



Health Education East of England

# Quality Improvement and Performance Framework

## Employer Organisation Process

*Developing people  
for health and  
healthcare*

[www.hee.nhs.uk](http://www.hee.nhs.uk)  
[hee.enquiries@nhs.net](mailto:hee.enquiries@nhs.net)  
[@NHS\\_HealthEdEng](https://twitter.com/NHS_HealthEdEng)

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# Foreword

**Professor Bill Irish**

Postgraduate Dean HEEoE



Welcome to the Quality Improvement and Performance Framework (QIPF) Handbook which outlines the process for Employer Organisations for 2015/16.

The QIPF Employer handbook is in two sections covering an overview of the processes for both our students who are commissioned by HEEoE through our Education Providers and our trainee doctors and dentists, whose training HEEoE quality manage on behalf of the General Medical Council and General Dental Council.

I hope that you find it a useful guide for this year.

The purpose of HEEoE is to enhance quality services for patients by ensuring the workforce is planned, educated and trained to a high quality. QIPF is the process by which Health Education East of England (HEEoE) assures the education it commissions and delivers on behalf of Employers providing NHS commissioned care in the east of England. The Framework was launched on 01 April 2014, and brings together a number of established processes to assure and continually improve the quality of healthcare education in the east of England. This handbook focuses on the process for reviewing our Employer Organisations who provide a range of learning environments for our students and trainees. It is, however, designed to be read by all stakeholders involved in the improvement of the quality of education and training, including Education Providers.

HEEoE invests £377 million every year on commissioning a wide range of education on behalf of local and national health systems. It has a duty to ensure that the Education Providers (EPs) delivering this education provide a high standard of credible and professional education.

**Professor Bill Irish**

Postgraduate Dean

# Glossary

CQC	Care Quality Commission
DEQ	Directorate of Education & Quality
DH	Department of Health
ECQ	Education Commissioning for Quality
Employer	Organisation hosting students for practice placements (referred to contractually as 'Practice Placement Provider')
EO	Employing Organisation
EP	Education Provider
GDC	General Dental Council
GMC	General Medical Council
GPhC	General Pharmaceutical Council
HCPC	Health & Care Professions Council
HEC	Healthcare Education Contract
HEEoE	Health Education England East of England
KPI	Key Performance Indicator
LDA	Learning and Development Agreement
LEP	Local Education Providers
LKS	Library & Knowledge Services
LQAF	Library Quality Assurance Framework
MPET	Multi Professional Education and Training Levy
NM	Non-Medical Students*
NMC	Nursing & Midwifery Council
QIPF	Quality Improvement and Performance Framework Workforce Partnership
QPR	Quality Performance Review
TEL	Technology Enhanced Learning
WP	Workforce Partnership

\*Non-Medical Students includes: Nursing (All fields), Midwives, ODPs, Health Visitors, all commissioned Allied Health Professionals, Healthcare Scientists, Clinical Psychologists, Pharmacy Workforce (including pre-registration trainee pharmacists and pre-registration trainee pharmacy technicians)

A high-speed photograph of water splashing, showing numerous droplets and a central column of water rising from the impact point. The water is clear and the background is white.

## **Introduction and period of review**

## Welcome to the new process for the Quality Improvement and Performance Framework (QIPF) for 2015-16

It is the core responsibility of Health Education East of England (HEEoE) to ensure the effective investment of funding, which must be based on quality, value for money and year on year improvement, and have direct benefits to improvements in students' experience and the quality of patient care. The quality of the learning environment is paramount to ensuring better outcomes for our students and patients.

This year sees the further improvement of the QIPF, an improved quality framework which is more integrated, multi-professional and reflective of our workforce and the current health system. There will also be a closer alignment between the Education Provider QIPF and the Employer QIPF. Two new Key Performance Indicators (KPIs) have been introduced to the non-medical element, Engagement with Education Provider and Improvement Plans, see page 83.

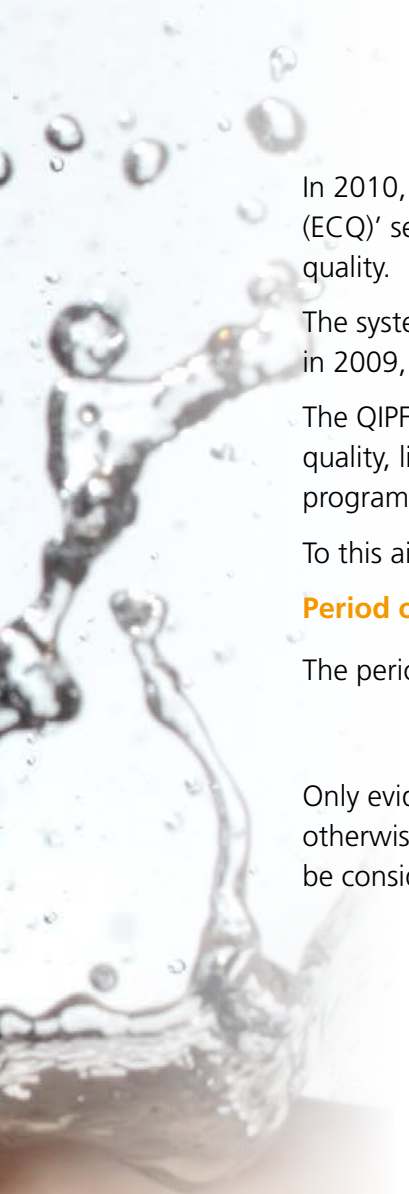
Nationally, HEE is developing a multi-professional national quality and commissioning framework. HEEoE is involved in the design of this framework. Initial indications are that this will be piloted in 2016 and HEEoE will keep Employing organisations, Education Providers and other key stakeholders abreast of development during 2015/16 and beyond.

The QIPF is the framework through which areas for improvement to the quality of education and training are identified; solutions sought and subsequent delivery is monitored. In addition the QIPF will ensure that HEEoE meets the statutory requirements of national regulators e.g. General Medical Council (GMC), Nursing and Midwifery Council (NMC), Health and Care Professions Council (HCPC) and General Pharmaceutical Council (GPhC).

QIPF is integral to HEEoE's governance arrangements and therefore will both quality assure and quality manage the delivery of high quality education for all while delivering value for money for the local health system.

This document will provide you with the information and guidance that you require including timelines and how this process aligns with other educational quality improvement processes.

There is a national requirement to ensure that HEE funding demonstrates year on year improvement in performance, increased quality of educational outcomes and value for money.

A decorative graphic on the left side of the page showing a splash of water with bubbles and droplets, partially overlapping the text area.

In 2010, the Department of Health (DH) publication 'Education Commissioning for Quality (ECQ)' set out guidance for a complete education commissioning system that re-focused on quality.

The system includes the Education Commissioning Assurance Framework published by the DH in 2009, and is intended to support the development of education commissioning teams.

The QIPF is a framework that supports world class commissioning, continually drives up quality, links payment with performance and gives assurance that education and training programmes equip staff with the values, knowledge and skills to deliver high quality care.

To this aim the following model has been developed.

### **Period of Review**

The period reviewed as part of QIPF is outlined below:

**01 April 2015 to 31 March 2016**

Only evidence relating to this period will be reviewed as part of the QIPF process, unless stated otherwise. Key issues relating to performance and quality identified outside of the period may be considered if this is deemed to impact on the review.

A close-up photograph of a hand holding a glass, with water splashing upwards. The water droplets are captured in mid-air, creating a dynamic and refreshing visual. The background is a soft, out-of-focus white.

## Medical and Dental Specific Element



Health Education East of England (HEEoE) is accountable to regulatory bodies, the General Medical Council (GMC) and the General Dental Council (GDC) in relation to the quality management of postgraduate medical and dental education and training within the region. These statutory responsibilities inform the specific quality management process undertaken by HEEoE and the overall governance structure/flow.

As part of HEEoE's Quality Improvement and Performance Framework (QIPF), a series of reviews provides assurance to the GMC, GDC and public that it is managing the quality of foundation and specialty programmes, including GP training, in line with the GMC and GDC's standards for training. These include a quinquennial regional review and annual Dean's Reports. More information on the latter is included later in this section, but all reviews require the input of the Local Education Providers (LEPs).

### **HEEoE's Quality Improvement and Performance Framework must:**

- demonstrate adherence to the GMC standards for training and trainers in postgraduate medical education;
- ensure robust monitoring systems are in place to demonstrate that mandatory standards are met;
- promote the process of continuous quality improvement set to high standards of performance;
- identify areas of improvement in the delivery of education and training, along with actions to deliver these improvements;
- inform commissioning decisions by providing information on the quality of training across the east of England;
- demonstrate the process that will deliver the quality management aspects of HEEoE's Investment Plan and Skills Strategy.

The Medical and Dental Quality Improvement Framework has been developed through an integration of the GMC Quality Standards and Domains, and supplementary HEEoE standards. The standards are embedded within the Learning Development Agreements (LDAs) between HEEoE and the LEPs.

## National Quality System for Postgraduate Medical and Dental Education and Training

GMC/GDC  
Quality Assurance Role Standards  
and Development

GMC/GDC  
Quality Assurance Role Standards  
and Development

GMC/GDC  
Quality Assurance Role Standards  
and Development

### HEEoE responsibilities

- Develop and maintain robust reporting and monitoring systems
- Demonstrate adherence to GMC standards and requirements
- Work closely with specialties through colleges and faculties, trusts and other LEPs

The quality standards are organised under the GMC's framework of nine quality domains, as set out in *The Trainee Doctor*. This GMC document consolidates the foundation and specialty, including GP, standards for training, and incorporates the standards for Local Education and Training Boards (LETBs). There is now one set of standards for all postgraduate medical education and training, from the Foundation Programme to the award of a Certificate of Completion of Training (CCT). For the entire document, please see the link to *The Trainee Doctor on page 12*, along with other advisory documents.

**Note regarding Postgraduate Dental Training:** In 2008 the Committee of Postgraduate Dental Deans and Directors (COPDEND) agreed a framework for Deaneries to use for quality development. Since then Postgraduate Medical Education and Training Board (PMETB) has now been replaced by GMC, and LETBs have replaced Deaneries, for the regulation of quality of Postgraduate Medical Education. They have now accepted new standards, *The Trainee Doctor*. In 2012, a working group was set up to look at development of the previous COPDEND postgraduate dental quality development framework. The resulting documentation is included in the table on page 13, but the quality standards are in line with the GMC's domains.

## Documentation supporting the Medical and Dental Quality Improvement Framework

Generic – See [www.gmc-uk.org](http://www.gmc-uk.org)

- The Trainee Doctor, GMC [http://www.gmc-uk.org/Trainee\\_Doctor.pdf\\_39274940.pdf](http://www.gmc-uk.org/Trainee_Doctor.pdf_39274940.pdf)
- GMC Standards for Curricula and Assessment systems [http://www.gmc-uk.org/education/postgraduate/standards\\_for\\_curricula\\_and\\_assessment\\_systems.asp](http://www.gmc-uk.org/education/postgraduate/standards_for_curricula_and_assessment_systems.asp)
- Good Medical Practice, GMC <http://www.gmc-uk.org/guidance/index.asp>
- The Guide to Postgraduate Specialty Training in the UK (The Gold Guide), DH <http://specialtytraining.hee.nhs.uk/files/2013/10/A-Reference-Guide-for-Postgraduate-Specialty-Training-in-the-UK.pdf>
- GMC Quality Improvement Framework for Undergraduate and Postgraduate Medical Education and Training in the UK [http://www.gmc-uk.org/Quality\\_Improvement\\_Framework.pdf\\_39623044.pdf](http://www.gmc-uk.org/Quality_Improvement_Framework.pdf_39623044.pdf)
- Who Does What in Foundation and Specialty Training, NACT UK [http://www.gmc-uk.org/Final\\_Appendix\\_1\\_Who\\_Does\\_what.pdf\\_53817350.pdf](http://www.gmc-uk.org/Final_Appendix_1_Who_Does_what.pdf_53817350.pdf)
- GMC Enhanced Monitoring of Issues in Medical Education and Training: User Guide [http://www.gmc-uk.org/EM\\_user\\_guide\\_for\\_web.pdf\\_55658414.pdf](http://www.gmc-uk.org/EM_user_guide_for_web.pdf_55658414.pdf)

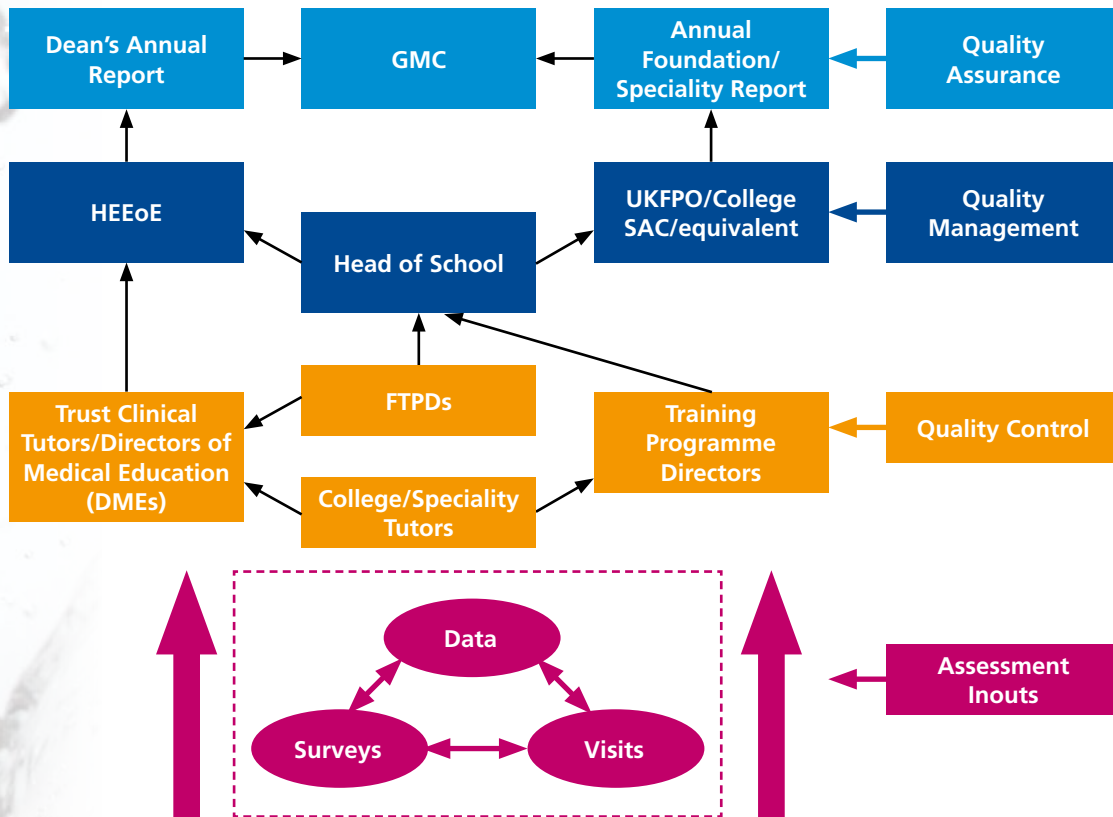
Foundation – see: [www.foundationprogramme.nhs.uk](http://www.foundationprogramme.nhs.uk)

- The Foundation Programme Curriculum <http://www.foundationprogramme.nhs.uk/pages/foundation-doctors/training-and-assessment>
- The Foundation Programme Reference Guide <http://www.foundationprogramme.nhs.uk/pages/home/reference-guide>

Dental – see: [www.copdend.org](http://www.copdend.org)

- Quality Development of Postgraduate Dental Training in the UK 2012 [http://www.copdend.org/content.aspx?Group=guidance&Page=guidance\\_quality\\_development\\_of\\_postgraduate\\_dental\\_training\\_in\\_the\\_uk\\_2012](http://www.copdend.org/content.aspx?Group=guidance&Page=guidance_quality_development_of_postgraduate_dental_training_in_the_uk_2012)
- Dental Foundation Training Curriculum and Assessment Framework [http://www.copdend.org/content.aspx?Group=foundation&Page=foundation\\_programme](http://www.copdend.org/content.aspx?Group=foundation&Page=foundation_programme)
- A Reference Guide for Postgraduate Dental Specialty Training in the UK (The Dental Gold Guide) [http://www.copdend.org/data/files/Dental\\_Gold\\_Guide/3rd\\_Edition\\_June\\_2013.pdf](http://www.copdend.org/data/files/Dental_Gold_Guide/3rd_Edition_June_2013.pdf)

## Medical quality process



## Assessment inputs

HEEoE assesses the quality of postgraduate medical and dental education and training using the three inter-related elements as illustrated above in pink: data, surveys and visits. The maintenance of all three components is essential as it allows the triangulation of information gathered through one channel, improving the accuracy of our findings.

### Surveys:

- The survey data provides a snapshot at one point in time of how trainers and trainees perceive the postgraduate training in which they participate.
- The reports act as a screening tool to highlight possible strengths and areas of concern. Further local investigation and triangulation of data may be sought before any action is taken by HEEoE.

