements in education and training and the learning environment.
 - Actively participate in HEE Quality Framework processes.
- Ensure high quality data is submitted in accordance with the contract.
 - Actively participate in the HEE Quality Framework processes, including participating in any quality review processes, providing HEE with regular reports on the quality of placement providers.
 - Ensure all identified learners are aware of their responsibilities to complete learner feedback and learner surveys.
 - Facilitate access to learner groups to enable learner voice activities to take place.
 - Develop comprehensive Quality Improvement Plans where these are required.
 - Implement all actions identified in Quality Improvement Plans to make continuous quality improvements, working closely with placement providers and HEE local teams.
 - Undertake an objective and reflective assessment against the HEE Quality Framework standards and guidance.
 - Prepare for and attend Contract and Quality Improvement Meetings to support the monitoring of quality and performance and continuous improvement.

3.2. Education Providers (EPs)

- Deliver high quality education that meets requirements and professional standards/values.

3.3. Health Education England

- Lead the implementation of the HEE Quality Framework with key local stakeholders.
- Ensure consistency and transparency of approach aligned to HEE's Quality Strategy and Quality Framework.
- Collect and collate performance data to inform the HEE Quality Framework.
- Collect and collate feedback from placement providers and educational providers.
- Benchmark outcome across the region and share best practice locally and nationally.
- Support the development of capacity and capability within local systems to manage performance and quality improvement.
- Enable locally developed systems to deliver year on year improvements in education and training and improvement in the placement learning environment.
- Final sign off of any agreed Quality Improvement Plans.
- Challenge incomplete or unclear feedback from providers.
- Administer and analyse the HEE Learner Survey

4. Glossary

An accompanying glossary to the suite of HEE's quality documents can be found [here](#).

Quality Domains, Standards and Quality Narrative

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1. Learning Environment and Culture

Quality Standards

- 1.1 The culture is caring, compassionate and provides safe and effective care for patients, service users, carers and citizens and provides a supportive learning environment for learners and educators.
- 1.2 The learning environment and organisational culture value and support education and training so that learners are able to demonstrate what is expected in order to achieve the learning outcomes required by their curriculum or required professional standards.
- 1.3 The learning environment provides opportunity to develop innovative practice, engage in research activity and promotes skills and behaviours that support such engagement.
- 1.4 The learning environment delivers care that is clinically or therapeutically effective, safe and responsive, and provides a positive experience for patients and service users.
- 1.5 The learning environment provides suitable facilities and infrastructure, including access to quality assured library and knowledge services.
- 1.6 The learning environment and culture reflect the ethos of patient empowerment, promoting wellbeing and independence, prevention and support for people to manage their own health.

Quality Metrics

GMC Trainee Survey, HEE Learner Survey, CQC Intelligent Monitoring, NETS, NHS Staff Survey, Friends and Family Test, Higher Education Funding Council for England (HEFCE) National Student Survey, Research Excellence Framework.

What is expected to demonstrate quality

Providers must demonstrate a culture that both seeks and responds to feedback from learners and educators on compliance with standards of patient and user safety and care, and on education and training.

Providers must demonstrate a culture that allows learners and educators to raise concerns about patient and user safety, and the standard of care or of education and training, openly and safely without fear of adverse consequences. They should also ensure that learners feel secure and enabled to raise concerns about bullying and undermining.

Providers must investigate and take appropriate action locally to ensure concerns are properly dealt with. Concerns affecting the safety of patients or users and learners must be addressed immediately and effectively.

Providers must demonstrate a culture that investigates and learns from mistakes and reflects on incidents and near misses. Learning will be facilitated through effective reporting mechanisms, feedback and local clinical governance activities.



1. Learning Environment and Culture (Continued)

Providers must demonstrate a learning environment and culture that supports learners to be open and honest with patients and users when things go wrong – known as their professional duty of candour – and help them to develop the skills to communicate with tact, sensitivity and empathy.

Providers must ensure that learners know about the local processes for educational and clinical governance and local protocols for clinical activities. They must ensure learners know what to do if they have concerns about the quality of care, and they should encourage learners to engage with these processes.

Providers must ensure there are enough staff members who are suitably qualified and enabled to carry out their role as educators, so that learners have appropriate clinical supervision, working patterns and workload, for patients and users to receive care that is safe and of a high standard, while creating the required learning opportunities. By suitably qualified, we mean trained, assessed as meeting their professional, regulatory or curriculum requirements and have sufficient time resource for their educational duties.

Providers must ensure that learners are able to meet with their educators as frequently as required by their curriculum or training programme.

