NHS
Health Education England

Multiprofessional Quality Review of MusculoSkeletal Pathway - Outcome Report

HEE Local office name: Yorkshire and the Humber

Organisation: Sheffield Teaching Hospitals NHS Foundation Trust

Dates of Review: 07 November 2017

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Quality review outcome report

Date of report:

Author: Linda Garner

Job title: Quality Manager

Panel members

Name	Job title
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Emma Jones	Head of Quality – North, HEE
Julie Platts	Quality Programme Manager, HEE
Linda Garner	Quality Manager, HEE
Linda Crofts	Head of Learning and Development STHT
David Eadington	Deputy Dean, HEE
Sarah Kaufmann	Associate Dean, HEE
David Dale	Healthcare Partnership Manager, Sheffield College
Helen Best	Interim Dean Faculty of Health &Wellbeing, SHU
Gill Risby	Operational Lead, SOMO, HEE
Mike Hayward	Associate Dean, HEE
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Paul Renwick	Specialist Adviser, HEE
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Sharon Oliver	Faculty Director of Engagement and Development, UoS
Shirley Harrison	Contracts, HEE
Tracy Latham	Clinical Skills, HEE
Dominic Gilroy	Libraries, HEE
Islam Faqir	Learner Voice
Alan Sutton	Lay Representative
Sarah Walker	Quality Manager, HEE
Michelle Hannon	Quality Administrator, HEE
Emma Diggle	Quality Administrator, HEE

Executive summary

HEE are grateful for the Trust's efforts in organising the Multi Professional Review of the Musculoskeletal (MSK) pathway and it was noted that the engagement of the senior team was excellent. However, the engagement of the learners and educators was a concern due to the low number of attendees. As a result, a clear view of the quality of education and training was not possible and further quality interventions are planned in February and March 2018. The MSK Strategy documentation and self-assessment information supplied by the Trust was well received by the panel and the intentions and direction of travel were supported.

The learners seen were supportive and loyal to the Trust. Students generally would be keen to work at the Trust and employed learners would apply for jobs there again. Electronic practice placement feedback is strong, and the Nurses and Allied Health Professionals (AHPs) are well supported within their role. There were many examples of a forward thinking, permissive attitude towards training and education in the organisation with training opportunities being made available across professions.

The main area for improvement relates to Trust's ability to achieve its full potential to deliver multi-professional education and training. It was evident that whilst there are examples of multi professional training opportunities occurring in the clinical environment, these are not well supported by a cohesive multi professional senior team. It appears that at senior level nurses and doctors are considered separately and that AHPs and medical students may be in danger of being overlooked.

That is not to say that high quality education is not happening but a more modern, inclusive approach to governance would allow the full potential to be realised. This would facilitate multidisciplinary learning becoming mainstream and counter the criticism that these opportunities are sometimes unplanned and ad hoc. Interdisciplinary learning needs to be planned, co-ordinated and recorded.

From a workforce perspective, the Trust provide a secure, stable environment, but work intensity issues were reported that were impacting on medical learners' ability to access training such as skills/simulation opportunities. The MSK Strategy document describes mentoring, supporting and developing staff, but the medical learners reported that this does not work consistently in practice.

Some of the undergraduate and postgraduate medical educators did not feel valued, with little time to teach. It was felt that more time allocated in their job plans would enable them to address the lack of planned inter-disciplinary leaning. Evidence needs to be seen of time for training, and better opportunities for multi-professional learning.

Educators felt Advanced Clinical Practitioners (ACPs) are embedded into the organisation and were instrumental in their ability to train. The panel noted there was less clarity about Physicians Associates (PAs) and their roles. The difference between ACP and PA roles is, in general, poorly understood and this may detract from the potential for the new roles to improve clinical pressures within the Trust.

Sign off and next steps

Report sign off

Outcome report completed by *(name)*:	Linda Garner
Chair's signature:	David Wilkinson
Date signed:	10 January 2018
Date submitted to organisation:	11 January 2018

Organisation staff to whom report is to be sent

Job title	Name
Head of Learning and Development	Linda Crofts
Director of Postgraduate Medical Education	Alison Cope
Director of Undergraduate Medical Education	Shah Nawaz

Summary of discussions with groups

Learners

All the learners seen throughout the day were enthusiastic about their role and were very loyal and supportive to the Trust. The Trust appeared to generate an open, positive culture and, despite a very challenging time within the NHS, the retention of graduates was high and most of the learners felt they wanted to stay in Sheffield. However, the level of engagement with the visit was disappointing as the number of learner/educator attendees in some groups on the day were low. From an undergraduate perspective this was due in part to medical exams. Further quality interventions are planned as there were insufficient learners present to obtain a reliable view.