## What are the Surveys?

**GMC** – Trainee Survey

### HEEoE and other surveys:

- End of Rotation Surveys
- Trainee End of Post Assessment
- F2 Exit Questionnaire, including excellence in the Foundation Programme
- Trainee destinations following Certificate of Completion of Training (CCT)
- Retrospective audit of process outcomes of Inter-LETB Transfers, Less Than Full Time (LTFT) Training and Trainees in Difficulty
- Participation in Royal College and other national surveys as appropriate

### How does HEEoE use the survey results?

- Information covering all aspects of training
- Information set out according to the nine GMC domains
- Data on individual specialties
- Data on individual LEPs
- Survey acts as a benchmarking tool to provide performance information on Trusts and LETBs
- Trainee Survey may highlight common issues

### What information do the surveys provide?

- Comparative benchmarking between Trusts and across LETBs
- Informs Schools on their specialties
- Exception reporting, notable practice and areas for improvement, to inform the Annual Dean's Report to the GMC
- Triggers performance management and sharing of best practice
- To inform commissioning decisions
- For approval and re-approval of trainers and training practices



### Visits and Committees:

As part of the QIPF, HEEoE is implementing an on-going programme of visits to LEPs, led either by the Director of Education and Quality or by its foundation, specialty or dental school Directors. These visits allow HEEoE to monitor whether the LEPs are meeting the required standards, and that agreed actions to improve quality are being carried out.

Committees are important as they monitor quality on an on-going basis – for the committees listed below quality is a standing agenda item at meetings.

### What visits are conducted?

#### Visits to LEPs:

- These can be led by either a Deputy Dean or Head of School Triggered visits caused by a concern/performance issue
- Schools have a rolling programme of developmental visits to facilitate partnership working, make recommendations with respect to quality of training and education, and ensure these are being implemented
- GP practices and unscheduled care providers are visited to provide approval and re-approval information for GMC

### Which committees inform quality management?

- Quality Operational Group
- Heads of School Forum
- School Boards
- Specialty Training Committees
- GP Directors Committee
- Clinical Tutors Committee
- Foundation Training Programme Directors Forum

### Data:

HEEoE uses local data analysis to assess current standards against the requirements of the GMC Quality Management Framework. A variety of data sources are used to gain a full overview of education and training quality and outcomes.

The data is focused on identifying outcomes, which can be used to improve the patient and trainee experience as well as the quality of the workforce.

As well as outcomes, the data can be used to explore issues such as equality and diversity in specific groups, and to inform recruitment processes.

#### **Assessment Outcome Data:**

- Assessing the progress and quality of training:
- Examination results
- RITA/ ARCP outcomes
- Attainment of higher degrees and other academic achievements

#### **Training Outcome Data:**

- Assessing defined end-points of training programmes:
- Full GMC registration
- Foundation achievement of competences
- CCT completion
- Attrition rates and reasons
- Inter-LETB transfers

#### **Monitoring of Individual Requirements:**

- Assessing HEEoE's responsiveness to individual trainee's needs and experience:
- Equality and Diversity monitoring information
- Performance Support Unit
- Out of Programme Experience
- Less than Full Time Training

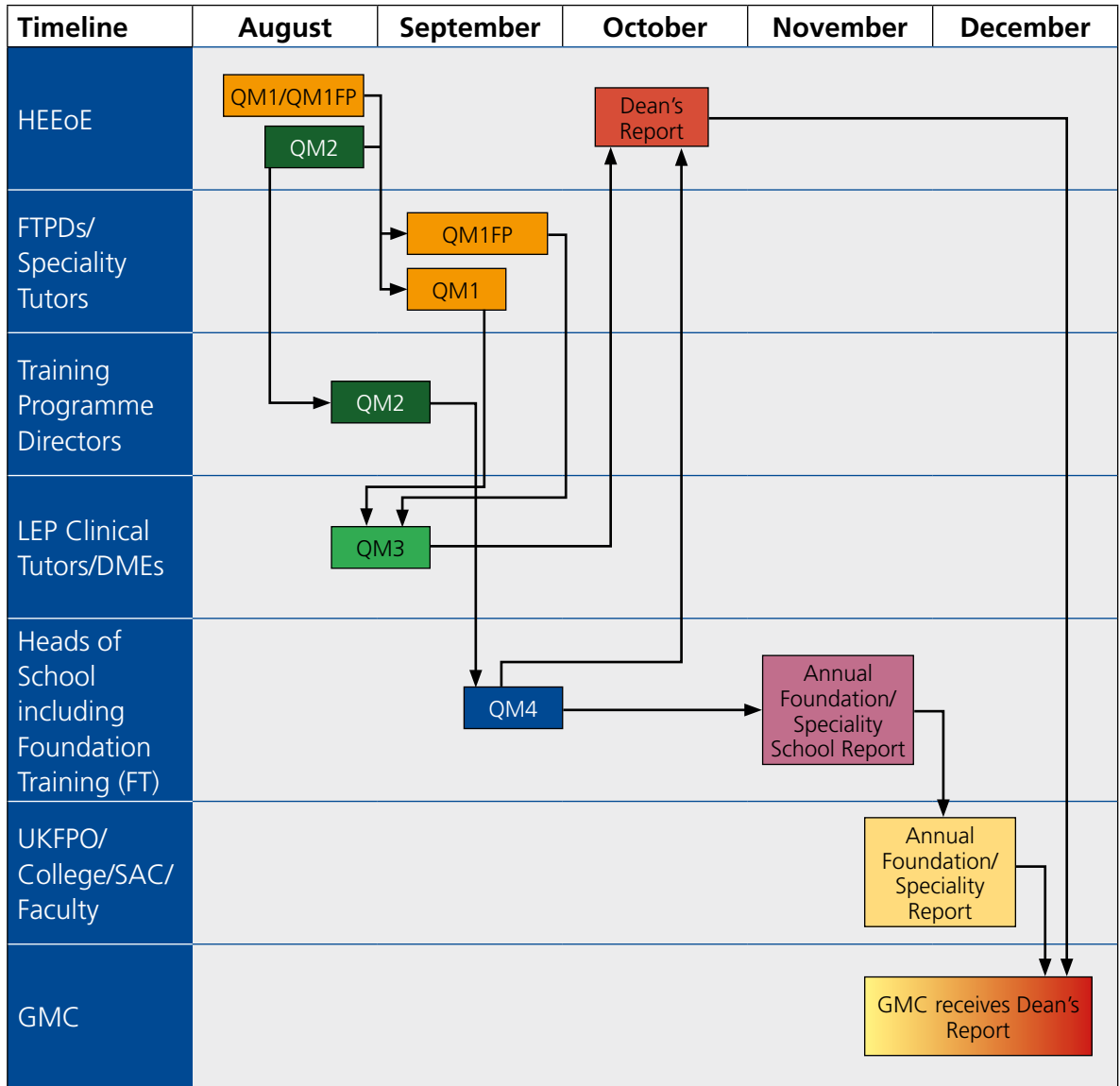
### **Feedback to the GMC**

The main process by which HEEoE feeds back to the GMC is via the annual Dean's Report, which includes all areas of concern and areas of good practice across the Specialty, Schools and LEPs, with 12 month targeted action plans. These items are isolated through the assessment inputs described on page 17 and, for the October Report, through self-assessment by the educational leaders responsible for quality control at the Trusts and within the Schools, namely the Clinical Tutors / Directors of Medical Education, the College Tutors and the Foundation and Specialty Training Programme Directors. The self-assessment data is collected via QM forms, as described below and only exceptions are noted.

The report is reviewed by the GMC and items will remain open, or will be closed if issues have been resolved. Items that still need development will require progress updates in successive reports and, in some cases, between reports. Patient safety and quality issues detailed in the report may meet the GMC criteria for enhanced monitoring. For more information about this process, please visit the GMC website. With regard to areas of good practice, updates are given on the impact and dissemination of these advances.

Activity	Key	Activity description	Timeline
1. QM1/QM2 Reports	QM1/ QM1FP	<b>HEEoE generates QM1 and QM2 templates for completion:</b> <b>QM1/QM1FP Forms</b> – LEP Foundation Training Programme Director/Specialty Tutor Report	August
	CM2	<b>QM2 Form</b> – Specialty Training Programme Directors Report	
2. QM3 Report	CM3	<b>QM3 Form and Quality Matrix</b> – Trust Clinical Tutor/Director of Medical Education Report	August
3. QM4 Report	CM4	<b>QM4 Form</b> – Foundation Director and Heads of School Report	September
4. Annual Foundation/ Specialty School Report	Annual School Report	<b>Annual Foundation/Specialty School Report</b> – produced by Heads of School for UKFPO/Medical Royal College/Specialist Advisory Committee (SAC)/Faculties	October
5. Dean's Report to the GMC	Dean's Report	<b>Dean's Report to GMC</b> – reporting against standards and domains – annual submission of full report, with focussed interstitial updates	October





## Standards for Medical and Dental Training

The GMC sets the mandatory standards for the delivery of foundation and specialty training, including GP training, and quality assures the delivery of training against those standards, which are classified into nine domains. Health Education East of England, like all LETBs, is held accountable by the GMC for these in accordance with the 1983 Medical Act. The GMC standards have then been integrated with additional HEEoE standards as appropriate.

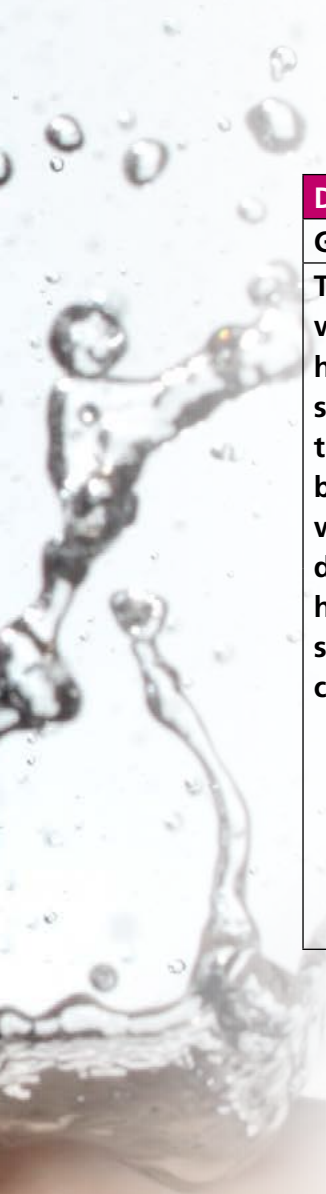
Domain 1: Patient Safety		
GMC Standards	Mandatory GMC Requirements	HEEoE Requirements
<b>The duties, working hours and supervision of trainees must be consistent with the delivery of high quality, safe patient care</b>	1.1 Trainees must make the needs of patients their first concern	The LEP must ensure that all trainees are aware of the requirements in the latest edition of GMC guidance <i>Good Medical Practice</i> .
	1.2 Trainees must be appropriately supervised according to their experience and competence, and must only undertake appropriate tasks in which they are competent or are learning to be competent, and with adequate supervision. Trainees must never be put in a situation where they are asked to work beyond the limits of their competence without appropriate support and supervision from a clinical supervisor.	The LEP will ensure that, for every trainee as defined by GMC, there is an identified clinical supervisor for all clinical work undertaken. Departmental induction is to include information for trainees as to the procedure for accessing senior support.

Domain 1: Patient Safety – continued		
GMC Standards	Mandatory GMC Requirements	HEEoE Requirements
<p><b>The duties, working hours and supervision of trainees must be consistent with the delivery of high quality, safe patient care</b></p>	<p>1.3 Those supervising the clinical care provided by trainees must be clearly identified; be competent to supervise; and be accessible and approachable at all times while the trainee is on duty.</p>	<p>The LEP will ensure that each trainee is informed of the educational and clinical supervisor responsible for their supervision at each stage of the training.</p> <p>The LEP will ensure that there is an identified clinical supervisor for every trainee as defined by GMC for all clinical work undertaken.</p> <p>The activities, responsibilities and time required for clinical supervision is be recognised through the annual job planning process conducted between consultants and their Trust, and is to be monitored within the annual Trust appraisal process.</p>
	<p>1.4 Before seeking consent both trainee and supervisor must be satisfied that the trainee understands the proposed intervention and its risks, and is prepared to answer associated questions the patient may ask. If they are unable to do so, they should have access to a supervisor with the required knowledge. Trainees must act in accordance with the GMC's guidance <i>Consent: patients and doctors making decisions together</i> (2008).</p>	<p>A written consent policy is to be in place, and trainees are to be informed about this policy at induction. The consent policy should be in accordance with the guidance set out by the GMC 'Consent: Patients and doctors making decisions together' (2008).</p>
	<p>1.5 Shift and on-call rota patterns must be designed so as to minimise the adverse effect of sleep deprivation.</p>	<p>Rotas must be 'New Deal' compliant.</p> <p>Rotas must be Working Time Directive (WTD) compliant at 48 hours by August 2009.</p>



Domain 1: Patient Safety – continued		
GMC Standards	Mandatory GMC Requirements	HEEoE Requirements
<b>The duties, working hours and supervision of trainees must be consistent with the delivery of high quality, safe patient care</b>	1.6 Trainees in hospital posts must have well-organised handover arrangements ensuring continuity of patient care at the start and end of periods of day or night duties every day of the week.	<p>There is to be a handover policy for all departments; handover time is to be included in the rotas.</p> <p>The LEP must provide evidence of the implementation of the Preparation for Professional Practice week for F1 trainees, in accordance with HEEoE guidance.</p>
	1.7 There must be robust processes for identifying, supporting and managing trainees whose progress or performance, health, or conduct is giving rise to concern.	<p>The LEP must demonstrate adherence to transparent policies for the management and support of trainees in difficulty or with differing needs.</p> <p>The LEP should seek appropriate support from the HEEoE's Performance Support Unit and, where necessary, inform the Responsible Officer for Revalidation.</p>
	1.8 Immediate steps must be taken to investigate serious concerns about a trainee's performance, health or conduct, to protect patients. The trainee's educational supervisor and the LETB must be informed. The GMC must also be informed when a problem is confirmed in line with Good Medical Practice and the GMC's fitness to practise requirements.	<p>In case of serious concerns, the LEP must take immediate steps to inform all relevant parties.</p>

Domain 1: Patient Safety – continued		
GMC Standards	Mandatory GMC Requirements	HEEoE Requirements
<p><b>The duties, working hours and supervision of trainees must be consistent with the delivery of high quality, safe patient care</b></p>	<p>1.9 Those responsible for training, including educational supervisors, must share information with relevant individuals and bodies, including LETBs and employers about trainee doctors that is relevant to their development as doctors. This must take place between the medical school (in the case of provisionally registered doctors) and the LETB, and during and at the end of posts and programmes. Trainees should be told the content of any information about them that is given to someone else, and those individuals should be specified. Where appropriate, and with the trainee's knowledge, relevant information must be given to the educational supervisor for their next placement so that appropriate training, support and supervision can be arranged.</p>	<p>There must be a transfer of information mechanism that allows the evidence to be shared with all appropriate parties.</p>
	<p><b>Foundation training mandatory requirements:</b></p>	
	<p>1.10 All those who teach, supervise, give counselling to, provide reports or references about, employ or work with foundation doctors must protect patients by providing explicit and accountable supervision, and honest and justifiable reports about the foundation doctor's competence, performance and conduct.</p>	<p>The LEP must ensure that foundation doctors are explicitly supervised and receive valid performance reports in order to maximise patient safety.</p>



Domain 1: Patient Safety – continued		
GMC Standards	Mandatory GMC Requirements	HEEoE Requirements
<b>The duties, working hours and supervision of trainees must be consistent with the delivery of high quality, safe patient care</b>	1.11 Foundation doctors must always have direct access to a senior colleague who can advise them in any clinical situation. Foundation doctors must never be left in a situation where their only help is outside the hospital or the place where they work.	The LEP must ensure that foundation doctors have access to on site supervision of their clinical work at all times.
	1.12 Foundation doctors who are a risk to patients must not be allowed to continue training and must not be signed off for full registration with the GMC. Information about these foundation doctors should be passed to the GMC for consideration about fitness to practise, in accordance with local processes.	The GMC must be informed of Foundation doctors who fail to meet training outcomes including not being recommended for sign off for full registration.

Domain 2: Quality Management, Review and Evaluation		
GMC Standards	Mandatory GMC Requirements	HEEoE Requirements
<b>Training must be quality managed, monitored, reviewed, evaluated and improved</b>	2.1 Programmes, posts, trainers, associated management, data collection concerning trainees, and local faculty must comply with the European Working Time Regulations, Data Protection Act, and Freedom of Information Act.	Freedom of Information and Data Protection policies must be in place, and there is to be a 'named person' through which applications will be routed.
	2.2 LETBs, working with others as appropriate, must have processes for local quality management, and for quality control through LEPs. This must include all postgraduate posts, programmes and trainers and ensure that the requirements of the GMC's standards are met.	HEEoE has quality management framework and robust process in place. LEPs are expected to have quality control systems in place to ensure training is fit for purpose. Information about roles and responsibilities of all those involved in postgraduate training are required to be available and clearly disseminated.
	2.3 The quality management of programmes and posts must take account of the views of those involved, including trainees, local faculty and, where appropriate, patients and employers.	The LEPs will ensure full participation in HEEoE's annual quality management process including the timely return of all information requests and reports, and appropriate access for visits. The LEPs will ensure the completion and return of the GMC quality monitoring reports QM1 and QM3.



