# 

# Learning Organisation Declaration Form

# This form should be completed by LO’s when prompted to do so by their local Training Hub, in most circumstances this will be approximately 3 months in advance of the LO recognition anniversary date. The form will be risk assessed against other evidence available for the ongoing quality management of learning organisations. It is a self-declaration that you are maintaining high quality standards with respect to teaching and training. You will not be asked to provide additional evidence unless concerns are raised through the completion of this declaration or through the triangulation of information from other sources, for example, CQC, NETS, placement reports etc.

## *Please note that failure to answer this declaration honestly will be considered a probity issue.*

\* All fields are mandatory.

### Personal Details

### *Lead individual completing the form on behalf of the organisation. These details will be stored as the lead contact for this organisation.*

1. Full Name\*

Click or tap here to enter text.

1. Email Address\*

Click or tap here to enter text.

### General Information and Declarations

1. Please state the full name and address of your learning organisation\*

Click or tap here to enter text.

1. With which Training Hub are you affiliated? \*

Choose an item.

1. With which HEIs (universities) are you affiliated? This may include nurses, AHPs and medical students. \*

Click or tap here to enter text.

1. What is the name of your placement manager? \*

Click or tap here to enter text.

1. What is the name of your GP education lead? \*

Click or tap here to enter text.

1. What is the name of your nurse education lead? \*

Click or tap here to enter text.

1. What is the name of your AHP education lead? \*

Click or tap here to enter text.

1. Please provide the names of ALL educators (including nurses, AHPs and GP educators) involved in teaching and learning within the organisation. Please specify who they educate and if they are tiered or ad hoc educators. \*

Click or tap here to enter text.

1. How many constituent placements (sites) are there? \*

Click or tap here to enter text.

1. What is your current placement provision? Please list the number and type of ALL learners that your organisation currently hosts, including stage (e.g. 1 x ST1 (current in hospital role), 1 x ST3, 2 x nurses 8 week placements 4 x a year etc). \*

Click or tap here to enter text.

1. Do you have any plans to increase your placement capacity? \*

Yes

No

12. Do any of the constituent placements NOT have an approved (tiered) educator? \*

Yes

No

13. If you have answered yes, please provide further information below. \*

Click or tap here to enter text.

**Quality Domain 1**

**Learning Environment and Culture**

14. Please provide a self-rating for each of the areas below. You will not need to provide any additional attachments but will need to be able to produce relevant evidence to support the self-rating if asked. \*

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Green** | **Amber** | **Red** |
| Suitable physical and IT resources to be able to deliver safe, high-quality education |  |  |  |
| Ability to meet specific or special needs of individual learners |  |  |  |
| Engagement of learners in multiprofessional learning, including audit, QIP and significant events |  |  |  |
| Use of learner feedback to drive improvement |  |  |  |
| Ensuring patient safety within the context of learners being on site |  |  |  |

15. For any of the questions above where you have rated amber or red please provide further information below.\*

Click or tap here to enter text.

16. Please indicate whether you have a GDPR policy and are fully compliant with this? \*

Yes

No

**Quality Domain 2**

**Educational Governance and Leadership**

17. Please provide a self-rating for each of the areas below. You will not need to provide any additional attachments but will need to be able to produce relevant evidence to support the self-rating if asked. \*

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Green** | **Amber** | **Red** |
| Robust organisational induction processes to meet the needs of all learners |  |  |  |
| Engagement of management and support staff in teaching and learning |  |  |  |
| Sufficient access to clinical supervision at all times for all learners |  |  |  |
| Bullying and harassment policy in place |  |  |  |
| Active promotion of equality, diversity and inclusivity |  |  |  |

18. For any of the above that you have rated as amber or red please provide further details below. \*

Click or tap here to enter text.

**Quality Domain 3**

**Supporting and Empowering Learners**

19. Please provide a self-rating for each of the areas below. You will not need to provide any additional attachments but will need to be able to produce relevant evidence to support the self-rating if asked. \*

|  |  |  |  |
| --- | --- | --- | --- |
|  | Green | Amber | Red |
| Assessment of learners initial needs and planned approach to personal induction |  |  |  |
| Creation of learner work plans that are compliant with employment contracts and take account of individual learner circumstances |  |  |  |

20. For any of the above that you have rated as amber or red please provide further details below. \*

Click or tap here to enter text.

21. Are there learning opportunities outside of this LO which can be facilitated to support wider learner experience? For example, time with community nursing or therapy teams or End of Life teams etc. \*

Yes

No

22. If you have stated "yes" please provide further details. \*

Click or tap here to enter text.

**Quality Domain 4**

**Supporting and Empowering Educators**

23. Are the educators within this LO qualified to teach and supervise the learners for which they are applying? \*

Yes

No

24. If you have stated "no" above please state your plans to address this. \*

Click or tap here to enter text.

25. All educators have protected time to undertake the administrative, teaching and assessment aspects of their role? \*

Yes

No

26. If you have ticked "no" above please provide further details below. \*

Click or tap here to enter text.

27. Are any of the healthcare providers in this organisation working under regulatory body restrictions or other conditions? \*

Yes

No

28. If you have answered yes to the above please provide details below.\*

Click or tap here to enter text.

29. Are there any healthcare professionals within the organisation currently undergoing any formal or informal investigations or processes including referral to regulatory bodies? \*

Yes

No

30. If you have answered yes to the above, please provide details below. \*

Click or tap here to enter text.

31. Please describe any planned or anticipated changes to either the team or learning organisation which may affect your ability to provide a safe, high quality learner experience? If none, please state "none". \*

Click or tap here to enter text.

**Quality Domain 5**

**Delivering Curricula and Assessment**

32. Please provide a self-rating for each of the areas below. You will not need to provide any additional attachments but will need to be able to produce relevant evidence to support the self-rating if asked. \*

|  |  |  |  |
| --- | --- | --- | --- |
|  | Green | Amber | Red |
| Educators remain up to date in respect of curriculum requirements and mandatory assessments for learners |  |  |  |
| Ability to deliver the curricular requirements of ALL learners |  |  |  |

33. For any of the above that you have rated as amber or red please provide further details below. \*

Click or tap here to enter text.

**Quality Domain 6**

**Delivering a Sustainable Workforce**

34. Please confirm that the organisation promotes and supports the transition of its learners into the local primary care workforce. \*

Yes

No

35. Please indicate the date of completion of this form. \*

Click or tap to enter a date.

36.Please add a summary of the improvements you are making within your learning organisation to maintain your learning environment standards and support learners. **\***

Click or tap here to enter text.

**Form Complete**

Please return your completed form to your local training hub:

|  |  |
| --- | --- |
| **Training Hub** | **Email Address** |
| Bedfordshire, Luton, and Milton Keynes | [ccs.blmk.traininghubqualityteam@nhs.net](mailto:ccs.blmk.traininghubqualityteam@nhs.net) |
| Cambridgeshire & Peterborough | [cpth.qualityteam@nhs.net](mailto:cpth.qualityteam@nhs.net) |
| Hertfordshire & West Essex | [hwetraininghub@nhs.net](mailto:hwetraininghub@nhs.net) |
| Mid and South Essex | [primarycare.workforce@nhs.net](mailto:primarycare.workforce@nhs.net) |
| Norfolk & Waveney | [nwicb.primarycareworkforce@nhs.net](mailto:nwicb.primarycareworkforce@nhs.net) |
| Suffolk & North East Essex | [snee.traininghub@nhs.net](mailto:snee.traininghub@nhs.net) |