Providers must support opportunities for learners and educators 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.

Providers must ensure that the organisation and delivery of individualised patient centred care is evident and learners are made aware of the importance of consent, privacy, dignity and confidentiality.

Providers must ensure that learners have an appropriate level of supervision at all times by an experienced and competent educator, who can advise or attend as needed. The level of supervision must fit the individual learner's competence, confidence and experience. The support and supervision must be clearly outlined to the learner and the educator.

Learners' responsibilities for patient and service user care must be appropriate for their stage of education. Educators must determine a learner's level of competence, confidence and experience and Providers must ensure that learners have an induction (organisational induction and service or unit placement induction) in preparation for each placement that clearly sets out:

- a. their duties and supervision arrangements
- b. their role in the team
- c. how to gain support from senior colleagues
- d. the clinical guidelines and workplace policies they must follow
- e. how to access clinical and learning resources.
- f. how to raise concerns about patient safety, standards of care, education and training and ethics

Providers must ensure that assessment is valued and that learners and educators are given adequate time and resources to complete the assessments required by the curriculum or professional standards.

Learners and educators must have access to quality assured Library and Knowledge Services including provision of resources and information handling skills to support evidence based practice.

Learners must have access to technology enhanced and simulation-based learning opportunities within their placement as required by their curriculum or professional standards.

Providers must ensure that handover of care is organised and scheduled to provide continuity of care for patients and maximise the learning opportunities. It should normally be supervised by a senior educator.

Providers must ensure that work undertaken by learners provides learning opportunities and feedback on performance, and gives an appropriate breadth and depth of experience appropriate to individual learner needs.

Providers must support every learner to be an effective member of the multi-professional team by promoting a culture of learning and collaboration between specialties, professions and all learner groups.

Providers must have the capacity, resources and facilities to deliver safe and relevant learning opportunities, educational supervision, support and placement experiences for all learners as required by their curriculum or professional standards.

Providers should have appropriate engagement strategies and forum to actively invite the participation of patients, service users, carers and citizens alongside learners, into the development of learning and assessments and can demonstrate that input is reflected in learner pathways.

Providers must ensure that the learning environment and culture provide opportunities for learners to develop skills, values and behaviours to work in partnership with patients and service users in designing and delivering their own care.

2. Educational Governance and Leadership

Quality Standards

- 2.1 The educational governance arrangements continuously improve the quality and outcomes of education and training by measuring performance against the standards, demonstrating accountability, and responding when standards are not being met.
- 2.2 The educational, clinical and corporate governance arrangements are integrated, allowing organisations to address concerns about patient and service user safety, standards of care, and the standard of education and training.
- 2.3. The educational governance arrangements ensure that education and training is fair and is based on principles of equality and diversity.
- 2.4. The educational leadership ensures that the learning environment supports the development of a workforce that is flexible and adaptable and is receptive to research and innovation.
- 2.5. The educational governance processes embrace a multi-professional approach, supported through appropriate multi-professional educational leadership.

Quality Metrics

GMC Trainee Survey, NHS Staff Survey, National Institute for Health Research (NIHR) Research Capability Funding, NETS.

What is expected to demonstrate quality

Providers must have effective, transparent and clearly understood educational governance arrangements and processes in place to effectively evaluate, manage and improve the quality of education and training.

Providers must clearly demonstrate leadership accountability for educational governance within the organisation, such as at board level, senior leadership level or equivalent that ensures effective accountability for continuous improvement of quality and performance.

Providers must consider the impact on learners of policies, systems or processes, particularly important if services are being redesigned. They must take account of the views of learners, educators and, where appropriate, patients, service users, the public, employers and service managers in assessing and managing any impact.

Providers must evaluate information about learners' performance, progression, experience and outcomes, such as the results of exams, assessments and learner voice, by collecting, analysing and using data about the quality of learning and teaching.

Provider must be able to demonstrate that they are meeting the standards for the quality of education and training within their organisation and responding appropriately to concerns or quality issues. This must include ensuring systems to manage learners' progression, with input from a range of people, to inform decisions about their progression.

Providers must regularly evaluate and review the curricula and assessment frameworks, education

and training programmes and placements they are responsible for to ensure standards are being met, and to improve the quality of education and training.

Providers must have a system for raising concerns about education and training within the organisation. They must investigate and respond when such concerns are raised, and this must involve feedback to the individuals who raised the concerns. The learning from concerns raised and incidents reported is shared within the organisation.