Domain 3: Equality, diversity and opportunity		
GMC Standards	Mandatory GMC Requirements	HEEoE Requirements
<b>Training must be fair and based on principles of equality</b>	<p>3.1 At all stages foundation and specialty training programmes must comply with employment law, the Equality Act 2010, the Human Rights Act and any other relevant legislation that may be enacted and amended in the future, and be working towards best practice. This will include compliance with any public duties to eliminate discrimination, promote equality and foster good relations.</p>	<p><b>Equal Opportunities:</b></p> <p>The Trust will, on request, provide the Director of Education and Quality with copies of all personnel policies and procedures which affect doctors in training, including equal opportunities and health and safety regulations.</p> <p>The Trust shall demonstrate a committed and active approach to Equal Opportunities and shall take steps to ensure that, in carrying out its obligations under this agreement, neither it nor any of its subcontractors commits an act of discrimination rendered unlawful by the Sex Discrimination Act 1975, the Race Relations Act 1976, or the Disabled Persons (Employment) Act 1994 &amp; 1958, or any enactments modifying or replacing them.</p> <p>Except for any restrictions on recruitment which have been notified to the Trust, the Trust shall take steps to ensure that neither it nor any of its subcontractors treats any applicant for a trainee place or any trainee in a way which would constitute an act of discrimination as described in clause 2.2.3.</p> <p>LEPs must develop a system that collects data on those who have or do not have equality and diversity training, and provide this information to the Director of Education and Quality on request.</p>



Domain 3: Equality, diversity and opportunity – continued		
GMC Standards	Mandatory GMC Requirements	HEEoE Requirements
Training must be fair and based on principles of equality	3.2 Information about training programmes, their content and purpose must be publicly accessible either on, or via links to, the LETB and the GMC’s websites.	<p>HEEoE, in collaboration with Specialty Schools, will publish programme information on relevant websites.</p> <p>The LEPs will contribute accurate and timely information as required.</p>
	3.3 LETBs must take all reasonable steps to adjust programmes for trainees with well-founded individual reasons for being unable to work full time, to enable them to train and work less than full time within GMC’s standards and requirements. LETBs must take appropriate action to encourage LEPs and other training providers to provide adequate opportunity for trainees to train less than full time.	<p>HEEoE has transparent policies and processes in place for trainees wishing to work less than full time.</p> <p>The less than full time policies and processes must be available on HEEoE website, and contact details provided for advice.</p> <p>HEEoE to routinely report on LTFT training.</p>



**Domain 3: Equality, diversity and opportunity – continued**

GMC Standards	Mandatory GMC Requirements	HEEoE Requirements
<b>Training must be fair and based on principles of equality</b>	3.4 Appropriate reasonable adjustment must be made for trainees with disabilities, special educational or other needs.	LEPs and LETBs should have processes identified and work in partnership to consider adjustments necessary for trainees with specific needs (e.g. disabilities).
	3.5 Equality and diversity data, including evidence on trainee recruitment, appointment, and satisfaction must be collected and analysed at recruitment and during training and the outcome of the analysis made available to trainees and trainers.	HEEoE to have processes in place to ensure relevant data is captured and accessible.  The LEPs will contribute accurate and timely information as required.
	3.6 Data about training medical staff in issues of equality and diversity should be collected routinely and fed into the quality management system where appropriate.	HEEoE to have processes in place to ensure relevant data is captured and accessible.  The LEPs will contribute accurate and timely information as required.
	3.7 When drafting or reviewing policy or process the LETB and LEPs must consider the ramifications of such action for trainees or applicants and ensure that they are fair to all.	All LEPs and HEEoE policies must adhere to the requirements of equality and diversity legislation.

Domain 4: Recruitment, selection and appointment		
GMC Standards	Mandatory GMC Requirements	HEEoE Requirements
<p><b>Processes for recruitment, selection and appointment must be open, fair and effective</b></p>	<p>4.1-4.2 Recruitment selection and appointment must comply with national guidelines (adapted GMC 4.1 &amp; 4.2)</p> <p>4.3-4.5 The selection process (which may be conducted by interview or by other process) must:</p> <ul style="list-style-type: none"> <li>– ensure that information about places on training programmes, eligibility and selection criteria and the application process is published and made widely available in sufficient time to doctors who may be eligible to apply</li> <li>– use criteria and processes which treat eligible candidates fairly select candidates through open competition have an appeals system against non-selection on the grounds that the criteria were not applied correctly, or were unfairly discriminatory</li> <li>– seek from candidates only such information (apart from information sought for equalities monitoring purposes) as is relevant to the published criteria which potential candidates have been told will be required use selection panels which consist of persons who have been trained in selection principles and processes</li> </ul>	<p>Doctors in training will be selected and recruited to training programmes by agreement, and in line with the current procedures outlined in:</p> <p>Modernising Medical Careers</p> <p><i>The Trainee Doctor</i></p> <p>The Guide to Postgraduate Specialty training in the UK (The Gold Guide).</p> <p>Terms and Conditions of Trainees:</p> <p>These should be in accordance with the Whitley Council Terms and Conditions. Specifically, Trusts will ensure trainees receive and understand:</p> <ul style="list-style-type: none"> <li>their contract of employment, e.g. hours of duty, within one month of starting date;</li> <li>a formal explanation of their duty rota;</li> <li>clarification of status of half days;</li> <li>clear and informative appointment pack;</li> <li>up to date job description which should include an outline of the educational programme for their post.</li> </ul>



#### Domain 4: Recruitment, selection and appointment – continued

GMC Standards	Mandatory GMC Requirements	HEEoE Requirements
<b>Processes for recruitment, selection and appointment must be open, fair and effective</b>	<p>– include lay representation on interview panels</p> <p>– provide comprehensive information for those within postgraduate programmes about choices in the programme and how they are allocated.</p> <p>Foundation training mandatory requirement:</p> <p>4.6 The appointment process should demonstrate that foundation doctors are fit for purpose and able, subject to an appropriate induction and ongoing training, to undertake the duties expected of them in a supportive environment. The process should build on experiences gained at medical schools to support fitness for purpose in the working environment.</p>	<p>All clinical and educational supervisors delivering training and those involved in the recruitment process will have evidence of equality and diversity accreditation undertaken in the past three years. This will be monitored by the LEP, and for HEEoE recruitment processes documentary evidence will be confirmed by the HEEoE recruitment team prior to participation. Appointments to local faculty (educators) should be against a set of defined and published criteria.</p>

Domain 5: Delivery of approved curriculum including assessment		
GMC Standards	Mandatory GMC Requirements	HEEoE Requirements
<p><b>The requirements set out in the approved curriculum must be delivered and assessed</b></p> <p><b>The approved assessment system must be fit for purpose</b></p>	<p><b>Education and training:</b></p> <p>5.1 Sufficient practical experience must be available within the programme to support acquisition of knowledge, skills and behaviours as set out in the approved curriculum.</p>	<p>The LEP must fulfil its responsibility for delivering the curriculum for all doctors and dentists in training.</p> <p>The LEP will ensure that the posts provide the opportunities as outlined in the programme description. The LEP are required to provide opportunities for trainees to develop management, leadership and teaching skills.</p> <p>Information on the percentage of doctors in training achieving the required competency standards, as well as examination results and ARCP outcomes, should be collected by HEEoE, together with the Specialty Schools.</p> <p>LKS supports trainees in their research and critical appraisal skills to ensure the evidence they are using for patient care is of a high quality.</p>
	<p>5.2 Each programme must show how the posts within it, taken together, will meet the requirements of the approved curriculum and what must be delivered within each post.</p>	<p>All training posts must be part of a programme approved by GMC. Any posts that do not have such approval are not classified as training grade posts and must not be advertised as such.</p> <p>Information on programmes and the elements within each programme must be provided on the HEEoE website. The LEP must ensure that their posts meet the expectations as outlined in the programmes.</p>



**Domain 5: Delivery of approved curriculum including assessment – continued**

GMC Standards	Mandatory GMC Requirements	HEEoE Requirements
<p><b>The requirements set out in the approved curriculum must be delivered and assessed</b></p> <p><b>The approved assessment system must be fit for purpose</b></p>	<p>5.3 Trainees must be reminded about the need to have due regard to, and to keep up to date with, the principles of <i>Good Medical Practice</i>.</p>	<p>The Trust must ensure that all trainees are aware of the requirements specified in the latest edition of GMC guidance <i>Good Medical Practice</i>.</p>
	<p>5.4 Trainees must be able to access and be free to attend regular, relevant, timetabled, organised educational sessions and training days, courses, resources and other learning opportunities of educational value to the trainee that form an intrinsic part of the training programme.</p> <p>Foundation training mandatory requirement:</p> <p>5.5 In organised educational sessions, foundation doctors must not be on duty, and should give their pagers to someone else so that they can take part.</p>	<p>The LEP must provide a formal documented programme of educational activities relevant to delivering the curriculum.</p>

Domain 5: Delivery of approved curriculum including assessment – continued		
GMC Standards	Mandatory GMC Requirements	HEEoE Requirements
<p>The requirements set out in the approved curriculum must be delivered and assessed</p> <p>The approved assessment system must be fit for purpose</p>	<p><b>Education and training:</b></p> <p><b>Assessment:</b></p>	
	<p>5.6 The overall purpose of the approved assessment system as well as each of its must be documented and in the public domain and must be implemented.</p>	<p>The LEP will provide regular workplace in-training assessment as required by training programmes.</p> <p>The LEP will contribute accurate and timely information as required.</p>
	<p>5.7 Assessments must be appropriately sequenced and must match progression through the career pathway.</p> <p>5.8 Individual approved assessments within the system should add unique information and build on previous assessments.</p> <p>5.9 Trainees must only be assessed by someone with appropriate expertise in the area to be assessed.</p> <p>Foundation training mandatory requirements:</p> <p>5.10 Assessments may be carried out in a variety of ways, but must be carried out to the same standard. This will allow trainees with a disability to show that they have achieved the outcomes.</p> <p>5.11 There must be a clear, documented and published system for dealing with trainees who have not completed training successfully.</p> <p>5.12 Systems and processes must be in place to ensure that the responsibility for signing the certificate of experience is clear.</p>	<p>HEEoE, together with the Specialty Schools, will lead on this requirement.</p> <p>The LEP will contribute appropriately to ensure compliance with this requirement.</p>

## Domain 5: Delivery of approved curriculum including assessment – continued

GMC Standards	Mandatory GMC Requirements	HEEoE Requirements
<p><b>The requirements set out in the approved curriculum must be delivered and assessed</b></p> <p><b>The approved assessment system must be fit for purpose</b></p>	<p>5.13 The person appointed to confirm that a foundation doctor has met all the necessary outcomes of training must ensure that all the required outcomes of training have been met and that the foundation doctor practises in line with the principles of professional practice set out in <i>Good Medical Practice</i>.</p> <p>5.14 A named representative of the university, normally but not necessarily the postgraduate dean, must be responsible for filling in the certificate of experience based on the confirmation of satisfactory service, or equivalent, signed by educational supervisors. The legal responsibility for confirming the requirements of full registration for UK graduates remains with their medical school.</p>	<p>Confirmation of foundation doctors outcomes must comply with <i>Good Medical Practice</i>.</p> <p>HEEoE and the Medical School must comply with the requirements to recommend full registration to the GMC.</p>







Domain 5: Delivery of approved curriculum including assessment – continued		
GMC Standards	Mandatory GMC Requirements	HEEoE Requirements
<p><b>The requirements set out in the approved curriculum must be delivered and assessed</b></p> <p><b>The approved assessment system must be fit for purpose</b></p>	<b>Education and training:</b>	
	<p>5.17 The evidence on which the completion of the certificate of experience and the achievement of F2 competence document is based must be clearly identified by educational supervisors. At the end of each placement within the Foundation Programme, the educational supervisor, in conjunction with the LETB, must assess whether the foundation doctor has met the necessary outcomes.</p>	<p>The education supervisor’s documentary evidence for determining the suitability and assessing the outcomes of foundation doctors to allow completion of the certificate of experience and achievement of the foundation year two competence s must be clear.</p>
	<b>Performance feedback:</b>	
	<p>5.18 Trainees must have regular feedback on their performance within each post.</p>	<p>The LEP will ensure that feedback to trainees is given on a day-to-day basis, as well as more formalised through educational supervision.</p> <p>The LEP will ensure that Trainers, Supervisors and other educators have been trained in giving supportive feedback.</p>

Domain 5: Delivery of approved curriculum including assessment – continued		
GMC Standards	Mandatory GMC Requirements	HEEoE Requirements
	<b>Education and training:</b>	
<p><b>The requirements set out in the approved curriculum must be delivered and assessed</b></p> <p><b>The approved assessment system must be fit for purpose</b></p>	<p>5.19 All doctors and other health and social care professionals who have worked with trainees should have an opportunity to provide constructive feedback about the trainee’s performance.</p>	<p>The LEP should ensure that feedback to trainees is given by doctors and other health care professionals as well as more formalised feedback through educational supervision.</p>
	<p>5.20 Trainees must maintain a personal record of educational achievement to describe and record their experiences, and to identify strengths and weaknesses, which should include summaries of feedback from the educational supervisor, significant achievements or difficulties, reflections of educational activity, and the results of assessments.</p>	<p>The LEP should ensure that feedback to trainees is given by doctors and other health care professionals as well as more formalised feedback through educational supervision.</p>



**Domain 6: Support and development of trainees, trainers and local faculty**

GMC Standards	Mandatory GMC Requirements	HEEoE Requirements
<b>Trainees must be supported to acquire the necessary skills and experience through induction, effective educational supervision, an appropriate workload, personal support and time to learn</b>	<b>Induction</b>  6.1 Every trainee starting a post or programme must access a departmental induction to ensure they understand the approved curriculum; how their post fits within the programme; and their duties and reporting arrangements to ensure they are told about departmental policies and to meet key staff.	The LEP is required to ensure that: <ul style="list-style-type: none"><li>• evidence of the implementation of the Preparation for Professional Practice week for F1 trainees, in accordance with HEEoE guidance is provided;</li><li>• all trainees receive an effective induction in bleep free protected time prior to taking up their first appointment;</li><li>• all Specialty trainees should be released for Specialty training programme induction within the first few months of starting their programme;</li><li>• newly appointed trainees of all grades receive an introduction and induction to their clinical department in protected time at the start of the first attachment to that department;</li><li>• appropriate arrangements are made for the induction of overseas doctors taking up their first position in the NHS in the United Kingdom;</li><li>• systems are in place to demonstrate that all trainees participate in induction;</li></ul>

Domain 6: Support and development of trainees, trainers and local faculty – continued		
GMC Standards	Mandatory GMC Requirements	HEEoE Requirements
<p><b>Trainees must be supported to acquire the necessary skills and experience through induction, effective educational supervision, an appropriate workload, personal support and time to learn</b></p>		<ul style="list-style-type: none"> <li>• in the interest of patient safety, alternative arrangements must be made by the LEP to accommodate those trainees who are unable to attend formal induction courses;</li> <li>• access to Occupational Health is to be described in the induction materials;</li> <li>• all trainees must have induction to Library &amp; Knowledge Services (LKS) and be registered with OpenAthens to access eResources to utilise for research and evidence based practice.</li> </ul>
	<p>6.2 At the start of every post within a programme, the educational supervisor (or representative) must discuss with the trainee the educational framework and support systems in the post and the respective responsibilities of trainee and trainer for learning. This discussion should include the setting of aims and objectives that the trainee is expected to achieve in the post.</p>	<ul style="list-style-type: none"> <li>• The educational supervisor is required to ensure that the educational agreement is completed with the trainee at the start of each placement within a programme.</li> <li>• The induction programme is to include an overview of educational and training opportunities within the LEP, as well as information on support available to trainees.</li> </ul>

**Domain 6: Support and development of trainees, trainers and local faculty – continued**

GMC Standards	Mandatory GMC Requirements	HEEoE Requirements
<p><b>Trainees must be supported to acquire the necessary skills and experience through induction, effective educational supervision, an appropriate workload, personal support and time to learn</b></p>	<p><b>Educational supervision</b></p>	
	<p>6.3 Trainees must have, and be told the name and contact details of, a designated educational supervisor.</p>	<ul style="list-style-type: none"> <li>• The LEP will ensure that there is a nominated educational supervisor for every trainee as defined by GMC for each stage of training.</li> <li>• The LEP will ensure that each trainee is informed of the educational and clinical supervisor responsible for their supervision at each stage of the training.</li> <li>• The LEP is required to maintain an up-to-date record of educational supervisors and their trainees.</li> </ul>
	<p>6.4 Trainees must sign a training/learning agreement at the start of each post.</p>	<ul style="list-style-type: none"> <li>• The educational supervisor is expected to ensure that the educational agreement is completed with the trainee at the start of each placement within a programme.</li> <li>• The LEP is expected to provide evidence of completion of educational agreements between the trainee and the educational supervisor.</li> </ul>
<p>6.5 Trainees must have a logbook and/or a learning portfolio relevant to their current programme, which they discuss with their educational supervisor (or representative).</p>	<ul style="list-style-type: none"> <li>• The LEP will ensure that trainees are supported in maintaining a relevant and appropriate means of documenting their progression through their training programme, such as electronic or paper-based learning portfolios and log books, and that this meets the requirements of their current training programme.</li> </ul>	

