# **Learning Organisation Quality Assurance in Primary Care**

## Organisations that host placements for learners in Primary Care must meet the standards set out in the Health Education Quality Standards Framework.

* A Learning Organisation is considered a PCN or group of practices and other learning environments where Primary Care Placements occur and covers all types of Primary Care learners.
* The purpose of this document is to provide the Training Hub and NHS England Quality team with information about how your Organisation meets these standards.
* It should form the basis of discussions at your approval panel visit looking at the culture, leadership and governance of the learning environments and ways in which learning opportunities are offered, as well as enabling a discussion about the skills and experience of the ‘teachers’ and their development needs.
* Completion of the document needs to be co-ordinated and sent in as a single application to represent the Learning Organisation.
* The Learning Organisation will therefore need to decide who takes leadership responsibility for completion, and ensure inclusion of all sites and clinical professions, involving those that take leadership responsibility for education in that organisation.
* Ideally the Learning Organisation submits one completed form that includes each environment within the Organisation. If this is difficult to achieve each environment can fill in their own form and these are submitted by the Learning Organisation as a collection.

### Glossary:

* AEI – Approved Education Institution
* AHP – Allied Health Professional
* CS – Clinical Supervisor
* DiTs – Doctors in Training
* EDI – Equality, Diversity and Inclusion
* ES – Educational Supervisor
* GDPR – General Data Protection Regulation
* GP – General Practice
* HEE – Health Education England (now NHS England)
* LO – Learning Organisation
* PCN – Primary Care Network
* QA – Quality Assurance
* QIA – Quality Improvement Activity
* SEA – Significant Events Analysis

### Completion of the application tool:

* Include all educators and training locations within the PCN.
* Examples of core evidence as listed for all learner groups **MUST** be attached.
* Include further evidence as listed on how an individual standard is being met for all learner groups.
* If a standard is not currently met, please include how it will be met in the future.
* Complete all sections of the form, if sections cannot be evidenced or answered then an action plan will be developed to address this.
* Celebrate your achievements as well as your challenges – what successes can we share?

## Details of your Organisation

|  |  |
| --- | --- |
| **Name of Learning Organisation (e.g. PCN)** |  |
| **Number of Environments in the Learning Organisation** |  |
| **Environment names (e.g., Practice/provider names)** |  |
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|  |
| **Learning Organisation Link Name:**  **[Applicant submitting on behalf of LO/PCN]** |  |
| **Learning Organisation Link email address:** |  |

## Learning Organisation Demographics (please add lines as required)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Environment**  **Name** | **Supervisor names** | | **Professional number, e.g., GMC/NMC** | **Current number of learners** | **Number of learners in last 3 years** |
|  | GP |  |  |  |  |
| Foundation |  |  |  |  |
| Medical Student |  |  |  |  |
| Nurse (please specify learner type e.g. adult nursing) |  |  |  |  |
| Advanced Practice |  |  |  |  |
| Physicians Associate |  |  |  |  |
| Pharmacists |  |  |  |  |
| AHP (please specify learner type e.g., paramedic) |  |  |  |  |
| Other [specify] |  |  |  |  |
|  |  | |  |  |  |
|  | GP |  |  |  |  |
| Foundation |  |  |  |  |
| Medical Student |  |  |  |  |
| Nurse (please specify learner type e.g. adult nursing) |  |  |  |  |
| Advanced Practice |  |  |  |  |
| Physicians Associate |  |  |  |  |
| Pharmacists |  |  |  |  |
| AHP (please specify learner type e.g., paramedic) |  |  |  |  |
| Other [specify] |  |  |  |  |
|  |  | |  |  |  |
|  | GP |  |  |  |  |
| Foundation |  |  |  |  |
| Medical Student |  |  |  |  |
| Nurse (please specify learner type e.g. adult nursing) |  |  |  |  |
| Advanced Practice |  |  |  |  |
| Physicians Associate |  |  |  |  |
| Pharmacists |  |  |  |  |
| AHP (please specify learner type e.g., paramedic) |  |  |  |  |
| Other [specify] |  |  |  |  |