There were very good examples of the training pathway with learners being well supervised to meet curriculum objectives. The majority described receiving a good variety of learning opportunities within MSK which were planned in a structured way and advertised widely. All the learners were exposed to a good range of cases; a Foundation Year 1 postgraduate medical learner reported being rostered into the pain clinic on a regular basis. However, service pressure within the Trust can prevent the learners being able to take full advantage of these opportunities. The Trust will need to explore ways to support staff in this environment by increasing the consistency of a structured mentoring approach and pastoral support.

Learners described opportunities for positive patient involvement with many examples available. Nursing students agreed that if a learner was self-motived opportunities would be open to them, but this could be difficult in a clinical environment. Nursing students reported working on the Orthopaedic wards as a positive experience where education was taken seriously and the wards were described as a good, supportive environment to learn in. Medical students are exposed to a range of cases and final years students are encouraged to be self-directed learners. The recently introduced Advanced Clinical Practitioners provide support during the weekend which was reported to be having an immediate positive impact on the workload of the junior doctors.

Apprentices and nursing students are given regular support by their mentors and nursing students described learning from the experience of their senior colleagues. A Training Assistant Practitioner student expressed disappointment with their own expectations of the role, reporting that training received was not recognised or being utilised by the Trust. A mentor had been assigned, but it was felt there was a “closed door” and that any feedback was not being listened to.

Medical students in Rheumatology have access to a good range of cases and experience. They particularly enjoyed their placement in the emergency department because of the hands-on nature of the tasks involved. There are lots of opportunities for self-directed learning and at Phase 3b this is appropriate. Virtual ward rounds were well received and the allocation of smart cards and the rollout of Eduroam is welcomed.

The nursing students reported that the team in Orthopaedics are very supportive, commenting that the staff are “amazing”. The nursing students care for a wide range of patients, for example those with learning difficulties and mental health issues. They reported that junior doctors do not mind being bleeped and are very supportive.

Concerns were expressed about feedback and the ability to make mistakes in controlled environments. For example, a final year medical student reported being unable to return with a care plan after examining a patient. This is possible in the fracture clinic, but further opportunities were described as inconsistent and entirely dependent on placement. Medical students felt their opinions were not often

sought and increased independence would help identify their own strengths and weaknesses, especially in their first year.

It was noted that the Trust only takes around 10-12 physiotherapy students from Sheffield Hallam University, which is only 10% of the University's intake. It was felt this was a small number in view of the size of the physiotherapy services at STHT.

Multi-disciplinary working is evident during handover, daily ward rounds and huddles. However, multi-disciplinary education and training happens on an ad-hoc basis and there is no clear linkage between professions. The Trust need to take an innovative approach to developing “educational glue” between the professions as the size of the organisation and the commitment of the staff show there is potential for a very strong learning environment if the Trust worked as well horizontally as it does in silos.

Infrastructure panel

The panel were informed there are plans to expand the numbers of Advanced Clinical Practitioners in MSK, particularly in the falls pathway but there are budgetary constraints to consider.

IT access was reported to be variable; for example, a physiotherapy student reported being unable to access patient notes.

There was limited awareness of the Freedom to Speak up Guardian role or how to contact them. While the implementation of this role at a high strategic level was well intentioned, clarity has not filtered down to those who need to be aware. Information about the Freedom to speak up guardian needs to be included at induction for all learners.

No problems were apparent with Datix in terms of learners being supported in completing the required documentation. However, gaining sufficient feedback following an event was difficult and this impacted on the ability to learn from incidents

There were no real barriers to inter-professional teaching and opportunities are there, but it was reported that these can often be held at difficult times e.g. 7.30 am, and further governance related discussions highlighted the disconnect between professions.

In terms of finance a clear, open structure was described. However, it was apparent the £13 million reduction to education funding over the last few years had caused an unstable environment and discussions centred around damage limitation and the need to monitor the LWAB funding flow through the Trust.

Whilst there is an initiative to give apprentices more standing and professionalism, there is no real plan yet in place for progression. There was concern that the ‘career escalator’ was not working in practice as a career pathway. One learner felt there was not enough opportunity for support workers to progress.