Domain 6: Support and development of trainees, trainers and local faculty – continued		
GMC Standards	Mandatory GMC Requirements	HEEoE Requirements
<b>Trainees must be supported to acquire the necessary skills and experience through induction, effective educational supervision, an appropriate workload, personal support and time to learn</b>	<b>Educational supervision</b>	
	<p>6.6 Trainees must meet regularly with their educational supervisor (or representative) during their placement: at least at the beginning and end of each placement for foundation doctors; and at least every three months for specialty trainees, to discuss their progress, outstanding learning needs and how to meet them.</p>	<ul style="list-style-type: none"> <li>• The LEP is expected to provide evidence that each trainee has met their trainer/educational supervisor for appraisal. In general, meetings should be held at the beginning, mid-point and near the end of each placement but for very short attachments this may require some rationalisation.</li> <li>• The trainee will hold the record of these meetings, as well as amendments to their personal development plan, in their learning portfolio.</li> </ul>

**Domain 6: Support and development of trainees, trainers and local faculty – continued**

GMC Standards	Mandatory GMC Requirements	HEEoE Requirements
<p><b>Trainees must be supported to acquire the necessary skills and experience through induction, effective educational supervision, an appropriate workload, personal support and time to learn</b></p>	<p>6.7 Trainees must have a means of feeding back in confidence, their concerns and views about their training and education experience to an appropriate member of local faculty or the LETB without fear of disadvantage and in the knowledge that privacy and confidentiality will be respected.</p>	<ul style="list-style-type: none"> <li>• Systems such as feedback forums are to be in place for trainees to raise immediate and longer term issues regarding education provision/learning opportunities.</li> <li>• Trainees are to be informed at induction of support systems and whistle blowing policies.</li> <li>• Formal educational activities are required to include feedback, either verbal or written, that is evaluated and acted upon appropriately to shape future training.</li> </ul>
	<p>6.8 There must be a review of progress and appraisal within each post, and a process for transfer of information by supervisors of trainees between placements.</p>	<ul style="list-style-type: none"> <li>• The LEP will contribute appropriately to ensure compliance with review of progress and appraisal within posts and with transfer of information, and will respond to issues raised through quality management visits and surveys such as the GMC trainee survey.</li> </ul>
	<p>6.9 Trainees must have relevant, up-to-date, and ready access to career advice and support.</p>	<ul style="list-style-type: none"> <li>• The LEP is expected to work with HEEoE to develop guidance for careers advice and support for doctors and dentists.</li> </ul>



Domain 6: Support and development of trainees, trainers and local faculty – continued		
GMC Standards	Mandatory GMC Requirements	HEEoE Requirements
<b>Trainees must be supported to acquire the necessary skills and experience through induction, effective educational supervision, an appropriate workload, personal support and time to learn</b>	<b>Training</b>	
	6.10 Working patterns and intensity of work by day and by night must be appropriate for learning (neither too light nor too heavy), in accordance with the approved curriculum, add educational value and be appropriately supervised.	<ul style="list-style-type: none"> <li>The LEP will contribute appropriately to ensure compliance with this requirement, and will respond to issues raised through surveys such as the GMC trainee survey.</li> </ul>
	6.11 Trainees must be enabled to learn new skills under supervision, for example during theatre sessions, ward rounds and outpatient clinics.	<ul style="list-style-type: none"> <li>The LEP will ensure that there is an identified clinical supervisor for every trainee as defined by GMC for all clinical work undertaken.</li> <li>The LEP will contribute appropriately to ensure compliance with this requirement.</li> </ul>
	6.12 Training programmes must include placements which are long enough to allow trainees to become members of the team and allow team members to make reliable judgements about their abilities, performance and progress.	Placements must be of sufficient length to allow for development of team working skills and to allow team members to gauge the doctor in training's abilities, performance and progress.



**Domain 6: Support and development of trainees, trainers and local faculty – continued**

GMC Standards	Mandatory GMC Requirements	HEEoE Requirements
<p><b>Trainees must be supported to acquire the necessary skills and experience through induction, effective educational supervision, an appropriate workload, personal support and time to learn</b></p>	<p>6.13 While trainees must be prepared to make the needs of the patient their first concern, trainees must not regularly carry out routine tasks that do not need them to use their medical expertise and knowledge, or have little educational value.</p>	<ul style="list-style-type: none"> <li>• Clinical experience for trainees must be at an appropriate level and of sufficient educational value to meet curriculum requirements.</li> </ul>
	<p>6.14 Trainees must be regularly involved in the clinical audit process, including personally participating in planning, data collection and analysis.</p>	<ul style="list-style-type: none"> <li>• The LEP will contribute appropriately to ensure compliance with this requirement. The educational supervisor will review each trainee portfolio for evidence of the trainee’s involvement in audit.</li> </ul>
	<p>6.15 Access to occupational health services for all trainees must be assured.</p>	<ul style="list-style-type: none"> <li>• Information about access to Occupational Health is required to be detailed in the LEP induction programme and materials.</li> </ul>
	<p>6.16 Trainees must be able to access training in generic professional skills at all stages in their development.</p>	<ul style="list-style-type: none"> <li>• The LEP should encourage trainees to access training in generic professional skills, locally, regionally and nationally.</li> <li>• The LEP is to provide opportunities for trainees to develop management, leadership and teaching skills.</li> </ul>

Domain 6: Support and development of trainees, trainers and local faculty – continued		
GMC Standards	Mandatory GMC Requirements	HEEoE Requirements
<b>Trainees must be supported to acquire the necessary skills and experience through induction, effective educational supervision, an appropriate workload, personal support and time to learn</b>	6.17 Trainees must have opportunity to learn with, and from, other healthcare professionals.	<ul style="list-style-type: none"> <li>• Opportunities are required to be available for trainees to learn on the job as part of a multi-professional team.</li> <li>• Opportunities to work with LKS professionals where there is a Clinical Librarian Service.</li> </ul>
	6.18 Trainees must not be subjected to, or subject others to, behaviour that undermines their professional confidence or self-esteem.	<ul style="list-style-type: none"> <li>• The LEP are required to ensure that trainees are aware of its dignity at work/bullying and harassment policy/ies, and the whistle blowing policy.</li> <li>• Trainees must be informed of appropriate support systems within the LEP.</li> </ul>
	6.19 Access to confidential counselling services should be available to all trainees when needed.	<ul style="list-style-type: none"> <li>• The LEP will contribute appropriately to ensure compliance with this requirement. Trainees are to be informed of how to access Occupational Health.</li> </ul>

**Domain 6: Support and development of trainees, trainers and local faculty – continued**

GMC Standards	Mandatory GMC Requirements	HEEoE Requirements
<p><b>Trainees must be supported to acquire the necessary skills and experience through induction, effective educational supervision, an appropriate workload, personal support and time to learn</b></p>	<p>6.20 Information must be available about less than full time training, taking a break, or returning to training following a career break for any reason including health or disability.</p>	<ul style="list-style-type: none"> <li>• The LEP should ensure that trainees are aware of less than full time training opportunities.</li> </ul>
	<p>6.21 Trainees must receive information on, and named contacts for, processes to manage and support doctors in difficulty.</p>	<ul style="list-style-type: none"> <li>• The LEP should ensure that trainees are aware of its process to manage and support doctors in difficulty.</li> </ul>
	<p>Foundation training mandatory requirement:</p> <p>6.22 Prior to taking up their first F1 placement, new doctors should, wherever practicable, have a period working with the F1 who is in the post they will take up. The ‘shadowing’ period should normally last at least one week and take place as close to the point of employment as possible, and is distinct from the general induction sessions provided for new employees and foundation doctors.</p>	<ul style="list-style-type: none"> <li>• The LEP must implement their Preparation for Professional Practice week for F1 trainees, in accordance with HEEoE guidance.</li> </ul>

Domain 6: Support and development of trainees, trainers and local faculty – continued		
GMC Standards	Mandatory GMC Requirements	HEEoE Requirements
<b>Trainees must be supported to acquire the necessary skills and experience through induction, effective educational supervision, an appropriate workload, personal support and time to learn</b>	<b>Study leave</b>	
	6.23 Trainees must be made aware of their eligibility for study leave and how to apply for it and be guided on appropriate courses and funding.	<ul style="list-style-type: none"> <li>• Study leave is to be allocated in accordance with UK terms and conditions of service and, for Specialist Registrars, as outlined in section 15 of 'A Guide to Specialist Training', in section 4.9 of "The Guide to postgraduate specialty training", and for foundation trainees in Section L in the "Operational framework for foundation training".</li> <li>• The LEP is to provide a local study leave policy that reflects these requirements.</li> <li>• The LEP is to provide the study leave policy to trainees at induction.</li> <li>• HEEoE will have a monitoring and appeal process for study leave allocations and/or refusal.</li> </ul>
	6.24 Where eligible, trainees must be able to take study leave up to the maximum permitted in their terms and conditions of service.	
6.25 The process for applying for study leave must be fair and transparent, and information about a LETB-level appeals process must be readily available.		

**Domain 6: Support and development of trainees, trainers and local faculty – continued**

GMC Standards	Mandatory GMC Requirements	HEEoE Requirements
<p><b>Trainees must be supported to acquire the necessary skills and experience through induction, effective educational supervision, an appropriate workload, personal support and time to learn</b></p>	<p><b>Academic training</b></p>	
	<p>6.26 Trainees must be made aware of the academic opportunities available in their programme or specialty.</p>	<ul style="list-style-type: none"> <li>• The LEP is to provide opportunities for trainees to take part in audit, research and teaching where appropriate.</li> <li>• LKS teaches where appropriate, finding the evidence and critical appraisal skills.</li> </ul>
	<p>6.27 Trainees who believe that their particular skills and aptitudes are well-suited to an academic career, and are inclined to pursue it, should receive guidance in that endeavour.</p>	<ul style="list-style-type: none"> <li>• HEEoE, Specialty Schools and the LEP are required to make academic advice and support available for trainees interested in pursuing an academic career, including a web based resource.</li> </ul>
<p>6.28 Specialty trainees who elect and who are competitively appointed to follow an academic path, must be sited in flexible approved programmes of academic training that permit multiple entry and exit points (from standard training programmes) throughout training.</p>	<ul style="list-style-type: none"> <li>• The LEP is to contribute appropriately to facilitate academic programmes within the framework of academic training for foundation training and individual specialty academic programmes.</li> </ul>	

Domain 6: Support and development of trainees, trainers and local faculty – continued		
GMC Standards	Mandatory GMC Requirements	HEEoE Requirements
<b>Trainees must be supported to acquire the necessary skills and experience through induction, effective educational supervision, an appropriate workload, personal support and time to learn</b>	<b>Trainers</b>	
	6.29 Trainers must enable trainees to learn by taking responsibility for patient management within the context of clinical governance and patient safety.	<ul style="list-style-type: none"> <li>The LEP must ensure that all trainees are aware of the requirements in the latest edition of GMC guidance Good Medical Practice.</li> </ul>
	6.30 Trainers must understand and demonstrate ability in the use of the approved in-work assessment tools and be clear as to what is deemed acceptable progress.	<ul style="list-style-type: none"> <li>The LEP must ensure that clinical and educational supervisors have been trained to the GMC standards for trainers, by ensuring that they have all undergone the training provided through the HEEoE Faculty Development Programme, although evidence of equivalent training by other education faculties will be acceptable.</li> </ul>
	6.31 Trainers must regularly: <ul style="list-style-type: none"> <li>(a) review the trainee’s progress through the training programme</li> <li>(b) adopt a constructive approach to giving feedback on performance</li> <li>(c) ensure the trainee’s progress is recorded</li> <li>(d) identify their development needs</li> <li>(e) advise on career progression</li> <li>(f) understand the process for dealing with a trainee whose progress gives cause for concern.</li> </ul>	<ul style="list-style-type: none"> <li>The LEP will ensure that delivery of a faculty development programme will include sessions on work based assessments, feedback and the trainee in difficulty.</li> <li>The LEP will keep records of all educational development training undertaken by trainers.</li> </ul>



**Domain 6: Support and development of trainees, trainers and local faculty – continued**

<b>GMC Standards</b>	<b>Mandatory GMC Requirements</b>	<b>HEEoE Requirements</b>
<p><b>Trainees must be supported to acquire the necessary skills and experience through induction, effective educational supervision, an appropriate workload, personal support and time to learn</b></p>	<p>Continued 6.31</p>	<ul style="list-style-type: none"><li>• The LEP is to maintain an accurate record of educational supervisors and their trainees, and monitor the progression of training and completion of the learning portfolio.</li><li>• The LEP must provide evidence that each trainee has met their trainer/educational supervisor for appraisal. Meetings should be held at the beginning, mid-point and near the end of each placement.</li><li>• The LEP will provide documentary evidence to HEEoE that all trainers have been appropriately trained for their educational role.</li><li>• The LEP will work with HEEoE to develop guidance for careers advice and support for doctors and dentists.</li><li>• The LEP is expected to demonstrate local ownership and policies for the identification of the doctor in difficulty and, as appropriate, local solutions, and also comply with HEEoE’s policies in this respect. Trainers must be aware of and understand these processes.</li></ul>



Domain 6: Support and development of trainees, trainers and local faculty – continued		
GMC Standards	Mandatory GMC Requirements	HEEoE Requirements
<p><b>Trainees must be supported to acquire the necessary skills and experience through induction, effective educational supervision, an appropriate workload, personal support and time to learn</b></p>	<p>Continued 6.31</p>	<ul style="list-style-type: none"> <li>• The trainer and LEP, foundation and specialty schools, and HEEoE is expected to work in partnership to support the trainee in difficulty.</li> <li>• All clinical and education supervisors delivering training will have evidence of equality and diversity accreditation undertaken within the past three years.</li> <li>• The LEP and HEEoE will work in partnership to collect the required data, avoiding duplication where possible and comparing data where appropriate.</li> </ul>

**Domain 6: Support and development of trainees, trainers and local faculty – continued**

GMC Standards	Mandatory GMC Requirements	HEEoE Requirements
<p><b>Trainees must be supported to acquire the necessary skills and experience through induction, effective educational supervision, an appropriate workload, personal support and time to learn</b></p>	<p>6.32 Trainers must ensure that clinical care is valued for its learning opportunities; learning, assessment and teaching must be integrated into service provision.</p>	<ul style="list-style-type: none"> <li>• The LEP and consultant trainers are expected to contribute to the promotion of a teaching and learning culture.</li> <li>• The LEP will be advised locally by a Postgraduate Education Committee with appropriate membership and directed by the Clinical Tutor/DME.</li> <li>• Clinical and education supervisors are expected to meet and communicate on a regular basis to ensure consistency and sharing of good practice.</li> <li>• Trainers are to be encouraged and supported by the LEP to participate in appropriate regional and national educational meetings.</li> </ul>
	<p>6.33 Organisations providing medical education and training must ensure that trainers have adequate support and resources to undertake their training role.</p>	<ul style="list-style-type: none"> <li>• The LEP will ensure that the activities, responsibilities and time required for all consultants who have responsibility for doctors in training is recognised through the annual job planning process conducted between consultants and their Trust and should be monitored within the annual Trust appraisal process.</li> <li>• The LEP will ensure that trainers are supported in undertaking the required educational and development training as appropriate to their training role. This may be informed by HEEoE, Royal College and Trust requirements.</li> </ul>

Domain 6: Support and development of trainees, trainers and local faculty – continued		
GMC Standards	Mandatory GMC Requirements	HEEoE Requirements
<p><b>Trainees must be supported to acquire the necessary skills and experience through induction, effective educational supervision, an appropriate workload, personal support and time to learn</b></p>	<p>6.34 LETBs must have structures and processes to support and develop trainers.</p>	<ul style="list-style-type: none"> <li>• HEEoE must support the current regional meetings such as the Clinical Tutors Committee and Foundation Training Programme Directors Forum.</li> <li>• HEEoE will provide support and opportunity for leadership and teaching development for trainers.</li> <li>• HEEoE will continue to commission and support the educational development programmes for trainers, and the HEEoE faculty development programme.</li> </ul>



