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| **Public Health Training Programme - Training Location Quality Assurance Self-assessment Questionnaire** |
| **Training Location:** |  |
| **Training Location Lead:** |  |
| **Participants in QA process:** |  |
| **Date:**  |  |
| **Date of last QA review:** |  |
| **Examples of excellent practice identified:** |  |
| **Action plan for any improvements identified:** |  |
| **STC review date:** |  |

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| Document title: EoE Public Health Training Programme: Training Location QA self-assessment questionnaire |
| Version: 2 (PHTP Quality Framework derived from HEE Quality Framework 2019-2020)  |
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| Acknowledgements: Version 1 (2016-2019) authored by Mash Maidrag Suffolk County Council, Training Programme Quality Lead  |
| Approved by: School of Public Health Board & STC  |
| Approval date: April 2021 |
| Review date: April 2023 |

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| **School of PH Quality domains** | **Training location Standards** | **Questions** | **Answers** | **Additional evidence** |
| **A.  Providing robust educational governance and effective leadership** |
| A.1 The educational leadership uses the educational governance arrangements to measure performance against the quality standards; actively respond when standards are not being met; and continuously improve the quality of education and training.  | A.1.1 Training locations have a named PH Consultant as Training Lead who co-ordinates training, attends STC and is responsible for submitting the annual QA self-assessment. | Who is the Training Location Lead who co-ordinates training? Have they attended STC this year? |   |   |
| A.1.2. All trainers and trainees meet at least 6 times a year to discuss training experience and any related issues. | How often do you hold a Training meeting? Have you identified any good practice or identified any improvements/actions required? |   | Meeting minutes  |
| A.1.3. All TLs conduct an annual assessment of quality of local training, involving all trainees and CSs, using the self-assessment toolkit. The self-assessment is submitted to TPD and presented to STC for QA annually.  | Who has contributed information and views to this QA self-assessment? What are the key improvements in response to the last QA self-assessment? |   | Evidence of identifying and implementing actions from previous QA self-assessment |
| A.1.4. Each trainee will complete a 'SAFE' placements questionnaire within 4 weeks of starting the placement; and complete an 'end of placement' feedback questionnaire and exit interview. Results from the annual Trainee survey will be shared with TLs to inform the self-assessment QA process. | Please provide a summary of any registrar feedback and any actions taken in response: (Training Programme will provide a summary of the annual Trainee survey results). How else does the training location seek and respond to trainee feedback? |   | Summary of registrar feedback & any actions |
| A.1.5. Each training location will use trainee feedback and the QA self-assessment to develop an action plan to embed good practice and identify improvements for trainee experience. | Please provide a summary of the actions identified in response to trainee feedback and the QA self-assessment. |   | Examples of good practice identified for sharing. Action plan to improve training experience  |
| A.2. There are processes in place to address safety or quality concerns, or performance issues   | A.2.1. Trainees will be aware of how to raise any concerns regarding educational quality within the Training Location. | Are trainees aware of how to raise any issues of concern within the training location? |   |   |
| A.3. Engagement in workforce planning and development and ensuring the programme is innovative and responsive to service needs. | A.3.1. Clinical Supervisors will advise individual trainees regarding career development. |   |   |   |
| A.3.2. Training locations will offer opportuntiies for senior level experience including management of staff, and leading work areras with limited supervision. | Are there opportunities for trainees to act up at senior/Consultant level including line management of staff, and leading work areas with limited supervision? Please give examples |   |   |
| **B.  Ensuring a safe learning environment and a positive culture** |
| B.1. The learning environment is one in which education and training is valued and learners are treated fairly, with dignity and respect, and are not subject to negative attitudes or behaviours.  | B.1.1. All CSs and ESs will complete E&D training as part of accreditation. Each training location will have a system in place to make reasonable adjustments for trainees in line with the Equality Act 2010 where required, with support from the programme.  | Have all CSs and activity supervisors completed Equality and Diversity training? Are systems in place to make reasonable adjustments for trainees where required? |   | E&D training certificates for CSs and activity supervisors |