Educators

The Educators reported an overall good learning environment in Rheumatology and Orthopaedics and felt it was easy to tailor training to learners’ needs. Feedback on performance is available and evident throughout the Trust. Mentors who are named on PPQA are sent the information to celebrate their

success. The Trust are supportive of the development of the Educators in terms of further education relating to their role.

Part of an Educators' job plan is for organising and planning education and Occupational Therapy mentors are given time out of clinical practice before a student arrives to plan an induction. Physiotherapy mentors have strong links with Universities where there are "super educators" in the team who can help support learners in difficulty. However, some Undergraduate and Postgraduate Medical Educators do not feel valued by the Trust and did not feel they have enough time to teach. A Rheumatology Educator reported having time in their job plan for supervision, but would like time specifically allocated for teaching. It will be necessary to see evidence of time for teaching in job plans.

Good practice

Good practice is used as a phrase to incorporate educational or patient care initiatives that are worthy of wider dissemination, deliver the very highest standards of education and training or are innovative solutions to previously identified issues worthy of wider consideration.

- The Trust has been systematically devising competence frameworks in recent years to improve consistency and clarity of roles and delegation of tasks, particularly for support staff.

- The system used for staff to access SSPRD funding is best practice as it requires formal sign off by a central co-ordinator within the Trust before requests are made to education providers. This also helps to clarify needs for HEE purposes in making the best use of diminishing SSPRD funds in areas of most need. This system is not always operated as robustly in other organisations, particularly those outside of SY&B.

Educational requirements

Requirements are set where HEE have found that standards are not being met; a requirement is an action that is compulsory.

Existing requirements – progress updates

Condition Outline	Identified Via	Date Identified	Current Rag Rating	Current Status	Recent Progress Update
15/0078 Core Medical Training Royal Hallamshire Hospital					
Concerns were expressed regarding the lack of skills training for the Core Medical Trainees at the Royal Hallamshire Hospital in particular. The panel were concerned at the reported termination of the APS course and would like the Trust to demonstrate how skills training for Core Medical Trainees will be maintained.	QM Visit	03 March 2015	Red	Stage 1: Verification of concern is being undertaken and action plan is not yet in place.	11 August 2017: A review of the CMT Programme will be undertaken in Autumn 2017. Any outstanding issues will be identified at the review. Extensive debate took place at the Senior Leaders Meeting on 4th July. Actions from the meeting are: Simulation in a skills lab is an absolute requirement of the curriculum even though for patient safety reasons at this Trust most procedures are carried out under radiological guidance. This has been confirmed by the SAC Committee. Clear division between CT1 and CT2. CT1 - absolute requirement to attend a skills lab and perform procedure in the simulation setting. CT2 - opportunities must be provided for intervention in the clinical setting under Consultant supervision. As an example, Dr Pirzada has developed a facility on the Respiratory Unit to allow trainees to experience pleural aspiration under supervision on scheduled patient lists. All CT2's will be advised of this opportunity for supervised practice. Dr Throssell, Medical Director, confirmed that Consultants with an educational role were identified in job planning in an attempt to improve faculty engagement.
Update from multiprofessional review on 7th November 2017 – attendance too low to progress. Further review to be held February 2018					
17/0100 Trauma and Orthopaedic Surgery Core CT1 Northern General Hospital					
There are not enough orthopaedic junior doctors to cover the wards. This issue has been raised time and time again and the management are unwilling or unable to recruit more junior doctors. More than one junior doctor has been brought to tears regularly by the work load. It is dangerous when the core trainees are rotad to assist in theatre but are also rotad to cover a team of patients, often up to 25 or more, as	GMC Survey - Patient Safety Concerns	01 June 2017	Red	Stage 1: Verification of concern is being undertaken and action plan is not yet in place.	