Providers must share and report information about quality management and quality improvement of education and training with other bodies that have educational governance responsibilities. This is to identify risk, improve quality locally and more widely, to identify good practice and inform system wide quality surveillance.

Providers must monitor how educational resources are allocated and used, including ensuring time in educators' job plans, investment in learning infrastructures and learning resources.

Providers must have systems and processes to ensure learners have appropriate supervision. Educational and clinical governance must be integrated so that learners do not pose a safety risk and education and training takes place in a safe learning environment and culture.

Providers must ensure that educational governance processes are conducted on a multi-professional basis to ensure oversight of the quality of the entire learning environment and in order to maximise the opportunities for inter-professional learning.

3. Supporting and Empowering Learners

Quality Standards

- 3.1. Learners receive educational and pastoral support to be able to demonstrate what is expected in their curriculum or professional standards and to achieve the learning outcomes required.
- 3.2. Learners are encouraged to be practitioners who are collaborative in their approach and who will work in partnership with patients and service users in order to deliver effective patient and service user-centred care.

Quality Metrics

GMC Trainee Survey, NETS, NHS Staff Survey, HEFCE National Student Survey

What is expected to demonstrate quality

Providers must make reasonable adjustments for learners with protected characteristics, in line with the Equality Act 2010 and notify any placement provider or subsequent placement provider that adjustments are required.

Learners must receive timely and accurate information about their curriculum, assessment, training programme and placements.

Learners must be able to take study leave appropriate to their curriculum or training programme.

Learners must receive regular, constructive and meaningful feedback on their performance, development and progress at appropriate points in their course or training programme, and be encouraged to act on it. Feedback should come from health and social care professionals and patients, service users, families and carers.

Every learner must have a named educator for each period of placement learning and a structured support system in place when the allocated educator is not available (e.g. co-educator).

Learners must be supported to meet the requirements of their curriculum or professional standards and only progress if they meet the required learning outcomes.

Learners must be encouraged to take responsibility for looking after their own health and wellbeing. Learners must have access to resources to support their health and wellbeing and to educational and pastoral support, including:

- a. confidential counselling services
- b. careers advice and support.
- c. occupational health services.
- d. reasonable adjustments for those with protected characteristics.
- e. appropriate support on returning to a programme following a career break.
- f. learners whose progress, performance, health or conduct gives rise to concerns must be supported, where reasonable, to overcome these concerns and, if needed, given advice on alternative career options.

Learners must not be subjected to, or subject others to, behaviour that undermines their professional confidence, performance or self-esteem.

All educators who are supporting and assessing learners, meet the requirements of the relevant Professional Body, in particular attending annual updates, reviews of relevant professional criteria and are responsible and accountable for the sign-off in placement of their learners.

Learners receive an initial, mid-point and final interview during the placement. These interviews facilitate achievement of learning outcomes in order to achieve progression.

Placements respond to local, professional and national developments and care provision is based on relevant and up to date evidence based findings.

Whilst giving direct care in the practice setting at least 40% of the learner's time must be spent being supervised (directly or indirectly) by an educator.

4. Supporting and Empowering Educators

Quality Standards

- 4.1. Appropriately qualified educators are recruited, developed and appraised to reflect their education, training and scholarship responsibilities.
- 4.2. Educators receive the support, resources and time to meet their education, training and research responsibilities.

Quality Metrics

CQC Intelligent Monitoring, GMC Trainer Survey, Learner : Educator ratio

What is expected to demonstrate quality

Providers must support educators by dealing effectively with concerns or difficulties they face as part of their educational responsibilities.

Providers must support educators 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.

Educators must be selected against suitable criteria and receive an appropriate induction to their role, access to appropriately funded professional development and training for their role, and an appraisal against their educational responsibilities.

Providers must ensure that educators have appropriate allocated time in their job plans to meet their educational responsibilities so that they can carry out their role in a way that promotes safe and effective care and a positive learning experience.

Providers must ensure that educators are developed and supported to meet any regulatory requirements and maintain evidence of an educator accessing annual (or as appropriate) updates of training. This includes an appropriate infrastructure to support continuing professional development of staff and individuals and ensures they have access to relevant opportunities to develop their role as educators.

Providers must ensure they maintain up to date details for all educators on an appropriate educator database.

Providers must have in place an auditable process for identifying, supporting and managing educators whose performance or conduct falls below the expected standard.

Educators must maintain sufficient records to support and justify decisions regarding a learner's performance and have ongoing links to the relevant academic partner, lecturer or senior practitioner for advice and support.

Providers must have an Organisational Development Strategy to ensure that there is sufficient placement capacity and capability including appropriately supported educators.