## Tell us what happens.

### Core Evidence

|  |  |  |  |
| --- | --- | --- | --- |
|  | Attach examples for each Learner Group and Environment | | |
| Evidence | Yes | Environment e.g. Practice | Learner Groups e.g., GP, Nurse, Medical Student, Foundation Doctor, AHP |
| Induction Timetable |  |  |  |
| Learner Timetable |  |  |  |
| Supervisor Timetable |  |  |  |
| Learner Feedback |  |  |  |
| Supervisor Feedback |  |  |  |
| Tutorial schedules – including any for multidisciplinary learning |  |  |  |
| Patient Feedback |  |  |  |
| SEA Minutes |  |  |  |
| QI Activity |  |  |  |

## Domain 1: Learning Environment and Culture

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

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| --- | --- | --- | --- |
|  | Yes | No | Comments |
| Confirm all your learning environments have:   * GDPR policy * Bullying policy * Whistle blowing policy * Inclusion policy * Complaints policy   be prepared to share examples at the visit. |  |  |  |
| Do your learners know about the above policies? How? |  |  |  |
| Do all learners/supervisors have access to IT facilities and room for teaching? |  |  |  |
| Are incidents and near misses investigated and shared with learners and used for teaching? How? |  |  |  |
| Are learners involved in QIA? How? |  |  |  |
| Are your learners involved in multidisciplinary learning? Give examples. |  |  |  |
| Provide any further information about how your organisation meets this domain.  Please attach further evidence as appropriate. |  | | |
| What are you proud of and want to share? |  | | |
| Domain 1:  Assessor comments |  | | |

## Domain 2: Educational Governance and Leadership

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

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| **List the professional lead for each learner group in your organisation. If no organisation lead – list the lead in each environment.** |  |
| Placement manager |  |
| GP |  |
| Nurse |  |
| Medical student |  |
| AHP |  |
|  | Comments |
| How do you ensure education issues are fed into and addressed within the executive structure of your organisation and individual environments e.g., education is a standing item on your partner/PCN meeting agendas? |  |
| How do educators support each other and share good practice within your organisation? |  |
| How do your educators receive support and share best practice outside your organisation? |  |
| Provide any further information about how your organisation meets this domain.  Please attach further evidence as appropriate e.g., Minutes of partners meetings, shared learning, peer review. |  |
| What are you proud of and want to share? |  |
| Domain 2:  Assessor comments |  |

## Domain 3: Supporting and Empowering Learners

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

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|  | Comments |
| How do you review clinical time and patient load of the learner? |  |
| How are learners in difficulty identified and supported? What systems are in place to adapt the learning experience and supervision to the learners needs? |  |
| How do you involve your learners in teaching? |  |
| How do you manage illness/annual leave of supervisors? |  |
| What mechanisms exist for learners and supervisors to raise specific concerns about education and training?  How are they are supported to do so and informed about any action that has been taken as a result of their concern? |  |
| Provide any further information about how your organisation meets this domain. Please attach further evidence as appropriate. |  |
| What are you proud of and want to share? E.g., what is good about your induction process? |  |
| Please tell us which education providers you are currently linked with. E.g., AEI, college or other educational provider. |  |
| Domain 3:  Assessor comments |  |

## Domain 4: Supporting and Empowering Educators

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

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| Name of all persons that are currently educators: | | | | |
| Practice Location | Name | Profession & Registration Number | Education Qualifications | Define if ES, CS, Trainer/Assessor, or other |
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|  | Comments |
| How are supervisors given time for their role?  e.g., educational supervisors for GP are expected to be able to take at least 5 additional days study leave in respect of their educational role, allowing them to attend trainer workshops, contribute to local quality processes and other activities related to training. |  |
| How do you ensure your supervisors are appropriately trained and up to date? |  |
| How are supervisors supported? e.g., Mentoring, appraisal etc. |  |
| How do you get feedback about the supervision that is offered? What do you do with it? Please give examples. |  |
| Provide any further information about how your organisation meets this domain.  Please attach further evidence as appropriate. |  |
| What are you proud of and want to share? e.g., what is good about your induction process? |  |
| Domain 4:  Assessor comments |  |