| B.1.2. Trainees will be treated fairly, with dignity and respect and regarded as part of the team.Trainees will not be subjected to, or subject others to, behaviour that undermines their professional confidence, performance or self-esteem. Training will be publicised and promoted within the organisation. | How is training (Public Health Specialty, and GP/FY training) publicised and pormoted internally and externally? |   |   |
| B.1.3. Training locations will include trainee feedback in their QA self-assessment and respond to any feedback from the trainee survey, 'SAFE' placement questionnaire and end of placement questionnaires and interviews.  | How has trainee feedback been used to embed good practice and improve trainee experience? |   |   |
| B.1.4. CSs will escalate to ESs and the TPD any concerns they may have about a trainee's wellbeing, behaviour or performance to ensure that measures are put in place to support the trainee and ensure safe care.  | Are CSs aware of potential performance issues or difficulties and how to identify them? Are CSs aware of how to escalate this to the training programme?  |   |   |
| B.2. The learning environment provides suitable educational facilities for both learners and educators.  | B.2.1. Training locations will provide desk space; a laptop/desk computer; access to an email address; IT support; and access to a phone. | Do trainees have access to adequate facilities or resources including: desk space; a laptop/desk computer; access to an email address; IT support; and access to a phone? |   |   |
| B.3.The learning environment promotes safe, effective and patient-centred care and inter- professional learning opportunities.  | B.3.1. Each location will ensure there are enough suitably qualified supervisors who have enough time and capacity to provide safe and appropriate supervision.  | Does each CS have supervison in their job plan and sufficient time to devote to supervision? Are there plans to to develop CSs within the team? |   |   |
| B.3.2. Where relevant (e.g. in health protection work), training locations will ensure that handover of care is organised and scheduled to provide continuity of care for patients.  | What arrangements are in place to ensure safe handover of work, especially for health protection cases/situations? |   |   |
| B.3.3. Training locations will ensure that as part of the FPH curriculum, trainees have opportunities to collaborate between specialties and disciplines and organisations, and work in partnership with service-users and the voluntary sector.  | What opportunities are there for trainees to work between organisations and with service-users and the voluntary sector? Please list some examples of trainee work in these areas. |   | List of previous projects / examples of ASS |
| B.4. Learners receive appropriate and timely information, including an induction into the learning environment.  | B.4.1. Trainees will receive a timely and comprehensive training location induction which includes: a. their duties and supervision arrangements b. 1:1 meetings to understand the portfolios and responsibilities of Consultants in the team (e.g. through shadowing); c. the structure of the organisation and roles in the team, (including their own role)d. how to gain support from senior colleagues when required (including when CS unavailable)e. the clinical guidelines and workplace policies they must follow f. how to access learning resources. g. how to raise concerns about patient safety, standards of care, education and training and ethics  | Please demonstrate how your induction includes the required elements.  |   | Induction plan & shadowing oportunities |
| **C. Supporting and empowering learners to achieve the curriculum** |
| **C.1. Programme placement planning and delivery enables learners to meet the learning outcomes required by the curriculum**  | C.1.1. In Training Locations, work undertaken by learners in placements will support learning opportunities wherever possible.  | How are projects identified to meet trainees' learning needs and agreements? |   |   |
| C.1.2. Training locations will offer opportunities for trainees to be involved in: commissioning; service specification development; principles of procurement; performance management and quality improvement; and evidence-based practice. | What opportunities are there for trainees to work on these areas? Please list some examples of trainee work in these areas. |   | List of previous projects / examples of ASS |
| C.1.3. Training locations will identify opportunities for trainees to be involved and supported in research and innovation, including performing evaluations and engaging in academic work.  | What opportunities are there for trainees to be involved in academic work, evaluations or research? Please list some examples of trainee work in these areas. |   | List of previous projects / examples of ASS |
| C.1.4. Trainees will be able to take study leave in line with the Study Leave Policy. | Are trainees encouraged to take study leave or attend regional training? Are trainees supported to take time to be involved with teaching or academic work? |   |   |