Educators must have access to relevant resources to support them in fulfilling their educational, training and research responsibilities, which may include access to other educational colleagues within the learning environment.

Educators must be familiar with the learners' programme/curriculum and have the ability to select and support a range of appropriate learning opportunities commensurate with the learners' needs.

5. Developing and Implementing Curricula and Assessments

Quality Standards

- 5.1. Curricula, assessments and programmes are developed and implemented so that learners are enabled to achieve the learning outcomes required for course completion.
- 5.2. Curricula, assessments and programmes are implemented so that all learners are enabled to demonstrate what is expected to meet the learning outcomes required by their curriculum or required professional standards.
- 5.3. Curricula, assessments and programme content are responsive to changes in treatments, technologies and care delivery models and are reflective of strategic transformation plans across health and care systems.
- 5.4. Providers proactively engage with patients, service users, carers, citizens and learners to shape curricula, assessments and course content to support an ethos of patient partnership within the learning environment.

Quality Metrics

HEE Trainee Information, HEFCE National Student Survey, GMC Trainee Survey, NETS, Quality Assurance Agency for Higher Education

What is expected to demonstrate quality

Curricula and assessments and training programmes are developed and implemented so that learners are able to achieve the learning outcomes required for course completion.

Curricula and training programmes must be informed by learners, educators, employers, staff, other health and social care professionals and patients, service users, families and carers.

There must be:

- a. Sufficient practical experience to achieve the learning outcomes required for learners.
- b. An educational induction to make sure learners understand the curriculum or training programme and how their placement fits within the programme.
- c. The opportunity to develop their practical skills and generic professional capabilities through technology enhanced learning opportunities, with the support of educators, before using skills in a clinical/practice situation.
- d. Experiential learning in clinical/practice settings, both real and simulated, that increases in complexity in line with the curriculum or training programme.
- e. The opportunity to work and learn with other health and social care professionals and learners to support inter-professional and multidisciplinary working.
- f. Placements that enable them to become members of the multidisciplinary team and to allow team members to make reliable judgements about their abilities, performance and progress.

Assessments must be:

- a. Fair, reliable and valid which allow educators to decide whether learners have achieved the necessary learning outcomes.
- b. Mapped to the curriculum or training programme and appropriately sequenced to match progression through the education and training pathway.
- c. Carried out by someone with appropriate expertise in the area being assessed, and who has been appropriately selected, supported and appraised. They are responsible for honestly and effectively assessing the learner's performance and being able to justify their decision.

5. Developing and Implementing Curricula and Assessments (Continued)

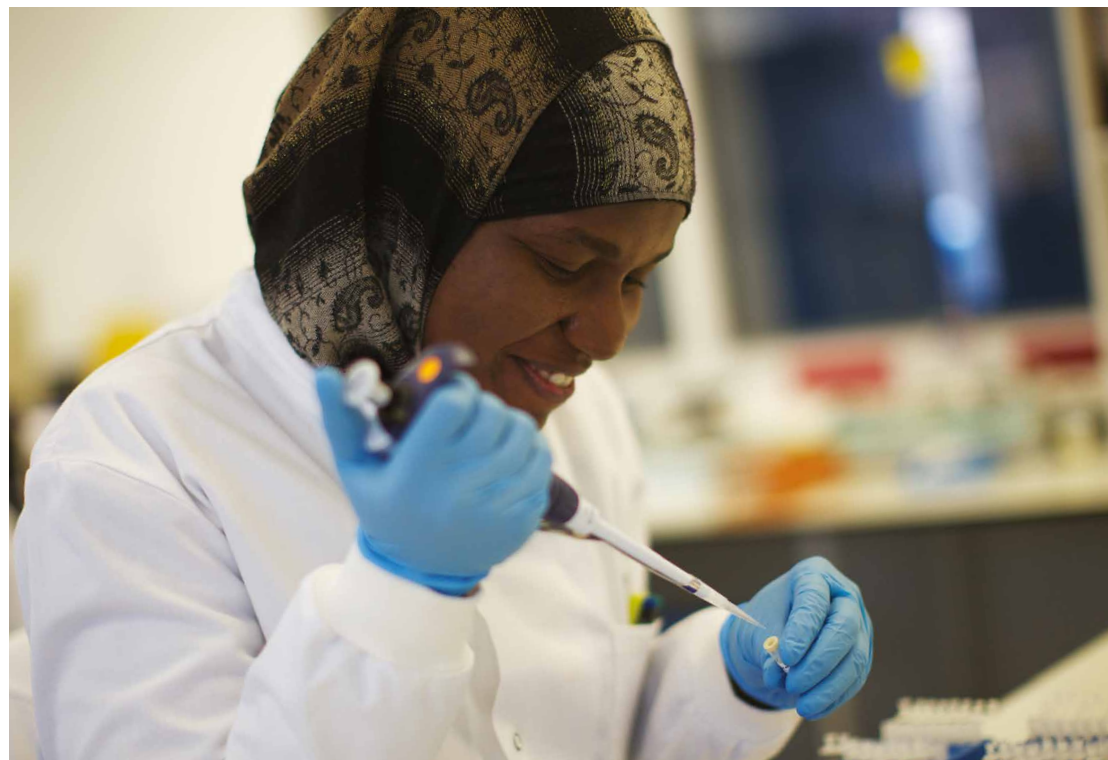
Curricula and assessments are implemented so that all learners are able to demonstrate what is expected to meet their appropriate professional standards and to achieve the learning outcomes required by their curriculum or professional standards.