## Domain 5: Delivering Curricula and Assessment

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| **5.1** | Practice placements must enable the delivery of relevant parts of curricula and contribute as expected to training programmes. |
| **5.2** | Placement providers work in partnership with programme leads in planning and delivery of curricula and assessments. |
| **5.3** | Placement providers collaborate with professional bodies, curriculum/ programme leads and key stakeholders to help to shape curricula, assessments, and programmes to ensure their content is responsive to changes in treatments, technologies and care delivery models, as well as a focus on health promotion and disease prevention. |
| **5.4** | Placement providers proactively seek to develop new and innovative methods of education delivery, including multi-professional approaches. |
| **5.5** | The involvement of patients and service users, and 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. |

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|  | Comments |
| How does your learning organisation stay up to date with curriculum requirements and ensure you can deliver what is needed? Please give examples. |  |
| How do you ensure you are compliant with rota’s etc and requirements of AEI’s and NHS England? |  |
| Provide any further information about how your organisation meets this domain. Please attach further evidence as appropriate or refer to core evidence. |  |
| What are you proud of and want to share? |  |
| Domain 5:  Assessor comments |  |

## Domain 6: Delivering a Sustainable Workforce

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| **6.1** | Placement providers work with other organisations to mitigate avoidable learner attrition from programmes. |
| **6.2** | There are opportunities for learners to receive appropriate careers advice from colleagues within the learning environment, including understanding other roles and career pathway opportunities. |
| **6.3** | The provider engages in local workforce planning to ensure it supports the development of learners who have the skills, knowledge and behaviours to meet the changing needs of patients and service. |
| **6.4** | Transition from a healthcare education programme to employment and/or, where appropriate, career progression, is underpinned by a clear process of support developed and delivered in partnership with the learner. |

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|  | Comments |
| How do you prepare your learners for the transition into independent practice? Please give examples. |  |
| How do you work collaboratively with stakeholders to ensure sufficient placement capacity? |  |
| Have you got any plans to increase the number or type of learner placements? If so by how many? Which learners? |  |
| Provide any further information about how your organisation meets this domain.  Please attach further evidence as appropriate or refer to core evidence. |  |
| What are you proud of and want to share? |  |
| Domain 6:  Assessor comments |  |

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| **What are you most proud of as an organisation involved in the education and training of Primary Care healthcare workers?** |
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| **What are your biggest challenges as an organisation involved in the education and training of Primary Care healthcare workers?** |
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| **Are there any planned or anticipated changes to either the team or LO which would affect the ability to provide safe, high quality Learner experience?** |
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| Feedback from QA Panel: |  |
| LEARNING ENVIRONMENT AND CULTURE |  |
| EDUCATIONAL GOVERNANCE and COMITMENT TO QULALITY |  |
| DEVELOPING AND SUPPORTING LEARNERS |  |
| DEVELOPING AND SUPPORTING SUPERVISORS |  |
| DELIVERING PROGRAMMES and CURRICULA |  |
| DEVELOPING A SUSTAINABLE WORKFORCE |  |
| **Overall Summary:** |  |
| **Have you completed the Checklist for the approval of a learning organisation?** |  |

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| --- | --- | --- |
| **Action** | **Actioned by** | **Timeframe for reporting to TH/NHS England Quality admin** |
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| **CONCERNS: TO BE ESCALATED VIA CONCERNS PROCEDURE VIA** [**SEVERN**](https://www.severndeanery.nhs.uk/about-us/quality-management-4/show/escalating-concerns-2) **OR** [**PENINSULA**](https://www.peninsuladeanery.nhs.uk/about-us/quality-management-4/show/escalating-concerns-2) | | |

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| **Panel Members Name** | **Professional Group/organisation** |
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| Date of Panel Meeting |  |
| Panel Chair |  |
| Panel Chair signature |  |