when they are scrubbed they cannot respond to bleeps, and the other juniors are too stressed to provide any cover.					
Update from multiprofessional review on 7th November 2017 – attendance too low to progress. Further review to be held February 2018					
17/0101 Trauma and Orthopaedic Surgery Foundation F1 Northern General Hospital					
During daytime on-calls, the F1 on cover is also expected to be ward-based. On a weekend this means performing a ward round with the spinal team, some jobs for the trauma ward round, as well as jobs handed over for the weekend by various day teams, in addition to having to provide medical cover for all orthopaedic wards including phlebotomy often. This is a heavy workload which can mean, when several patients deteriorate, that patients who had jobs over the weekend may have essential jobs done much later than what is optimally expected. The biggest patient safety concerns on the weekend have been relatively minor for myself - for example, delays in prescription of anticoagulation or discharge delays. However, during weekday on-calls, one is expected to perform evening cover, clerk in patients from various orthopaedic clinics during the day, as well as perform one's ward-based duties. You are even rota'd in as a fully present junior on the ward. This is fine if there are only 1 or 2 admissions to clerk from clinic, but if the day is busy with many patients to clerk in and incessant bleeps, then the ward jobs can get delayed, especially as you may be rostered as the only doctor covering the subspecialty while also clerking and carrying the on-call "long day" bleep. This can be of minor concern, meaning delayed discharges. However, on one occasion, due to no other junior rota'd in for the ward, and myself cross-covering a subspecialty I was unfamiliar with, a safety concern arose when I lost track of a particular job due to workload. A patient did not have their U&E's checked until 3 hours after results were reported and they were in AKI and slightly hyperkalaemic. This meant that treatment was delayed, but thankfully I eventually treated the patient appropriately. The concern is that due to the on-call system, I lost track of a ward-based job and there was a potentially harmful delay in recognising a patient's AKI and initiating treatment.	GMC Survey - Patient Safety Concerns	01 June 2017	Red	Stage 1: Verification of concern is being undertaken and action plan is not yet in place.	

Update from multiprofessional review on 7th November 2017 – attendance too low to progress. Further review to be held February 2018					
17/0104 Trauma and Orthopaedic Surgery Foundation F1 Northern General Hospital					
Excessive workload at weekend with over 100 patients left under the care of a sole F1 sometimes with no level3/phlebotomy support either.	GMC Survey - Patient Safety Concerns	01 June 2017	Red	Stage 1: Verification of concern is being undertaken and action plan is not yet in place.	
Update from multiprofessional review on 7th November 2017 – attendance too low to progress. Further review to be held February 2018					
17/0102 Trauma and Orthopaedic Surgery Higher ST8 Northern General Hospital					
Junior doctor numbers are not sufficient to cover the wards safely, yet alone allow them to participate effectively in training. There is a culture of juniors coming in early so patients can be seen and they can still find time to go to theatre. I have personally had 2 junior members of staff having mental health issues as a direct result of the stress of feeling they cannot do a good job because of feeling overstretched. The senior clinical team are aware of the problem and have tried to find a solution, however the medical director will not provide more staff. I despair at the state of play, I really do.	GMC Survey - Patient Safety Concerns	01 June 2017	Red	Stage 1: Verification of concern is being undertaken and action plan is not yet in place.	
Update from multiprofessional review on 7th November 2017 – attendance too low to progress. Further review to be held February 2018					
17/0091 Core Medical Training Core CT1, Core CT2, Core CT3 Royal Hallamshire Hospital, Northern General Hospital					
The Trust reported that access to clinics for CMT trainees had improved recently. It was felt this was due to an increased flexibility in rotas which allows the trainees to attend clinics. In terms of meeting the 40 clinic attendances required the Trust will need to examine the range of clinics provided to ensure sub-specialties are varied.	Senior Leader Engagement Visit – from Conditions Form	04 July 2017	Red	Stage 1: Verification of concern is being undertaken and action plan is not yet in place.	
Update from multiprofessional review on 7th November 2017 – attendance too low to progress. Further review to be held February 2018					

New requirements

Domain	**LEARNING ENVIRONMENT AND CULTURE**	
Requirement **(Induction)**	Organisations must make sure learners have an induction for each placement that clearly sets out • their duties and supervision arrangements • their role in the team • how to gain support from senior colleagues • the clinical or medical guidelines and workplace policies they must follow • how to access clinical and learning resources As part of the process learners must meet their team and other health and social care professionals they will be working with. Medical students on observational visits at early stages of their medical degree should have clear guidance about the placement and their role.	
Requirement Number	1	
LEP Site	Royal Hallamshire Hospital	
Specialty (Specialties)	Rheumatology	
Learner	Final year Medical Students (Phase 3b)	
Concern	Trainees are not provided with a relevant/useful orientation/induction/introduction to work on in the Rheumatology department. They are not provided with essential guidance on their role in the team	
Evidence for Concern	Medical Students did not receive an induction to the department as the colleagues who would normally provide this was not at work. This led them to having to work out for themselves what was expected of them.	
Action 1	Provide all medical students with a relevant departmental, specialty or ward induction/orientation.	**Jan 2018**
Action 2	Evaluate the effectiveness of Trust/departmental induction.	**Feb 2018**
Evidence for Action 1	Copy of departmental induction programme.	**Jan 2018**
Evidence for Action 2	Copy of induction evaluation and plans for modifications (if indicated).	**March 2018**
RAG Rating		
LEP Requirements	• Copies of documents must be uploaded to the QM Database • Item must be reviewed and changes confirmed with the HEE YH Quality Team	