**Domain 6: Support and development of trainees, trainers and local faculty – continued**

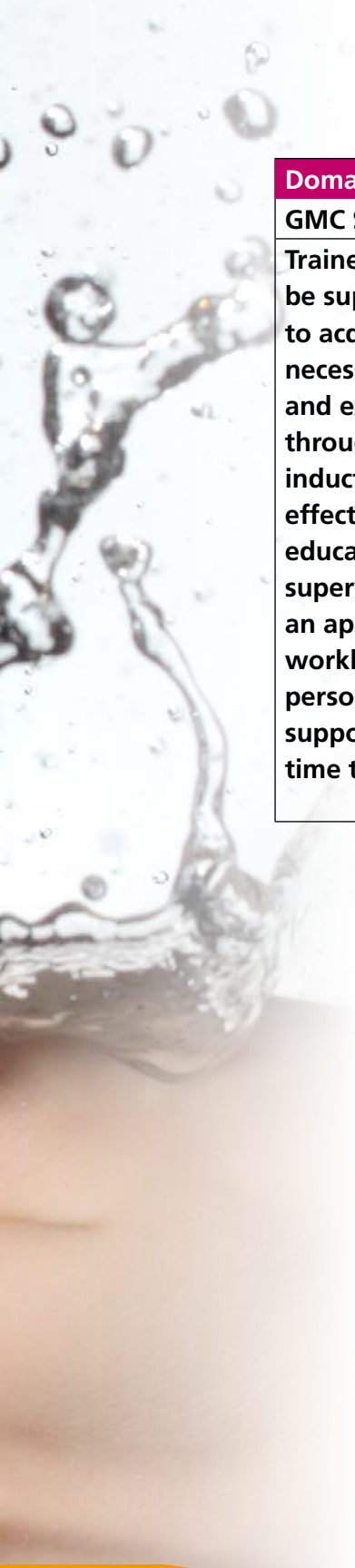
GMC Standards	Mandatory GMC Requirements	HEEoE Requirements
<p><b>Trainees must be supported to acquire the necessary skills and experience through induction, effective educational supervision, an appropriate workload, personal support and time to learn</b></p>	<p>6.35 Trainers with additional educational roles, for example training programme director or director of medical education, must be selected against a set of criteria, have specific training for their role, demonstrate ability as effective trainers and be appraised against their educational activities.</p>	<ul style="list-style-type: none"> <li>• Appointments to local faculty (educators) are required to be against a set of defined and published criteria, and may involve the LEP, HEEoE and Medical Royal Colleges through the specialty schools.</li> <li>• The LEP are required to ensure there is a clear description of roles and responsibilities for trainers, including:               <ul style="list-style-type: none"> <li>• Clinical Tutors/DMEs</li> <li>• College Tutors and Dental Tutors</li> <li>• Foundation Training Programme Directors.</li> <li>• Educational and clinical supervisors.</li> </ul> </li> <li>• The LEP are required to seek feedback from educational sessions and provide this to the trainers.</li> <li>• Trainers are to be encouraged to develop an educational portfolio.</li> <li>• The annual appraisal process within the LEP are required to monitor the effectiveness of the trainer through feedback, reflective practice, and demonstrated evidence of meeting the requirements of the training role.</li> </ul>
	<p>6.36 GP trainers must be trained and selected in accordance with the Medical Act 1983.</p>	<ul style="list-style-type: none"> <li>• GP trainers must complete a postgraduate certificate in Clinical Education and apply to become a trainer through the GP School published process before their approval is recommended to the GMC.</li> </ul>

Domain 6: Support and development of trainees, trainers and local faculty – continued		
GMC Standards	Mandatory GMC Requirements	HEEoE Requirements
<b>Trainees must be supported to acquire the necessary skills and experience through induction, effective educational supervision, an appropriate workload, personal support and time to learn</b>	6.37 Trainers must have knowledge of, and comply with, the GMC's regulatory framework for medical training.	<ul style="list-style-type: none"> <li>• Consultant trainers are expected to have awareness of GMC requirements.</li> <li>• Guidance on GMC requirements are to be readily available on the GMC website, and be widely communicated to those involved in training.</li> </ul>
	6.38 Trainers must ensure that all involved in training and assessment of their designated trainee understand the requirements of the programme.	<ul style="list-style-type: none"> <li>• Foundation and specialty schools must cascade timely and relevant information on training to all their trainers in and out of the Trust.</li> <li>• Trainers are expected to develop and/or contribute to a multi-professional forum within their own specialty to share and update information on programme requirements.</li> <li>• GP trainers must update their educational competences at least every three years.</li> </ul>



Domain 7: Management of education and training		
GMC Standards	Mandatory GMC Requirements	HEEoE Requirements
<b>Education and training must be planned and managed through transparent processes which show who is responsible at each stage</b>	7.1 Postgraduate training programmes must be supported by a management plan with a schedule of responsibilities, accountabilities, and defined processes to ensure the maintenance of GMC standards in the arrangement and content of training programmes. For foundation training this also includes the responsibilities of universities and foundation schools.	<ul style="list-style-type: none"><li>• LEPs will report their PGMDE educational activities and achievements in its annual report, and will provide documentary evidence to support its compliance with the requirements of the Learning and Development Agreement (LDA) with HEEoE.</li><li>• The LEP will be advised locally by a Postgraduate Education Committee with appropriate membership and directed by the Clinical Tutor/Director of Medical Education.</li><li>• The LEP must ensure that appropriate action is taken to address issues that may be identified within education and training.</li><li>• The LEP is required to provide timely notification of any details of service reconfigurations which may impact on the delivery of PGMDE.</li></ul>

Domain 7: Management of education and training		
GMC Standards	Mandatory GMC Requirements	HEEoE Requirements
<p><b>Education and training must be planned and managed through transparent processes which show who is responsible at each stage</b></p>	<p>7.2 All employing organisations, as LEPs of postgraduate training, must consider postgraduate training programmes at board level. It is highly desirable that they have an executive or non-executive director at board level, responsible for supporting postgraduate training programmes, setting out responsibilities and accountabilities for training and for producing processes to address underperformance in postgraduate training.</p>	<ul style="list-style-type: none"> <li>• HEEoE will ensure that the LDA with the LEP will clearly set out the required roles and responsibilities at each level.</li> <li>• Within the LEP, a Board-level commitment to postgraduate medical education and training is expected, with a named responsible lead for education and training.</li> <li>• HEEoE will publish organisational charts on its website.</li> <li>• The LEP is required to demonstrate local ownership and policies for the identification of the doctor in difficulty and, as appropriate, local solutions.</li> <li>• The LEP must comply with the HEEoE's policies for the identification and management of the doctor in difficulty.</li> <li>• The LEP, foundation and specialty schools, and HEEoE should work in partnership to support the trainee in difficulty.</li> </ul>



Domain 7: Management of education and training – continued		
GMC Standards	Mandatory GMC Requirements	HEEoE Requirements
<b>Trainees must be supported to acquire the necessary skills and experience through induction, effective educational supervision, an appropriate workload, personal support and time to learn</b>	7.3 There must be clear accountability, a description of roles and responsibilities, and adequate resources available to those involved in administering and managing training and education at institutional level, such as directors of medical education and board level directors with executive responsibility, such as medical director, finance director, or director of clinical governance.	<ul style="list-style-type: none"><li>• The Clinical Tutor/DME will be appointed jointly by the Director of Education and Quality and the Trust to provide educational leadership in the Trust and to ensure the fulfilment of the requirements of the educational Agreement between the Trust and the Director of Education and Quality. The Clinical Tutor/ DME will be responsible for the day to day management of the budget allocated to the Trust in the areas relating directly to training and education costs including the management of trainees' study leave.</li></ul>



Domain 7: Management of education and training – continued		
GMC Standards	Mandatory GMC Requirements	HEEoE Requirements
	<p>Foundation training mandatory requirement:</p> <p>7.4 Foundation year one doctors must have written approval from their university to accept a programme that completes their basic medical education, evidenced either through participation in the academic and national recruitment to the foundation programme process, or, if appointed locally to a training post in the Foundation Programme, by a letter from the medical school confirming approval to take up the post or programme, and the arrangements for signing the Certificate of Experience. If a provisionally registered doctor is appointed to a Locum Appointment for Training (LAT) post, the LETB or foundation school linked to the graduating medical school must be involved in the recruitment to the LAT post and ensure it meets the standards and content set out in <i>The Trainee Doctor</i>.</p>	<ul style="list-style-type: none"> <li>• Appointment of Foundation year one doctors must be supported by written approval from the medical school.</li> <li>• Recruitment of provisionally registered foundation doctors to a LAT post must be in conjunction with HEEoE or the foundation school linked to the school.</li> </ul>



### Domain 8: Educational resources and capacity

GMC Standards	Mandatory GMC Requirements	HEEoE Requirements
<b>The educational facilities, infrastructure and leadership must be adequate to deliver the curriculum</b>	8.1 The overall educational capacity of the organisation and any unit offering training posts/ programmes within it must be adequate to accommodate the practical experiences required by the curriculum.	<ul style="list-style-type: none"><li>• Educational facilities/ postgraduate centres must be provided and be adequately supported, including support staff and structures to facilitate education and training. These must be regarded as the point of delivery of appropriate education and training for trainee doctors and dentists.</li></ul>
	8.2 There must be access to educational facilities, facilities for a range of investigations and resources (including access to the internet in all workplaces) of a standard to enable trainees to achieve the outcomes of the training programme as specified in the approved curriculum.	<ul style="list-style-type: none"><li>• The LEP must provide appropriate LKS, IT, resources, lecture and tutorial rooms, office and teaching space for trainees, both by specialty and grade, to meet their educational responsibilities and service requirements. Wi fi access available where there is no 24/7 access to LKS or IT facilities.</li></ul>

Domain 8: Educational resources and capacity – continued		
GMC Standards	Mandatory GMC Requirements	HEEoE Requirements
<p><b>The educational facilities, infrastructure and leadership must be adequate to deliver the curriculum</b></p>	<p>8.3 There must be a suitable ratio of trainers to trainees. The educational capacity in the department or unit delivering training must take account of the impact of the training needs of others (for example, undergraduate medical students, other undergraduate and postgraduate healthcare professionals and non-training grade staff).</p>	<ul style="list-style-type: none"> <li>• The activities, responsibilities and time required for all consultants who have responsibility for doctors in training are to form part of their job plan. The time required for these activities is to be recognised through the annual job planning process conducted between consultants and their Trust, and be monitored within the annual Trust appraisal process.</li> <li>• A minimum of 0.125 Supporting Professional Activities per trainee is to be allocated in order for educational supervisors to fulfil their responsibilities.</li> <li>• GP educational supervision sessions run by the educational supervisor whilst the GP Specialty training registrar in secondary care posts will be paid at a sessional rate determined by the GP School and agreed by HEEoE.</li> <li>• The Specialty Schools and LEP will monitor educational capacity on a multi-professional basis to ensure appropriate delivery capability.</li> <li>• Clinical staff with a specified educational role are required to attend relevant core topic training, and for it be updated as appropriate.</li> </ul>
	<p>8.4 Trainers, including clinical supervisors and those involved in medical education must have adequate time for training identified in their job plans.</p>	



## Domain 8: Educational resources and capacity – continued

GMC Standards	Mandatory GMC Requirements	HEEoE Requirements
<b>The educational facilities, infrastructure and leadership must be adequate to deliver the curriculum</b>	8.5 Educational resources relevant to, and supportive of, the training programme must be available and accessible, for example, technology enhanced learning opportunities.	<ul style="list-style-type: none"><li>• Specialty Schools will ensure the required educational resources are made clear, and that the LEPs with relevant posts are able to provide these resources.</li></ul>
	8.6 Trainees must have access to meeting rooms, teaching accommodation and audiovisual aids.	<ul style="list-style-type: none"><li>• The LEP will ensure that trainees have appropriate access to meeting rooms and audio visual aids.</li></ul>
	8.7 Trainees must be enabled to develop and improve their clinical and practical skills, through technology enhanced learning opportunities such as clinical skills laboratories, wet labs and simulated patient environments. Foundation doctors must have these opportunities, where they are supported by teachers, before using these skills in clinical situations.	<ul style="list-style-type: none"><li>• The LEP will ensure that trainees have access to simulation facilities and that appropriate training opportunities and support to develop clinical skills are provided.</li></ul>

Domain 9: Outcomes		
GMC Standards	Mandatory GMC Requirements	HEEoE Requirements
<p><b>The impact of the standards must be tracked against the trainee outcomes and clear linkages should be made to improving the quality of training and the outcomes of the training programmes.</b></p>	<p>9.1 Organisations providing postgraduate training must demonstrate they are collecting and using information about the progression of trainees to improve the quality of training.</p>	<ul style="list-style-type: none"> <li>Information on the percentage of doctors in training achieving the required competency standards, as well as examination results and ARCP outcomes, is to be collected by HEEoE with the Specialty Schools.</li> <li>These outcomes will be published by HEEoE and Specialty Schools, and for GP specialty training programmes. LEPs will facilitate and participate in the GMC national trainee and trainer satisfaction survey carried out to obtain systematic feedback from trainees on their learning and working experience in the LEP and their specialty.</li> <li>Trainees will be advised about how to access the GMC survey outcomes.</li> </ul>
	<p>9.2 Trainees must have access to analysis of outcomes of assessments and exams for each programme and each location benchmarked against other programmes.</p>	
	<p>9.3 Those responsible for managing post-graduate medical education are required to report to the GMC on the outcomes of training.</p>	



## **Non-Medical element**

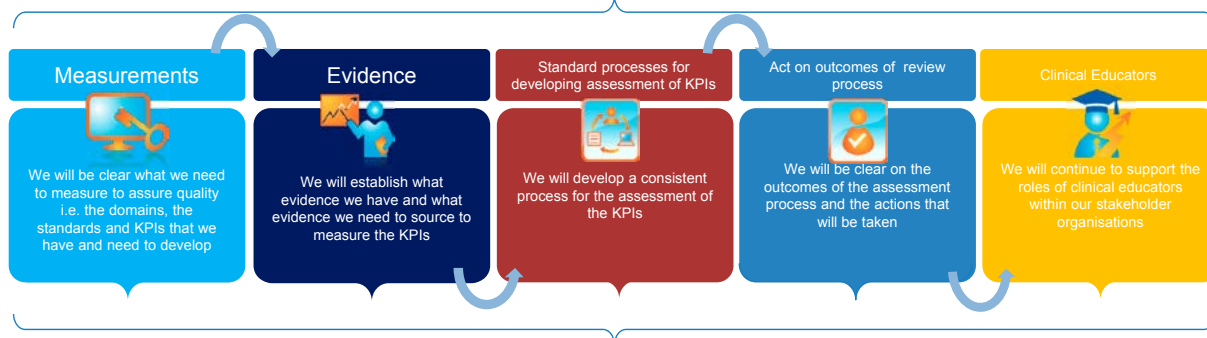
### Aim of the QIPF

Through continued improvement to the quality of education we will improve quality of care delivered to people and patients in the east of England.

Education that is delivered by education providers i.e. Higher Education institutions, Colleges of Further Education, medical schools and independent providers

Education that is delivered by our service providers (Local Education Providers)

### How we will do this



### Underlying Principles of the QIPF

#### Transparency

- A consistent framework with clear standards and outcomes which are regularly reviewed.
- A framework that is explicit, specific and understood by all stakeholders
- It will optimise existing information and intelligence. Where there are gaps we will work with stakeholders to fill these and provide a sound evidence base.
- It will meet the requirements of the Education outcomes Framework and national regulators e.g. GMC and NMC
- It will be regularly reviewed and be flexible enough to meet the complexities of the NHS locally and nationally.

#### Transformational

- Reflective of our multi-professional workforce and supportive of the improvements in care that they provide
- Integrated both within HEEoE and across our stakeholders
- It will enable risk stratification risk stratification so that we can offer more timely support to those organisations who need it
- It will build confidence amongst our organisations which will build stronger relationships and enable better sharing of information and best practice.

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## Employer Process

All employer organisations with an LDA will have a Quality and Performance Review (QPR) monitoring visit as part of the QIPF process every three years e.g. if an Employer's QPR monitoring visit is in June 2015, their next scheduled visit will be in June 2018.

The period of review will take into account relevant evidence from across the year, including feedback from student surveys, self-assessment and assessments by the Education Provider (EP).

The 'Peer Support Process' will ensure that each Employer has a 'buddy' from another local Employer organisation, who will act as a critical friend to support them with the evidence gathering to demonstrate compliance with the KPIs. Support with preparation and collation of evidence can be found later in this document.