Placements must ensure learners experience a balance between providing services and accessing educational and training opportunities. Services will focus on patient and service user needs, but the work undertaken by learners in placements should support learning opportunities wherever possible. Education and training should not be compromised by the demands of regularly carrying out routine tasks or out-of-hours cover that do not support learning and have little educational or training value.

Providers must proactively develop and implement new and innovative ways of delivering teaching and learning to enhance the curricula and learner experience.

Curricula and assessments must ensure learners have opportunities to develop the skills, value and behaviours required to enable them to work in partnership with patients, service users, carers and families in order to promote wellbeing and independence and to support patients to manage their own health.

Providers must work with wider health and care system partners to ensure the development and delivery of curricula and assessments that enable a flexible, responsive, resilient, patient-centred workforce able to respond to changes in treatments, technologies and care delivery models.



6. Developing a Sustainable Workforce

Quality Standards

- 6.1. Recruitment processes to health care programmes fully comply with national regulatory and HEE standards.
- 6.2. Learner retention rates are monitored, reasons for withdrawal by learners are well understood and actions are taken to mitigate attrition of future learners.
- 6.3. Progression of learners is measured from commencement to completion for all health care learning programmes.
- 6.4. First destination employment is recorded and retention within first year of employment monitored, including the recording of reasons for leaving during the first year of employment.
- 6.5. Transition from a healthcare education programme to employment is underpinned by a clear process of support developed and delivered in partnership with the learner.

Quality Metrics

HEE Trainee Information, HEFCE National Student Survey, GMC Trainee Survey, NETS, Quality Assurance Agency for Higher Education

What is expected to demonstrate quality

Education Providers must ensure that programmes are approved to the appropriate curriculum or professional standards requirements and remain in approval before learners are enrolled.

Education Providers must ensure rigorous implementation of fitness to practice policy and processes for the appropriate curriculum or professional standards requirements.

Education Providers must ensure the appropriate integrity, accuracy and timeliness of uploads to the professional registers when learners complete a programme.

Education Providers must be able to demonstrate that they are adhering to the HEE Framework for Values Based Recruitment for all learner groups.

Education Providers must demonstrate a commitment to public protection through their assurance of the quality of learning, teaching and assessment.

Providers must ensure the safety and wellbeing of patients and service users with whom learners work, including formal processes for ensuring that all necessary Disclosure and Barring Service (DBS) and Protecting vulnerable groups – Disclosure Scotland (PVG) checks meet the necessary requirements.

Education Providers must undertake analysis of attrition for all learner groups that can be mapped across England (NHS funded or otherwise). This analysis will include full reporting of exact reasons for discontinuation for all learners, and planned actions to address avoidable attrition and learner survey results.

Education Providers must have policies and processes in place demonstrating support for all learner groups in academic and placement setting, for example, a student union, hardship, counselling, formal academic/skills support and adequate educator support.

Education Providers must demonstrate they have a learner partnership commitment to ensure safe and supportive placement learning that demonstrates the professional values and behaviours of health care workers.

Education Providers must have an up-to-date database of placements with confirmed educational audits recorded.

Education Providers must engage in local partnership recruitment practices, for example conditional offers of employment upon course or learning pathway completion.

Providers must ensure appropriate rotational programmes for all learners that provide opportunities for learning experience across service, sector and organisational boundaries for health and social care where this is appropriate and adds value to the learning experience.

Providers must work collaboratively with other partners engaged in educational activities to improve placement capacity and capability and learner outcomes and experience in order to reduce attrition.