HEE Domain	**LEARNING ENVIRONMENT AND CULTURE**	
Requirement **(Team)**	Organisations must support every learner to be an effective member of the MPT by promoting a culture of learning and collaboration between specialties and professions.	
Requirement number	2	
LEP Site	Royal Hallamshire Hospital	
Specialty (Specialties)	Rheumatology and Emergency Department	
Learner	Medical Students and Nursing Students	
Concern 1	Medical Students do not always feel welcome to attend learning opportunities, even if these are included in their timetables. Nursing Students reported that the emergency department placements were not well organised	
Evidence for Concern	Students reported that they attended Rheumatology outpatient clinic as specified in their timetable but were asked to leave by a specialist nurse as there was insufficient capacity in the clinic due to other learners already observing. This made them not feel not valued as part of the team and a missed learning opportunity A nursing student said nursing placements in the Emergency Department were not well organised as it was not clear what their role was that left students felting isolated from the ED team.	
Action 1	Investigate the working relationships between specialist nurses in Rheumatology outpatient department and the medical students and produce an action plan to address any areas of concern	**Feb 2018**
Action 2	Investigate the working relationships between nursing students who are on placement in the emergency department and produce an action plan to address any areas of concern	**Feb 2018**
Evidence for Action 1	Copy of investigation and action plan. Review impact of changes.	**April 2018**
Evidence for Action 2	Copy of investigation and action plan. Review impact of changes.	**April 2018**
RAG Rating		
LEP Requirements	• Copies of documents must be uploaded to the QM Database • Item must be reviewed and changes confirmed with the HEE YH Quality Team	

HEE domain	**LEARNING ENVIRONMENT AND CULTURE**	
Requirement (Rotas/timetables)	Organisations must design rotas/ timetables that are: • that are up to date and accurate	
HEYH Condition Number	3	
LEP Site	Royal Hallamshire Hospital	
Specialty (Specialties)	Rheumatology	
Learners	Medical Students	
Concern	Medical Students are provided with timetables that are not up to date/correct.	
Evidence for Concern	Medical students reported that their timetables are not always updated and gave an example of arriving at a clinic at 10.30 am as per their timetable that had been moved to 8.30 am.	
Action	Work with students and timetable organisers to ensure that timetables are up to date and accurate	**February 2018**
RAG Rating		
LEP Requirements	• Copies of documents must be uploaded to the QM Database • Item must be reviewed and changes confirmed with HEE YH Quality Team	

HEE Domain	**EDUCATIONAL GOVERNANCE**	
Requirement (Time for training)	Organisations responsible for managing and providing education and training must monitor how educational resources are allocated and used, including ensuring time in trainer's job plans.	
HEYH Condition Number	4	
LEP Site	Northern General Hospital	
Specialty (Specialties)	Rheumatology, Orthopaedic	
Trainee Level	Educators (Postgraduate Medical)	
Concern	Educators who have identified responsibilities for teaching of trainees do not have an appropriate amount of time allocated in their job plans.	
Evidence for Concern	Rheumatology and Orthopaedic Educators reported that whilst they have sufficient time for supervision in their job plans, they find it difficult to find time to provide teaching.	
Action 1	The Trust must ensure that all Educators have an appropriate amount of time allocated to the role of teaching in their job plans.	**February 2018**
Evidence for Action 1	Confirmation that the Trust appraisal system will include a review of educational responsibilities.	**September 2018**
RAG Rating		
LEP Requirements	• Copies of documents must be uploaded to the QM Database Item must be reviewed and changes confirmed with HEE YH Quality Team	

HEE Domain	**SUPPORTING LEARNERS**	
Requirement **(Feedback)**	Learners must receive regular, constructive and meaningful feedback on their performance, development and progress at appropriate points in their medical course or training programme and be encouraged to act upon it. Feedback must come from educators, other doctors, health and social care professionals and, where possible, patients, families and carers	
HEYH Condition Number	5	
LEP Site	Northern General Hospital	
Specialty (Specialties)		
Trainee Level	All levels of medical education	
Concern	Learners receive little or no feedback on their performance	
Evidence for Concern	Learners confirmed that Datix reports were completed following incidents. However, it was reported that feedback was not available which limited reflection and the ability to learn from an incident.	
Action	Trainees must be provided with regular useful feedback following a reported incident.	**January 2018**
Evidence for Action	Copy of action plan. Trainee's views on change to educational culture (survey/forum) must confirm that opportunities for useful feedback have improved.	**June 2018**
RAG Rating		
LEP Requirements	• Copies of documents must be uploaded to the QM Database • Item must be reviewed and changes confirmed with HEE YH Quality Team	