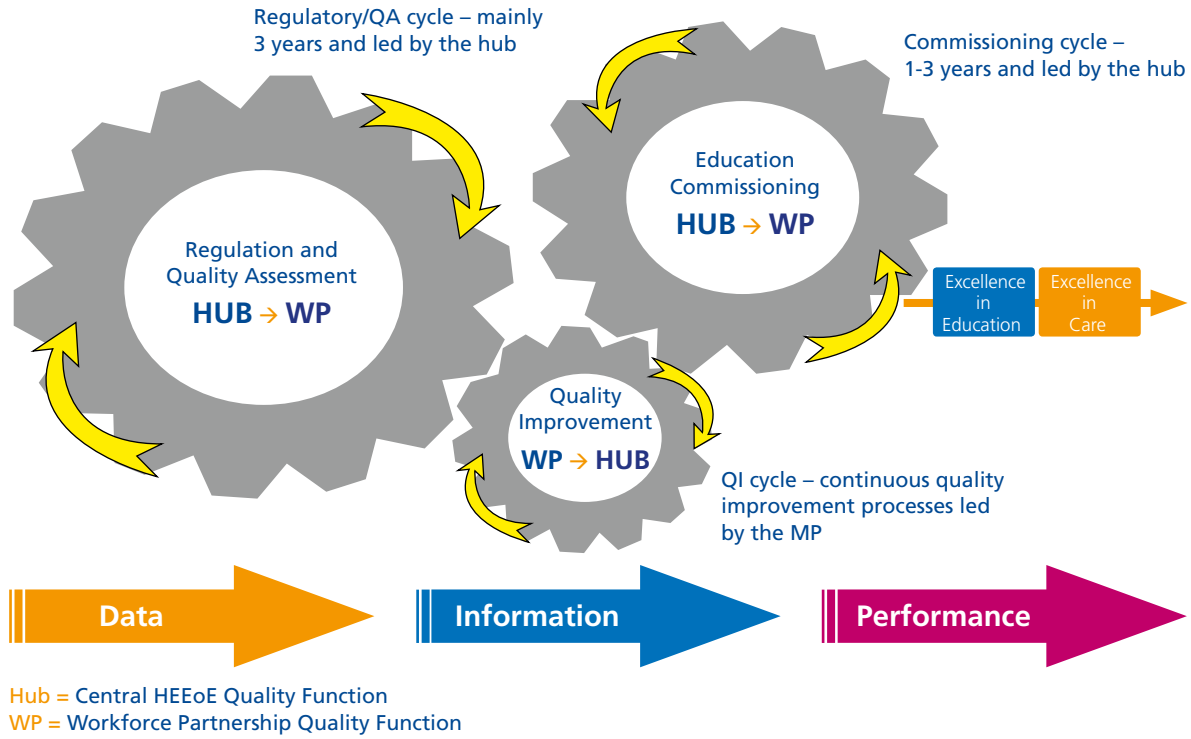
Another improvement is strengthening the voice of the students/learners, as they are key consumers of the education that HEEoE commissions on behalf of its partners. Students/learners will be involved in both the annual surveys and real time feedback e.g. through focus groups at the review meetings, as part of the annual WP process and the three yearly QPR.

A QIPF student survey with a small number of questions relating to placement experience will be run for all returning, commissioned students in October/November 2015 with results available from December 2015 to EP and employers in 2016. Learners will be involved in the annual QIPF visit, through focus groups and as part of the inspection team.

The focus of the annual review process will remain on programmes commissioned by HEEoE via its contracts with partner Education Providers e.g. Nursing, Midwifery and Allied Health Professionals (AHP). The team of Professional Advisors for Nursing and Midwifery, AHP, Health Sciences, Library and Knowledge Services and Technology Enhanced Learning (TEL) will be available to support the review process and advise the WPs. This will ensure that the range of evidence is considered within the context of a multi-professional approach, thus reflecting HEEoE's workforce.



**QIPF – Key roles and responsibilities for HEEoE**



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## Summary of Process

## Introduction to the QIPF Process

### Background

The QIPF including the local process led by the Workforce Partnership (WP), brings together these national frameworks and provides assurance that the healthcare education commissioned via Healthcare Education Contracts (HECs) and supported in practice by LDAs is of high quality.

The HEEoE process is based on national policy, ensuring that performance management within the QIPF and the local processes, which deliver the QIPF, are transparent and transformational. To ensure a standardised process, which actively promotes partnership working between Education Providers and providers of NHS commissioned services (Employer organisations), the following key elements will be implemented.


Key elements of the QIPF process include:

- collection and collation of data to support performance management of EP;
- collection and collation of data to assure the quality of practice learning environments;
- annual review of EP and Employer organisations against Key Performance Indicators (KPIs);
- planning to ensure continued quality improvement.

## The QIPF Process

Where employer organisations have not had a QPR the process will commence in the month that Employers have been scheduled to have their QPR review, with an annual WP review meeting followed by quarterly review meetings. In a year where an Employer is scheduled to undergo a QPR monitoring visit, there will be no WP annual review however quarterly reviews will continue to take place. Employer organisations who have had a QPR will continue on the current cycle. Employer organisations who will not receive a QPR e.g. community providers will work to the annual cycle commencing at a commencing at a point agreed with the WP.

The annual review will focus on the commissioned programmes from our EP and take a multi-professional approach with the support from the Professional Advisors. In addition we propose that for the 2nd quarter review the WP review the evidence and outputs from the relevant Medical and Dental School visits and incorporate issues of best practice and development into the Employer organisation conversations. Senior members of the Directorate of Education and Quality (DEQ) will be available to support the WP with the review of evidence and, where appropriate, feedback to the Employer organisation.



Members of the Employer organisation team expected at such a meeting would include:

- Clinical Tutor (Medicine)
- Non-medical Clinical Tutor
- Head of Training and Development
- Board level lead for education and training
- The WP and the Employer organisation will agree a process which will incorporate any recommendations following the QIPF visits.

### QIPF Principles

In order to continue to develop great partnership working, the following QIPF principles will be upheld:

**Transparent:** HEEoE will encourage partner Employer organisations to share good practice within the practice learning environments and encourage RAG ratings that reflect the findings and can be supported by robust evidence to assure compliance with the KPIs through the peer review process.

**Transformational:** That the process delivers continual improvements to the practice learning environment, through reflection, lessons learnt and, where there is identification of innovation and good practice, adoption, spread and sharing of best practice will be encouraged.

### Key Elements of the 2015/16 Workforce Partnership (WP) Process

There are five key elements to the 2015/16 process:

1. Employers self-assessment of Key Performance Indicators, including Peer Support process (see p105)
2. EP assessment of Employers
3. WP triangulation of relevant information provided by all stakeholders involved in education and training
4. Discussions in quarter one, quarter two, quarter three with nominated lead from WP
5. Annual Review meetings between WP and Employers
6. Development, review and monitoring of Improvement Plans to support continuous improvement in quality and performance.

## Key Elements of the 2015-16 Workforce Partnership Process

**Stage 1** – Employers will be asked to self-assess their organisation’s position against agreed KPIs and RAG-rate themselves according to evidence available.

**Stage 2** – Employers will ask their nominated peer to act as a critical friend in order to review the RAG ratings in view of evidence available.

**Stage 3** – EPs will be asked to complete a survey of their relevant Employer(s) and RAG rate performance against qualitative KPIs.

**Stage 4** – WP will lead the triangulation of relevant information including self-assessments and award tentative RAG ratings.

**Stage 5** – A review meeting is arranged to review the previous year’s progress, consider evidence, feedback on self-assessments and agree final RAG ratings.

**Stage 6** – Employers receive formal recommendations and templates to develop their Improvement Plans for the quarterly reviews.

**Stage 7** – Agreement and sign off of Improvement Plans by WP and Employers.

## Timeline

As mentioned, each organisation will be reviewed every 12 months. As there are many Employer organisations within each WP area, a rolling programme of reviews will be undertaken each quarter. Notice of the review will be issued eight weeks prior to submission of required data. Once the Employer has been reviewed in a particular quarter, it will be reviewed in the same quarter each year. The table below is the timeline detailing requirements within the process.

Date	Provider Key Event
September 2015 – March 2016	<p>Employers receive documentation for QIPF process 2015/16.</p> <p>Employers complete and submit self-assessment of qualitative KPIs.</p> <p>Employers will be notified of the dates for the QIPF eight weeks prior to submission, so that a 'buddy' can be contacted to work with the organisation.</p> <p>Employers will receive the self-assessment form six weeks prior to the date of submission.</p> <p>Evidence will need to be gathered against each KPI (examples are within the RAG sections).</p> <p>It is important that information and evidence can provide assurance.</p> <p>The buddy will need to be assured that the evidence is robust to agree a tentative Green RAG rating.</p> <p>The self-assessment is submitted on the agreed date to the Workforce Partners.</p> <p>EPs complete and submit their assessment of partner Employers.</p> <p>Six weeks prior to the final submission date the EP will be asked to fill in their assessment of partner Employers. The EP will be given five weeks to complete the assessments, so that they are received by the WP one week prior to the final assessment date, which has been given to the Employing Organisation (EO).</p> <p>The EP will be required to RAG rate each EO, considering their experience and evidence that they have gathered over the previous 12 months regarding joint working and collaboration to achieve a quality learning practice experience for the students.</p> <p>The EP must also take into account student feedback which has been collated by the EP, regarding the students' practice placements, during the last 12 months.</p> <p>The RAG ratings will be submitted to the WP.</p> <p>Students' Feedback</p> <ul style="list-style-type: none"> <li>■ The annual QIPF Student Survey will run in October/November 2015. Feedback will be collected on specific placement experience. Analysis of this feedback will be available from January 2016.</li> </ul>
September 2015 – December 2015	<p>Annual Review Meetings and Quarterly Meetings take place, as stated in Employer QIPF Cycle Please contact your Workforce Partnership Quality Lead for further details.</p>

## Guiding principles for Peer Support Process

The following principles are designed to assist a structured approach to the peer review process. With you HEEoE would like to develop the process to critically challenge evidence and providing rationale to support development and compliance with the KPIs.

This process will also aid adoption and spread of good practice across the system

- Support the facilitation of the collection of best evidence.
- The Employer will collect the evidence against each KPI and complete a self-assessment document. An organised evidence folder (preferably electronic) will be required.
- After the Employer has completed the self-assessment, agree to meet the Educational Lead in the Buddy organisation and allow appropriate time to complete the review.
- Utilise the self-assessment document to discuss and share the evidence to support compliance against each KPI. The electronic folder will help this discussion.
- Act as a critical friend to obtain clarity on the Employer's education structure and governance.
- Identify and discuss any perceived areas of notable practice and perceived deficits.
- Challenge respectfully.
- Use the template to capture key points from the conversation.

The WP will work with the Employer to facilitate the pairing of organisations and support the relationship management between the partners. As a key part of the process, these relationships will be discussed at the quarterly and annual review meetings and evaluated in terms of their effectiveness.

## Partner responsibilities

### Workforce Partnership (WP):

- Quality assure and performance manage education providers and Employers.
- Use data/information to review and assess quality and performance Take a leading role in the annual review process.
- Develop and manage Improvement Plans to deliver on-going quality improvement and manage risk.
- Provide assurance and escalate concerns through HEEoE educational governance arrangements.



### Education Providers:

- Provide objective and constructive feedback for Employers.
- Deliver high quality education that meets commissioning requirements and professional standards and NHS Constitution (Values and Behaviours).
- Ensure high quality data is submitted in a timely manner.
- Actively participate in the annual review process as stipulated within the contracts.
- Utilise Improvement Plans to make continuous quality improvements; working closely with WPs and Employers.

### Employing organisations that provide practice placements for students/learners (Employers):

- Provide high quality practice/educational learning environments for all students/learners  
Ensure robust processes are in place to supervise and support student development  
Actively participate in the QIPF annual and 3 yearly process.
- Utilise improvement plans to make continuous quality improvements; working closely with Workforce Partnership and EP partners.
- Ensure HEEoE investment links to service priorities.
- Utilise the opportunity to provide objective, constructive feedback to EP.
- Provide accurate and validated feedback to the Education Provider QIPF process.





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# Key Performance Indicators

## Key Performance Indicators used for the Employer QIPF process

Additional information for KPIs can be found in Annex 3. Information in relation to how both EP and Employers should assign RAG ratings against KPIs is outlined in Annex 4.


The Key Performance Indicators that will be assessed are:

- KPI 1 Education governance
- KPI 2 High quality learning environment to students
- KPI 3 Student prepared by Employer to deliver high quality care
- KPI 4 Students effectively supported, educated and assessed by the Employer
- KPI 5 Employer demonstrates effective use of the MPET investment
- KPI 6 Employment of students
- KPI 7 Engagement with Education Provider
- KPI 8 Improvement Plan



Exemplar	KPI 1 – Education Governance
1	Trust board is fully engaged with education agenda and can demonstrate through minutes of meetings and other evidence that they have an education plan which covers the quality of education.
2	There is an executive director with evidence of how the role demonstrates leadership.
3	There is a sub-committee of the board which approves decisions regarding education priorities and this can be demonstrated through organograms, TOR of key sub-committees and other evidence.
4	There is evidence that risks relating to education are identified and managed appropriately and evidence from risk registers and other documents shows both risk identification and risk mitigation.
5	Education Commissioning decisions are aligned to workforce planning and Organisation objectives. This is demonstrated through a workforce plan which identifies future Organisation staffing needs across all professions and takes a whole workforce approach.
6	Educational investment is managed with clear links to service outcomes.
7	There is in place a Non Medical Clinical Tutor, Quality Improvement Fellow (where appropriate), Library & Knowledge Services Funding, Bands 1-4 Lead, CPD Plan.
8	There is specific library funding allocated from tariff.
9	Service users, staff and student feedback is used to improve governance. This is demonstrated through both formal and informal collection, analysis, planning and implementation and review, a range of for a to engage with stakeholders and evidence of the improvement cycle.

Exemplar	KPI 2 – High quality learning environment for students
1	Evidence of triangulation of data with learning. CQC, TDA and other quality reports are used including evidence of timely action to inform education. To include action/improvement planning which leads system to change.
2	Evidence that Regulatory Bodies have not identified any serious placement issues.
3	Evidence of assessment of practice placement capacity, educational audits, policies relating to placements and risk assessments in all practice areas.
4	Evidence of preparedness and commitment of staff to support learning. This would include a robust and up to date mentor register, evidence of releasing staff to attend Mentor and Preceptor training and evidence of staff completing CPD.
5	LKS investment supports the Practice Learning Environment and provides essential training in research, finding the evidence and critical appraisal skills. 85% Library & Quality Assurance Framework (LQAF) compliance is expected with a view to above 90% compliance from 2017.
6	Suitability of staffing levels is assessed to ensure effective learning environment. Evidence to show this happens across a number of clinical areas to demonstrate that non medical professions learning environment.
7	Identify clinical leaders, with evidence of clear Leadership/OD policy which identifies leadership and appropriate development opportunities at all levels within the clinical learning environment.
8	Engagement and partnership working with partner Education Providers to improve the clinical learning environment and curriculum content. Evidence of appropriate feedback from EPs.
9	Ensuring student learning reflects care delivery including multi-professional working and care pathway delivery. Action/Improvement Plan in place to encourage the opportunity to explore and implement further multi-professional development.
10	The organisation reviews any changes in guidance or policy introduced by the relevant regulator and can show that it implements these changes as appropriate.
11	Evidence that the Employer is aware of how many and which type of student/trainees they are supporting.
12	Evidence of learning from student/trainee experience within the Trust and identifying how these lead to improvements.
13	Continuous quality improvement in practice based education is supported.



Exemplar	KPI 3 – Student prepared by Employer to deliver high quality care
1	100% compliance with induction, essential mandatory training and safeguarding training of commissioned students demonstrated through evidence of monitoring the uptake of local induction and regularly reviewing the quality of local induction.
2	Evidence of a sample of Employer’s staff from the organisation carry out a review of the recruitment and selection policy and processes and agrees and agrees any actions in partnership with the Education Provider.
3	Evidence that senior staff are involved in the recruitment and selection of prospective students.
4	The Employer can demonstrate that there is representation at Joint Programme committees and other for at Education Providers, to ensure that any changes in curriculum are discussed and the Employer feeds back any basic skills deficit amongst commissioned students to the appropriate provider.
5	The Employer can demonstrate that it reinforces the NHS Constitution and Values in the quality of mentoring and to support to commissioned students.
6	The Employer maximises the implementation of NHS Projects through facilitating the implementation of the outcomes of the Quality and Improvement projects developed by students in clinical areas.
7	The Employer can demonstrate rigorous assessment to ensure that students who are formally signed off are fit to practice on registration.
8	The Employer can demonstrate that Mentor selection, induction, appraisal and continuous professional development is in line with the NHS constitution values.

Exemplar	KPI 4 – Students effectively supported, educated and assessed by the Employer
1	The Employer can demonstrate the management of practice placement capacity including mentor/practice educator policy, register, in line with guidance and regulation and audit procedures. The Employer can provide a comprehensive and up to date Mentor and Practice Education/Trainer/Tutor/Supervisor/Assessor list. There is evidence of a placement capacity strategy which is flexible to reflect changes in service provision and fluctuating numbers.
2	The Employer can evidence specific examples of the identification and management of commissioned students that give cause for concern.
3	The Employer can evidence specific examples of their identification and management of Mentors/Practice Educators that give cause for concern.
4	The Employer has an OD/Mentor strategy to ensure that at all times there are enough appropriately trained mentors and Practice Educators/Trainer/Tutor/Supervisor/Assesor.
5	There is an Education Strategy in place which demonstrates the organisation investment of tariff and plans for Learning Beyond Registration.
6	There is accessibility of learning resources in the practice learning environment and this can be demonstrated through the LKS strategy.
7	There is an IT strategy in place which can demonstrate through its minutes and other documentation, approving decisions regarding CPD and workforce transformation priorities related to organisation objectives.
8	The Employer can demonstration that all Mentors meet regulatory standards
9	The Employer recognizes its responsibilities to support students/trainees in meeting the expected outcomes of their placement and actively manages placements to ensure student/trainees learning needs are met.