| **C.2. Learners are supported to be able to demonstrate required learning outcomes and curricular standards, and complete appropriate summative and formative assessments** | C.2.1. CSs or project / activity supervisors will make themselves available to offer regular supervision and guidance, complete assessments and activity summary sheets, provide feedback, encourage reflective practice and provide support. | Do trainees have access to their CSs and other colleagues where needed? Do CSs make time to complete assessment of work e.g. engaging with the ASS process?  |   |   |
| C.2.2. CSs will be trained to offer constructive and meaningful feedback on performance and progress and ensure that trainees seek and reflect on feedback from other members of the team and various stakeholders.   | Have CSs completed training in undertaking assessments and offering effective and meaningful feedback?  |   |   |
| C.2.3. CSs will be familiar with the curriculum and learning outcomes and able to identify suitable projects to fit the individual trainee's competence, confidence and experience. | Are CSs familiar with the curriciulum and able to identify projects within the location to meet learning objectives?  |   |   |
| C.2.4. CSs will be able to offer feedback or advice on assessment, especially MFPH. | Have any Consultants in the team been able to offer exam practice or support? |   |   |
| C.2.5. CSs will provide the ES with a detailed, specific and constructive CS report in a timely manner.  |   |   |   |
| **C.3. Learners receive appropriate pastoral support** | C.3.1. Each trainee will be allocated a named CS before the placement begins. Clinical supervisors will be named CS for no more than two trainees (PH, GP or FY) at any given time. | How many trainees (PH, GP, FY and others) have been in placement this year? (Note: should be max 2 per named CS). Does each trainee have a named CS and agreed timetable to meet regularly? |   |   |
| C.3.2. Clinical supervisors will be aware of sources of support for trainees and liaise with ES or TPD to ensure trainees can access this. | Do named CSS have a good understanding of registrar's health and family situation? Are CSs aware of sourcves of support to signpost trainees to? |   |   |
| **D.  Supporting and empowering educators to provide effective supervision** |
| D.1. Educators are appropriately trained (as defined by GMC & HEE standards) and educator performance is assessed through appraisals  | D.1.1. All CSs will be accredited in line with the Supervisor Accreditation and Training policy (2020) and include their educator role as part of their job plan and appraisal.  | How many of the Consultants in the team are accredited as CSs? Does each CS have their educator role in their job plan? |   |   |
| D.1.2. Supervisors will be encouraged to participate in peer review of their practice and sharing learning.  | Please describe any peer review or support activities by CSS in the department |   |   |
| D.1.3. Trainee feedback will be included in CS appraisal.  | Please describe where trainee feedback has been included in CS appraisal or MSF |   |   |
| D.2. Educators are appropriately supported, with constructive feedback and support provided for role development and progression.  | D.2.1. All CSs will include clinical supervision knowledge and skills as part of their FPH CPD and will be able to prioritise time for training and professional development. | Has each CS included clinical supervision knowledge and skills in their CPD and appraisal this year? Have CSs and Consultants in the department attended PDD events and online activities this year? |   |   |
| D.2.2. Training Location Leads will ensure that updates and information on education and training are circulated to colleagues within the training location.  |   |   |   |
| D.2.3. Training locations and CSs will offer feedback to the Training Programme on how to improve training, and their own training needs or support as educators.  | Do you have any feedback for the Training Programme on how training could be improved? Is there any additional faculty support or training the training programme could provide for you? |   |   |
| D.2.4. Training locations will advise the programme of any concerns or difficulties with educator performance and seek support and advice.  |   |   |   |
| D.3. Educators are familiar with the curricula of learners they are educating and able to provide effective supervision | D.3.1. Supervisors will be familiar with the FPH curriculum and (Foundation and GP curriculum where relevant) and able to identify suitable projects to meet the learning needs of their trainees.  |   |   |   |
|   | D.3.2. CSs will maintain appropriate records regarding a learner’s performance and behaviours. This will include recording progress and performance on Activity Summary Sheets for the trainee portfolio, and any additional records required, as noted in the Trainees in Difficulty policy.  |   |   |   |