HEE Domain	**EDUCATIONAL GOVERNANCE**	
Requirement **(Impact)**	Organisations must consider the impact of service delivery on learners of policies, systems or processes. They must take account of the views of learners, educators and, where appropriate, patients, the public and employers.	
HEYH Condition Number	6	
LEP Site	Northern General Hospital	
Specialty (Specialties)	Postgraduate medical	
Trainee Level	All	
Concern 1	The Trust's high level of service delivery has a negative impact on the delivery of medical education and training.	
Concern 2	The Trust's high level of service delivery has a negative impact on the delivery of medical education and training which makes it difficult/impossible to meet curriculum requirements for learners.	
Evidence for Concern	Learners reported plenty of teaching opportunities being available, but the high pressure clinical service often prevents attendance. The pressure on wards was described as "brutal" at times. Some Educators also described having no time to see learners.	
Action	The Trust must respond to the negative impact on education and training that have been brought about by the high service pressure.	**January 2018**
Evidence for Action	1. Copy of action plan to address consequences for medical education and training 2. Review of curriculum delivery after changes have been introduced to ensure that problems have been resolved	**January 2018 - June 2018**
RAG Rating		
LEP Requirements	• Copies of documents must be uploaded to the QM Database • Item must be reviewed and changes confirmed with HEE YH Quality Team	

Appendix 1

HEE Quality Framework Domains & Standards

Domain 1 – Learning environment and culture

1.1. Learners are in an environment that delivers safe, effective, compassionate care that provides a positive experience for service users.
1.2. The learning environment is one in which education and training is valued and learners are treated fairly, with dignity and respect, and are not subject to negative attitudes or behaviours.
1.3. There are opportunities for learners to be involved in activities that facilitate quality improvement (QI), evidence based practice (EBP) and research and innovation (R&I).
1.4. There are opportunities for learners to engage in reflective practice with service users, applying learning from both positive and negative experiences and outcomes.
1.5. The learning environment provides suitable educational facilities for both learners and educators, including space, IT facilities and access to quality assured library and knowledge services.
1.6. The learning environment maximises inter-professional learning opportunities.

Domain 2 – Educational governance and leadership

2.1 The educational governance arrangements measure performance against the quality standards and actively respond when standards are not being met.
2.2 The educational leadership uses the educational governance arrangements to continuously improve the quality of education and training.
2.3 The educational leadership promotes team-working and a multi-professional approach to education and training, where appropriate.
2.4 Education and training opportunities are based on principles of equality and diversity.
2.5 There are processes in place to inform the appropriate stakeholders when performance issues with learners are identified or learners are involved in patient safety incidents.

Domain 3 – Supporting and empowering learners

3.1 Learners receive educational and pastoral support to be able to demonstrate what is expected in their curriculum or professional standards to achieve the learning outcomes required.
3.2 Learners are supported to complete appropriate summative and formative assessments to evidence that they are meeting their curriculum, professional standards and / or learning outcomes.
3.3 Learners feel they are valued members of the healthcare team within which they are placed.
3.4 Learners receive an appropriate and timely induction into the learning environment.
3.5 Learners understand their role and the context of their placement in relation to care pathways and patient journeys.

Domain 4 – Supporting and empowering educators

4.1 Those undertaking formal education and training roles are appropriately trained as defined by the relevant regulator or professional body.
4.2 Educators are familiar with the curricula of the learners they are educating.
4.3 Educator performance is assessed through appraisals or other appropriate mechanisms, with constructive feedback and support provided for role development and progression.
4.4 Formally recognised educators are appropriately supported to undertake their roles.
4.5 Educators are supported to undertake formative and summative assessments of learners as required.

Domain 5 – Developing and implementing curricula and assessments

5.1 The planning and delivery of curricula, assessments and programmes enable learners to meet the learning outcomes required by their curriculum or required professional standards.
5.2 Placement providers shape the delivery of curricula, assessments and programmes to ensure the content is responsive to changes in treatments, technologies and care delivery models.
5.3 Providers proactively engage patients, service users and learners in the development and delivery of education and training to embed the ethos of patient partnership within the learning environment.

Domain 6 – Developing a sustainable workforce

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