Exemplar	KPI 5 – Employers are able to demonstrate effective use of the HEEoE investment
1	Investment plans are developed involving key stakeholders at appropriate levels within the organisation and agreed with the WP/HEEoE. Key priorities within the plan could include: the outcome of previous reviews/CQC inspections/QIPF Reviews/Local Service requirements.
2	Outcomes from CPD investment are put in place and are subject to evaluation based priorities, outputs and Workforce/OD strategy.
3	LQAF compliance minimum 85% to meet requirement of <u>HEE's Knowledge for Healthcare</u> metric and there is specific LKS funding allocated to tariff.
4	Expected outcomes have been achieved from investment of HEEoE funding (including the Non Medical Placement Tarriff) and organisational funding and there is evidence of previous investment plans being delivered on time.
5	The Employer can demonstrate the specific use of funding in the previous financial year against LDA outcomes.

Exemplar	KPI 6 – Employment of students
1	Evidence of support for final placement students interested in employment with the Employer or other local organisation. Employers can demonstrate significant evidence of engagement with Education Providers regarding employability approaches.
2	Evidence of work undertaken to recruit newly registered graduates/practitioners.
3	Evidence of employment of newly registered graduates/practitioners.
4	Evidence the Trust has communication with students at all levels throughout their programme.
5	Evidence of offering a robust Preceptorship programme for newly registered graduates (see Appendix 1) which meets the national Preceptorships Standards.
6	Clear evidence of employability approach, that ensures safe nursing numbers are met and agreed vacancy rates are managed.
7	Employability approach may also include robust plans for employment opportunities and role for all non medical role opportunities.



Exemplar	KPI 7 – Engagement with Education Provider
1	Evidence that the EP quality assurance questionnaire has been completed by the appropriate education lead and within the required timescale for each programme for each Education Provider the Trust hosts student for.
2	Evidence that all appropriate nursing, Non Medical Clinical Tutor, all non medical professions leads have been consulted to provide high quality robust feedback and that this has been signed off by the appropriate education sub group of the employer organisation.
3	Attendance at Annual Review Meetings for EPs, where appropriate.
4	Evidence that where challenged on the content of the quality assurance questionnaire the Trust is able to provide clear evidence sources.

Exemplar	KPI 8 – Improvement plans
1	The Employer can evidence that following the annual QIPF/QPR visit, it can demonstrate the production of an Improvement Plan within the agreed timescales and the Improvement plan identifies all actions identified in the QIPF report.
2	The Employer can demonstrate through the Improvement Plan and minutes of meetings, sign off, governance and monitoring of the plan by an appropriate committee, at an appropriate level and frequency.
3	The Employer can demonstrate through minutes of meetings and other documents, that it has reviewed the outcome of the Improvement plans and where appropriate revised actions to ensure that all items within the Improvement plan are delivered.
4	The Employer can demonstrate through the minutes of meetings and Improvement plans and partner Education Providers that it has worked in partnership with the Employer to deliver the Employers' Improvement plan following their Annual Review Meeting.



## **RAG Ratings**

### Each of the six KPIs is divided into three sections:

- Governance
- Investment
- Improvement

Against each section are listed (by bullet points) the evidence required to demonstrate how the KPI standard can be met. Employers are expected to RAG rate each KPI. Employers can achieve three levels of rating:

- Green (met) – Evidence and data available and robust, and can be verified in all areas identified within the exemplars which, assures the WP of full compliance.
- Amber (partially met) – Evidence and data is limited in quality and quantity on the remaining exemplars, thus providing the WP with partial assurance of compliance (e.g. part of the evidence required is available; work in progress to develop required evidence; at a draft stage; awaiting approval).
- Red (not met) – Evidence and data is insufficient and fails to assure the WP of meeting compliance with the KPI (e.g. no evidence available; no work initiated, serious concerns are identified, work identified/action plans have not been completed, examples present given within the RED section of the KPI's below).

## Examples of what RED, AMBER and GREEN RAG ratings look like

### KPI 1 – The Employer has robust educational governance in place

Red	Amber	Green
<p>There is no or limited assurance that there is robust Educational Governance e.g. one of the following is not in place:</p> <ul style="list-style-type: none"> <li>• There is no designated Trust Board Executive Lead for Education and/or the QIPF.</li> <li>• There are no risk processes/evidence that issues relating to students have been risk assessed.</li> </ul> <p>There is limited evidence that the organisation is investing in education, which is linked to the service outcomes e.g. no investment to support the management of education in practice.</p>	<p>To be awarded an AMBER, all examples within the RED category must be met and some of the other exemplars have been met or partially met.</p>	<p><b>Governance</b></p> <p>There is evidence that demonstrates that the Trust Board is fully engaged with the Multi-Professional education agenda.</p> <p>There is an identified Executive Director lead for education, and evidence of how the role demonstrates leadership.</p> <p>Minutes of sub-committees of the Board show decisions regarding education priorities/expenditure.</p> <p>Outcomes demonstrate that processes are in place to identify and manage risks related to education.</p> <p>There is documented evidence that education commissioning decisions are aligned to workforce planning and organisational objectives.</p> <p><b>Investment</b></p> <p>There is evidence of processes to manage education investment, with clear links to service outcomes. Investment funding may include: Non-medical clinical tutor outcomes, Quality Improvement Fellow, LKS funding, Bands 1-4 Lead in place, CPD plan in place.</p> <p><b>Improvement</b></p> <p>There is evidence of processes in place to utilise service user, staff and student feedback to improve education governance.</p> <p>Plan in place for development of commissioned students and Bands 1-4.</p>

## KPI 2 – The clinical environment where students learn provide high quality care to patients/service users

Red	Amber	Green
<p>There is no or limited assurance that the quality of care within the learning environment is enhancing the students experience.</p> <p>Serious concerns have been identified by internal or external bodies/reports.</p> <p>e.g. one or more of the clinical and educational audits from the regulatory bodies identified below are not up to date.</p> <p>Issues have been identified within the NMC/HCP reports that demonstrate unsafe practice areas for students.</p> <p>Within Quality Care Commission (CQC) or other external reports, patient safety issues have been identified in care environments that have student placements.</p>	<p>All examples within the RED category must be met and some of the other exemplar have been met or partially met, will be awarded an Amber.</p>	<p><b>Governance</b></p> <p>Outcomes are available to show that processes are in place for triangulation of data relating to quality of care (e.g. CQC reports) and quality of learning environment including evidence of appropriate and timely actions taken if required. Any students placement issues identified by NMC or any other regulatory body have been addressed.</p> <p>Monitoring has been undertaken to assess practice placement capacity and quality, including clinical and educational audits, policies relating to student placements and assessment of risks in all practice areas. Outcomes are available to demonstrate that staff are prepared and committed to support students' practice based learning.</p> <p>Evidence of engagement and partnership working with partner EP to improve clinical learning environment and curriculum content.</p> <p>Evidence of ensuring that student learning reflects care including multi-professional working and care pathway delivery.</p> <p>Employer can demonstrate that it is aware of which type of student/ trainees they are supporting.</p>



**KPI 2 – The clinical environment where students learn provide high quality care to patients/service users – continued**

Red	Amber	Green
		<p><b>Investment</b></p> <p>Process for assessing the suitability of staffing levels and skill mix to support high quality learning and examples of outcomes of any actions that have been taken. Examples of where the investment has improved the quality of LKS the learning environment including 85% compliance with LQAF, for example essential training in research, finding the evidence and critical appraisal skills.</p> <p><b>Improvement</b></p> <p>Process for identifying and developing clinical leaders to provide high quality care and learning for all staff.</p> <p>Examples of engagement and partnership working with partner EP to improve the quality of the learning environment and the content of the curriculum.</p> <p>Evidence the Employer uses specialist/ consultant input to improve the learning environment/student experience.</p> <p>Examples of student following a patient/ service user care pathway, including reflecting multi-professional working.</p> <p>Evidence of learning from student/trainee experience within the Trust and identifying how these lead to improvements.</p> <p>Evidence that continuous quality improvement in practice based education is supported.</p>

### KPI 3 – Students are adequately prepared by the Employer to deliver high quality care

Red	Amber	Green
<p>There is no or limited evidence that students are prepared to work safely to deliver high quality care. There are serious concerns that students are put in an unsafe position when in patient environments.</p> <p>e.g. Less than a 100% of students have attended corporate induction, mandatory and safeguarding training prior to entering placement area.</p> <p>There is limited evidence that students are selected based on the NHS Constitution and its values.</p> <p>e.g. No examples can be given.</p> <p>There is limited assurance that students are fit to practice on Registration.</p> <p>e.g. No examples/ evidence can be given.</p>	<p>All examples within the RED category must be met and some of the other exemplar have been met or partially met, will be awarded an Amber.</p>	<p><b>Governance</b></p> <p>Demonstrates 100% compliance with students completing corporate induction (as per LDA), essential mandatory training and safeguarding training which is appropriate to placement experience.</p> <p>Evidence of Employer engagement at Joint Programme committees at Education Provider to ensure changes to curriculum are discussed and any basic skills deficit amongst commissioned students is reported.</p> <p>Evidence of NHS Constitution Values in selection, induction, appraisal and continuous professional development.</p> <p>All students have undertaken local induction into placement areas e.g. departmental, ward, locality and area.</p> <p>Evidence that a representative sample of senior staff takes part in student recruitment.</p> <p>Evidence that Employer’s staff review and agree improvements to recruitment processes with the EP annually.</p> <p>Employer’s staff are represented at student selection interviews or can show that they have an agreement with another employer.</p> <p>Examples that students are selected based on NHS values.</p>


**KPI 3 – Students are adequately prepared by the Employer to deliver high quality care  
– continued**

Red	Amber	Green
		<p><b>Investment</b></p> <p>Good examples of students being involved in implementation of NHS Improvement projects.</p> <p><b>Improvement</b></p> <p>Examples that processes have ensured that students are fit to practise upon registration.</p>



**KPI 4 – Students are effectively supported, educated and assessed by the Employer**

Red	Amber	Green
<p>There is no/limited evidence that students are supported in the practice environments. There are serious concerns that the student support is very poor. One or more of the following is evident:</p> <ul style="list-style-type: none"> <li>• The Employer does not have a mentor policy or guidance.</li> <li>• NMC mentor/sign off registers have not been updated and are not current.</li> <li>• There is not an AHP supervisors' list.</li> <li>• Less than 80% of mentors/practice educators attended updates in line with professional bodies' guidance.</li> </ul> <p>There is no/limited evidence that patients/ service users have consented to students being involved in their care. e.g. no documented evidence.</p>	<p>To be awarded AMBER, all examples within the RED category must be met and some of the other exemplars have been met or partially met.</p>	<p><b>Governance</b></p> <ul style="list-style-type: none"> <li>• Examples are available of management of practice placement capacity including mentor policy, mentor register, Practice Educator/Trainer/Tutor/Assessor supervisor list, in line with guidance and regulation, and audited at least annually.</li> <li>• Examples for identification and management of students who give cause for concern, e.g. Good Practice Guidance for Mentors.</li> <li>• There is documentation that can demonstrate that service users actively consent to student involvement in care where appropriate, e.g. welcome packs, notice boards.</li> <li>• The Employer can demonstrate its responsibility to support students/trainees in meeting the expected outcomes of their placement and actively manages placements to ensure student/trainee needs are met.</li> </ul> <p><b>Investment</b></p> <ul style="list-style-type: none"> <li>• There are processes in place to ensure value for money in mentorship investment.</li> <li>• All practice areas have accessible information or educational resources to support students.</li> </ul>



**KPI 4 – Students are effectively supported, educated and assessed by the Employer  
– continued**

Red	Amber	Green
		<b>Improvement</b> <ul style="list-style-type: none"><li>• Agenda items and minutes show that sub-committees approve decisions regarding CPD and workforce transformation priorities related to organisational objectives.</li></ul>

## KPI 5 – Employers demonstrate effective utilisation of the Multi-Professional Education and Training Levy (MPET) Investment

Red	Amber	Green
<p>There is no/limited evidence that HEE funds are effectively invested.</p> <p>e.g. Employer has not completed their CPD Investment Plan.</p> <p>Employer has not met the LQAF.</p>	<p>To be awarded AMBER, all examples within the RED category must be met and some of the other exemplar have been met or partially met.</p>	<p><b>Governance</b></p> <ul style="list-style-type: none"> <li>Minutes of sub-committees of Employer Board approves decisions regarding CPD and workforce transformation priorities related to organisational objectives.</li> </ul> <p><b>Investment</b></p> <ul style="list-style-type: none"> <li>Processes are in place to ensure investment plans are developed involving key stakeholders at appropriate levels within the organisation Monitoring processes demonstrate that all HEEoE funding is used to deliver outcomes identified in investment plans agreed with the WP/LETB.</li> <li>Monitoring processes demonstrate that outcomes from CPD/other HEEoE funding investment are put into practice and are subject to evaluation.</li> <li>Evidence is available that the requirements of the LQAF are met and compliance is 85% or above.</li> </ul> <p><b>Improvement</b></p> <ul style="list-style-type: none"> <li>Examples can be given of expected outcomes in practice, from the utilisation of CPD/Non-Medical Tariff and other HEEoE funds.</li> <li>Examples can be given that CPD funding has had a positive impact on service quality.</li> <li>Processes are in place to ensure learning informs future investment planning to deliver continued quality improvement.</li> </ul>

## KPI 6 – Employment of students

Red	Amber	Green
<p>No evidence is available that students are actively encouraged to apply for positions for newly registered staff e.g. informed of appropriate vacancies.</p>	<p>To be awarded AMBER, the example within the RED category must be met and some of the other exemplar have been met or partially met.</p>	<p><b>Governance</b></p> <p>Evidence is available that processes are in place to employ students upon registration.</p> <p>Evidence of significant engagement with relevant EPs in relation to employing newly graduated professionals.</p> <p>Clear evidence of employability approach, that ensures that safe nursing numbers are met and agreed vacancy rates managed.</p> <p>The Employer may also be able to demonstrate robust plan for employment opportunities and role for all non-medical role opportunities.</p> <p><b>Investment</b></p> <p>Students are informed of vacancies which are appropriate to newly registered staff.</p> <p><b>Improvement</b></p> <p>Robust Preceptorship programmes are offered to newly registered staff and rolling out of best practice across a number of professions.</p>

**KPI 7 – Engagement in Education Provider QIPF**

Red	Amber	Green
<p>Evidence provided is not quality assured, incomplete or is not substantiated when challenged. The submission is not made in a timely manner or appropriately signed off.</p>	<p>To be awarded AMBER, the example within the RED category must be met and some of the other exemplar have been met or partially met.</p>	<p><b>Governance</b></p> <p>Submission for Education Provider QIPF has been appropriately signed off.</p> <p>Evidence exists that the appropriate Nursing, Non-Medical Clinical Tutor, AHP, Clinical Psychology, Pharmacists, Pharmacy Technicians, Healthcare scientists leads have been consulted to provide high quality feedback.</p> <p>EP feedback has been appropriately signed off.</p> <p>Attendance at Annual Review Meetings for EPs where appropriate.</p> <p>Employer is able to substantiate content of quality assurance questionnaire for Education Provider when challenged.</p>

## KPI 8 – Improvement Plans

Red	Amber	Green
<p>Evidence provided is not quality assured, incomplete or is not substantiated when challenged. The submission is not made in a timely manner or appropriately signed off.</p>	<p>To be awarded AMBER, the example within the RED category must be met and some of the other exemplar have been met or partially met.</p>	<p><b>Governance</b></p> <p>Demonstration that the Improvement plan is appropriately signed off, governed and monitored at an appropriate level and frequency.</p> <p>Improvement plan actions are regularly monitored to ensure that all actions are delivered.</p> <p><b>Investment</b></p> <p>Appropriate use of HEEoE funding to meet items identified on Improvement plan.</p> <p><b>Improvement</b></p> <p>Production of an Improvement Plan within agreed timescales identifying all actions in report.</p> <p>Evidence of working in partnership with EP to deliver their Improvement Plans.</p>

## Triangulation of data to inform tentative RAG ratings

The WP will triangulate the evidence available to assign a tentative RAG rating, which will be discussed, agreed and finalised.

The following evidence will be used to triangulate information on Employers to inform the RAG rating:

- Review of existing Improvement Plans.
- Employer self-assessment documents.
- EP assessment of Employer Feedback from pre-registration student surveys.
- Library Quality Assurance Framework (where applicable).
- CQC, NMC and other relevant monitoring reports from national bodies and regulators.
- QIPF Early Warning Process.

HEEoE expect that any employer who has an adverse CQC outcome during the review period will contact the Workforce Partnership to discuss.

Each KPI will have a tentative RAG rating. However an overall rating of the Employer will need to be established.

If the Employer has a RED rating in any one KPI, the Employer will be awarded a RED rating for any KPI except KPIs 5 and 6 the continuation of the placement of students will have to be considered in light of the concerns. Red Ratings for KPI 5 or 6 will prompt further conversation.

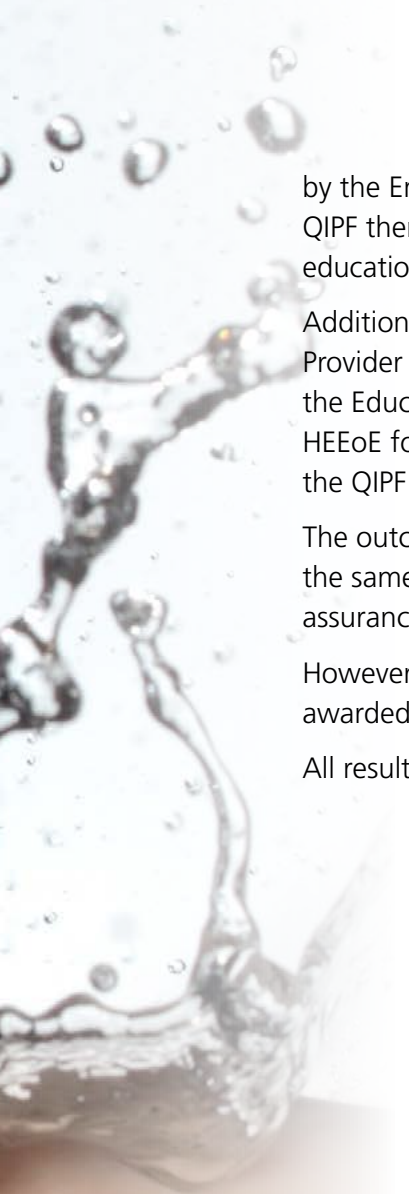
If an Employer has more Ambers than Greens in the KPI's 1-8, then the Employer should be awarded an Amber RAG rating overall. An Improvement plan to turn Ambers to Greens would need to be developed and monitored through the WP.

If an Employer has more Greens than Ambers, in the KPI's 1-8 then the Employer will be awarded a Green status.

## Alignment to EP QIPF

The rating of the Employer will also have an impact on the Education Provider and the area/s of concern could be a factor in the EP QIPF as the learning practice environment constitutes up to 50% of the students' pre-registration programme.

Within the Employer QIPF, all KPIs have an impact on the quality of education and learning delivered by the EP, but also on joint working, collaboration and quality of education delivered

A decorative graphic on the left side of the page showing a splash of water with several bubbles and droplets, set against a light background.

by the Employer. If an Employer is awarded a RED score for any KPI 1-5 in the Employer QIPF then this could impact on the result of the EP KPI's and mean that the quality of the educational programme is at risk.

Additionally for KPI 7, if the Employer provides poor quality feedback as part of the Education Provider QIPF, this will be raised through the Employer QIPF process. Invalidated feedback in the Education Provider QIPF could lead to adverse commissioning decisions being made by HEEoE for commissioned students. Feedback from Employers is shared with the EPs as part of the QIPF Education Provider QIPF.

The outcomes of the Employers QIPF will need to be presented at the EP QIPF, and then the same questions, from an employer practice learning view point, should not be asked if assurance has already been obtained.

However, if an Employer who supplies placements to the students of that EP has been awarded a RED overall RAG rating, then the impact of this must be explored at the EP QIPF.

All results will be published to adhere to our concept and model of transparency.





A high-speed photograph of water splashing, showing numerous droplets and a central column of water rising. The image is positioned on the left side of the page, partially overlapping the white background and the orange footer.

# Annual Review Process

## WP Panel Meetings

The purpose of the annual review process is to agree the overall quality and performance of practice education provision delivered in the current year, and to agree improvement plans that will continue to drive up quality in subsequent years.

The triangulation of intelligence, data and evidence is the key methodology used by the annual review Panel.

The annual review process will follow the following format:

- Pre-meeting Panel discussion
- Agreement of Key Lines of Enquiry for the meeting with the Employer
- Discussion with Employer regarding key lines of enquiry
- Post-meeting Panel discussion and agreement of RAG ratings
- Panel feedback to Employer

### Panel membership

As a minimum the Panel will include:

Workforce Partnership

- Head of Workforce Partnership (Chair) – to be consistent for all annual reviews within the WP
- WP Business Manager/Education Lead
- Relevant Practice Education Facilitator
- Senior Member of the DEQ

Employer

- Board level lead for commissioned education e.g. Director of Nursing
- Non-Medical Clinical Tutor or equivalent within the Employer
- Training and Development Lead or equivalent Education provider partner(s)
- Representative from the relevant EP(s)



## Survey of Employers by relevant Education Provider

Education Providers are required to deliver high quality education that meets commissioning requirements and professional standards/values. EPs are also required to work in partnership with Employers to assure themselves that Employers continuously provide high quality educational learning environments for all students/learners, and that there are robust processes in place to supervise and support students' development.

EPs are required to assess and rate against qualitative KPIs of each partner Employer. All KPIs are rated for each Employer and all RAG ratings require commentary. This information will be shared with Employers and the rating will be used as part of triangulation processes that inform the Employer's annual review.

From our experience of working in partnership with the Employers and EPs through the QIPF process, we know that where there is great partnership working between the organisations that can professionally and positively challenge to promote improvements, there have been significant improvements for the EPs, the students/learners and the quality of care of our patients/service users.

Following evaluation of the current quality improvement processes, there is an expectation that each EP will be assured that the response that they provide in relation to the specific EO reflects the opinion of the EP. The response will be agreed as part of the EP's internal educational governance processes.

## Assessing the Key Performance Indicators

Education Provider:

Date:

Placements provided by Employer organisations (including level) e.g. Adult Nursing, 2 year Speech and Language Therapy

<b>KPI AA1</b>			
The Education Provider is assured that the Employer/s where student are placed have robust education governance			
<b>Green:</b>	<b>Amber:</b>	<b>Red:</b>	
Comments:			

<b>KPI AA2</b>			
The Education Provider is assured that the clinical areas where students are placed provide high quality learning			
<b>Green:</b>	<b>Amber:</b>	<b>Red:</b>	
Comments:			

<b>KPI AA3</b>			
The Education Provider is assured that Employer/s have in place infrastructure to prepare students to deliver high quality care			
<b>Green:</b>	<b>Amber:</b>	<b>Red:</b>	
Comments:			

**KPI AA4**

The Education Provider is assured that Employer/s have measures in place to ensure effective support, education and assessment of students

**Green:****Amber:****Red:**

Comments:

**KPI AA5**

The Education Provider is assured that Employer/s involve the Education Provider in formulating post registration education and training that aligns to service priorities

**Green:****Amber:****Red:**

Comments:

**KPI AA6**

The Education Provider is assured that Employer/s are involving the Education Provider in securing employment for the newly registered practitioners

**Green:****Amber:****Red:**

Comments:

**KPI AA7**

The Education Provider is assured that the Employer provides appropriate feedback and support as part of the ongoing EP QIPF process

**Green:****Amber:****Red:**

Comments:

**KPI AA8**

The Education Provider is assured that the Employer engages the EP in the production, development and governance of Improvement Plans.

**Green:****Amber:****Red:**

Comments:

## Self-Assessment for Employers 2015-16

<b>KPI 1 — Education governance</b>	<b>RAG Rating 2015/16</b>	<b>Evidence Provided</b>	<b>Trust self-Assessment RAG rating</b>	<b>Tentative RAG Rating</b>	<b>Final Agreed Position</b>
Employer board is fully engaged with the education agenda					
There is an executive director lead for education with evidence of how the role demonstrates leadership					
A sub-committee of the board approves decisions regarding education priorities/expenditure					
Risks related to education are identified and managed appropriately					
Education commissioning decisions are aligned to workforce planning and organisational objectives					
Education Investment is managed with clear links to service outcomes. There is <ul style="list-style-type: none"> <li>– non medical clinical tutor or equivalent</li> <li>– non medical quality improvement fellow where appropriate</li> <li>– library and knowledge service funding</li> </ul>					
Service user, staff and student feedback is used to improve education governance					

## Self-Assessment for Employers 2015/16

<b>KPI 2 — High quality learning environment for students</b>	<b>RAG Rating 2015/16</b>	<b>Evidence Provided</b>	<b>Trust self-Assessment RAG rating</b>	<b>Tentative RAG Rating</b>	<b>Final Agreed Position</b>
Evidence of triangulation of data with learning. CQC and other quality reports are used including evidence of timely actions to inform education					
Evidence that NMC/HCPC have not identified any serious placement issues					
Evidence of assessment of clinical placement capacity to support learning					
Evidence of preparedness and commitment of staff to support learning					
Suitability of staffing levels to support quality learning are assessed					
LKS investment supports the Clinical Learning Environment and LQAF 85% or above compliance in place					
Identify and develop clinical leaders					
Engagement and partnership working with partner Employers to improve CLE and curriculum content					
Ensuring student learning reflects care delivery including multi-professional working and care pathway delivery					
The organisation reviews any changes in guidance or policy introduced by regulatory bodies and can show that is implementing these changes					
Evidence that the Employer is aware of how many and which type of students/ trainees they are supporting					
Evidence of learning from student/ trainee experience within the Employer and identifying how these lead to improvements					
Continuous quality improvement in practice based education is supported					



## Self-Assessment for Employers 2015/16

<b>KPI 3 — Student prepared by Employer to deliver high quality care</b>	<b>RAG Rating 2015/16</b>	<b>Evidence Provided</b>	<b>Trust self-Assessment RAG rating</b>	<b>Tentative RAG Rating</b>	<b>Final Agreed Position</b>
100% compliance with induction, essential mandatory training and safeguarding appropriate to placement					
Evidence that a sample of Employer's staff from the organisation review the recruitment and selection policy and processes and agree any actions in partnership with the EPs					
Evidence that senior staff are involved in the recruitment and selection of prospective students					
The Employer can demonstrate that there is representation at Joint Programme committees and other for a at Education Providers, to ensure that any changes in curriculum are discussed and the Employer feeds back any skills deficit amongst commissioned students to appropriate Education Providers					
The Employer can demonstrate that it reinforces the NHS Constitution and Values in the quality of mentoring and support to commissioned students					
The Employer maximises the implementation of NHS Projects through facilitating the implementation of the outcomes of the Quality and Improvement projects developed by students in clinical areas					
The Employer can demonstrate that Mentor and Preceptorship selection, induction, appraisal and continuous professional development is in line with the NHS Constitution Values					

## Self-Assessment for Employers 2015/16

<b>KPI 4 — Students effectively supported, educated and assessed by the Employer</b>	<b>RAG Rating 2015/16</b>	<b>Evidence Provided</b>	<b>Trust self-Assessment RAG rating</b>	<b>Tentative RAG Rating</b>	<b>Final Agreed Position</b>
Management of clinical placement capacity including mentor policy, register, AHP supervisor list, in line with guidance and regulation with annual audit					
Identification and management of students that give cause for concern					
Identification and management of mentors that give cause for concern					
The Employer has an OD/Mentor strategy to ensure that at all times there are enough trained Mentor and Practice Educators/Trainer/Tutor/Supervisor/ Assessor					
There is an Education Strategy in place which demonstrates the organisation investment of tariff and plans for Learning Beyond Registration					
There is an IT Strategy in place for commissioned students which allows commissioned students appropriate and timely access to Internal IT systems					
There is a sub-committee approving decisions regarding CPD and workforce transformation priorities related to organisational objectives					
The Employer can demonstrate that all Mentors meet regulatory standards					
The Employer recognises that it is the responsibility of their placement and actively manages placements to ensure student/ trainee learning needs are met					

## Self-Assessment for Employers 2015/16

<b>KPI 5 — Employer Organisation demonstrate effective use of the MPET investment</b>	<b>RAG Rating 2015/16</b>	<b>Evidence Provided</b>	<b>Trust self-Assessment RAG rating</b>	<b>Tentative RAG Rating</b>	<b>Final Agreed Position</b>
Investment plans are developed involving key stakeholders at appropriate levels within the Employer organisation					
Outcomes from CPD/other HEEoE funding are put into practice and are subject to evaluation based on priorities, outputs and Workforce/OD strategy					
Library Quality Assurance Framework is met at 85% or higher					
Expected outcomes have been achieved from investment of HEEoE funding and organisation funding and there is evidence of previous investment plans being delivered on time					
The Employer can demonstrate the specific use of funding in the previous financial year against LDA outcomes					

## Self-Assessment for Employers 2015-16

<b>KPI 6 — Employment of students</b>	<b>RAG Rating 2015/16</b>	<b>Evidence Provided</b>	<b>Trust self-Assessment RAG rating</b>	<b>Tentative RAG Rating</b>	<b>Final Agreed Position</b>
Evidence of support for final placement students interested in employment with the Employer or other local Organisation. Employers can demonstrate significant evidence of engagement with Education Providers regarding employability approaches					
Evidence of work undertaken to recruit newly registered graduates/practitioners					
Evidence of employment of newly registered graduates/ practitioners					
Evidence that the Trust has communication with students at all levels throughout their programme					
Clear evidence of employability approach, that ensures that safe nursing numbers are met and agreed vacancy rates are managed					
Employability approach may also include robust plans for employment opportunities and role for all non medical role opportunities					

## Self-Assessment for Employers 2015-16

<b>KPI 7 — Engagement in Education Provider QIPF</b>	<b>RAG Rating 2015/16</b>	<b>Evidence Provided</b>	<b>Trust self-Assessment RAG rating</b>	<b>Tentative RAG Rating</b>	<b>Final Agreed Position</b>
Evidence that the EP quality assurance questionnaire has been completed by the appropriate education lead and within the required timescale for each programme for each Education Provider the Trust hosts students for					
Evidence that all appropriate non medical professions leads have been consulted to provide high quality robust feedback and that this has been signed off by the appropriate education sub group of the employer organisation					
Attendance at Annual Review meetings for EPs, where appropriate					
Evidence that where challenged on the content of the quality assurance questionnaire the Trust is able to provide clear evidence sources					

## Self-Assessment for Employers 2015-16

KPI 8 — Engagement with Education Provider QIPF	RAG Rating 2015/16	Evidence Provided	Trust self-Assessment RAG rating	Tentative RAG Rating	Final Agreed Position
The Employer can evidence that following the Annual QIPF visit/QPR from the Workforce Partnership, it can demonstrate the production of an Improvement plan within the agreed timescales and the Improvement Plan identifies all actions identified in the QIPF report					
The Employer can demonstrate through the Improvement plan and minutes of meetings, sign off, governance and monitoring of the Improvement Plan by an appropriate committee, at an appropriate level and frequency					
The Employer can demonstrate through minutes of meetings and other documents, that it has reviewed the outcomes of the Improvement Plans and where appropriate revised actions to ensure that all items within the Improvement Plan are delivered					
The Employer can demonstrate through the minutes of meetings and Improvement Plans for partner Education Providers that it has worked in partnership with Employers to deliver Employers' Improvement Plans following their Annual Review Meetings					

Completed by (Trust) ..... Date .....

Received by Workforce Partnership ..... Date .....

## Feedback report template for peer assessment

To obtain the feedback in a standardised way it would be helpful if comments following the peer review meetings could cover the following points:


Name of Peer Reviewer		
Name of Employer being reviewed		
Date		
Employer representative	Name	
	Title	
	Scope of responsibility	
Please provide a short outline of the model of Education Governance E.g. Is it Medical/Non-Medical/Integrated		
Please provide a synopsis of the discussion		
Areas of notable practice, innovation		
Areas of challenge		
Did you agree with the original RAG rating?		
Have any RAG ratings been changed following the peer review?		
Please provide feedback on the self-assessment and peer review process		
Thank you—please return to Workforce Partnership		

A high-speed photograph of water splashing, showing numerous droplets and a central column of water rising from the point of impact. The water is clear and the background is white.

## **Appendix 1: National Preceptorship Standards**



The organisation has a preceptorship policy, which has been formally approved by the appropriate Education Governance structures
There is an organisational wide lead for preceptorship
There is a structured preceptorship programme that has been agreed by the Executive Nurse and other professional leads given preceptorship should be available for all new registered practitioners
The organisation facilitates protected time for preceptorship activities
There is a clearly defined purpose of preceptorship that is mutually understood by preceptors and preceptees
Preceptorship aligns with the organisational appraisal framework
Preceptors have undertaken training and education that is distinct from mentorship preparation
There is a central register of preceptors
Systems are in place to identify all staff requiring preceptorship
Systems are in place to monitor and track newly registered practitioners from their appointment through completion of the preceptorship period
Every newly qualified nurse has a named preceptor allocated from day 1 of employment
Preceptorship is tailored to meet the need of the individual preceptee
The preceptee undertakes a transitional learning needs analysis
Preceptorship is monitored and evaluated on a scheduled basis
A range of relevant skills training and assessments are available to meet the needs of preceptees
Action learning, group reflection or discussion are included in the preceptorship process
Preceptees contribute to the development of preceptorship programmes

A close-up photograph of water splashing, with numerous droplets and bubbles in motion, creating a dynamic and fresh visual effect. The water is clear and bright, set against a light background.

The preceptorship programme is clearly linked to the 6 C's and NHS Values and includes the following elements:

1. Accountability
2. Career development
3. Communication
4. Dealing with conflict/managing difficult conversations
5. Delivering safe care
6. Emotional intelligence
7. Leadership
8. Quality Improvement
9. Resilience
10. Reflection
11. Safe staffing/raising concerns
12. Team working
13. Medicines management (where relevant)
14. Interprofessional learning

## **Contact Information**

Professor Bill Irish  
Postgraduate Dean  
email [bill.irish@nhs.net](mailto:bill.irish@nhs.net)

Chris Birbeck  
Head of Quality Improvement  
email [c.birbeck@nhs.net](mailto:c.birbeck@nhs.net)

Susan Agger  
Senior Quality Improvement Manager  
email [sue.agger@nhs.net](mailto:sue.agger@nhs.net)