

Education quality interventions review reports Standard Operating Procedure



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NHS England Quality Interventions Reporting Standard Operating Procedure

Name of Document	NHS England Education Quality Interventions – Review Reports
Category	Standard Operating Procedure (SOP) This SOP is applicable to doctors and dentists in training within NHS England.
Purpose	This document is one of a suite of Standard Operating Procedures to support the management of trainees across England. This SOP is aligned to the principles of ‘A Reference Guide for Postgraduate Foundation and Specialty Training in the UK’ (The Gold Guide) and ‘A Reference Guide for Postgraduate Dental Foundation, Core and Specialty Training’ (The Dental Gold Guide). Please refer to the most recent versions. Since 2020, Foundation Training is embedded within the Gold Guide. Therefore, the NHS England suite of SOPs applies to all doctors in training, including Foundation, unless specified otherwise. Within the SOP, whenever reference is made to the Postgraduate Dean, it refers to the Postgraduate Dean or their nominated representative who will be responsible for managing the process on their behalf. Throughout the document, unless otherwise stated, the term ‘trainee’ refers to postgraduate doctors in training and also applies to postgraduate dentists in training and public health trainees with a medical or non-medical qualification. Within this SOP whenever reference is made to ARCP, in relation to dentistry this also refers to Review of Competency Progression (RCP). This SOP is intended to be a guide to encourage consistency of practice across England. Due to the complex nature of training, there will be occasions where Postgraduate Deans will apply their discretion in enacting this SOP to take account of individual circumstances and varying local structures (e.g. Lead Employer). Local offices should ensure they review the associated Process Alignment Group (PAG) document with regards to Trainee Information System (TIS) implications. English Deans are committed to equality, diversity and inclusion (EDI), with a duty to eliminate discrimination, promote equality and ensure inclusive opportunities are available to all with regards to age, disability, gender, ethnicity, sexual orientation, religion or belief in the design and delivery of all our services. English Deans aim to meet and exceed their statutory obligations under the Equality Act 2010 by adopting a continuous improvement approach.

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	This suite of SOPs will be routinely screened against relevant Equality and Diversity documentation.
Authorised by	English Deans
Date Authorised	May 2021; updated May 2023, updated October 2024
Implementation Date (current version)	01/10/2025
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Document Author	WT&E's National Education Quality Team

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Version	Date	Author	Notes Reason for Change, what has changed, etc
1	10/19	National Quality and Patient Safety Team	Original version
2	11/19	As above	Reflecting discussions with HEE Yorkshire and Humber Quality Team
3	12/19	As above	Updated following presentation at HEE Postgraduate Deans Network
4	01/20	As above	Alignment with HEE Quality Review Report template
5	02/20	As above	Ratified by Heads of Quality, subject to final feedback
6	06/20	As above	Additional feedback from Heads of Quality incorporated
7	07/20	As above	Final feedback from Heads of Quality and HEE Deans
8	09/20	As above	Final version prepared for Deans consideration, with a view to final sign-off
9	10/20	As above	Additional information included on relevant training for local teams to support implementation of the SOP
10	05/21	As above	Final version following feedback from HEE stakeholders (as per the SOP approval and sign-off process)
11	05/22	As above	Reviewed as part of regular Deans' review of SOPs
12	10/22	As above	Reviewed as part of regular Deans' review of SOPs
13	05/23	As above	Updated to reflect NHS England branding
14	05/23	As above	Updated to reflect feedback from Heads of Quality
15	06/23	As above	Reviewed as part of regular Deans' review of SOPs
16	06/24	As above	Reviewed as part of regular Deans' review of SOPs and updated to reflect NHS England publishing approval processes
17	10/24	English Deans	Document signed off at PGMDE Operational Oversight Group
18	06/24	National Education Quality	Reviewed as part of regular Deans' review of SOPs
19	09/25	English Deans	Document signed off at PGMDE Operational Oversight Group

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Introduction

This document is part of a suite of Standard Operating Procedures (SOPs) to support a consistent approach to the management of educational quality concerns across NHS England Workforce, Training and Education (WT&E). This SOP is aligned to the principles of the *Education Quality Strategy* and the accompanying *Education Quality Framework*.

The purpose of this SOP is to ensure consistency of practice across WT&E national, regional and local teams. Due to the complex nature of multi-professional healthcare education and training in the NHS and beyond, there will be exceptional circumstances when Deans will apply discretion in enacting this SOP to take account of individual situations and varying local healthcare structures and systems. When necessary, this should be clearly documented and approved by the regional Postgraduate Dean.

This version of the SOP applies to all education quality review reports produced following all regional and local quality interventions (see appendix II), to both placement and education providers (including primary, secondary care and independent clinical placement providers as well as education institutions delivering healthcare education programmes). It also applies to reports from national thematic reviews.

Reports published on the NHS England Education Quality: Assurance Reports website and Learning Hub detail the outcomes of specific reviews. Therefore, the contents relate to particular points in time. This is made clear on the website. Reports will not be updated to reflect subsequent changes nor be removed (but will be archived in line with NHS England processes), with updates on progress available via other, well-established mechanisms. The national education quality team will periodically look at published reports with a view to monitoring and, where necessary, improving the level of consistency.

Report sections

This section relates to the review report template (see Appendix I).

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Executive summary

The executive summary should provide an overview of the review and include details of key findings. Any next steps should be detailed in this section. The executive summary should include:

- a brief overview of the review
- an introductory paragraph
- a focused summary of major findings from the review
- next steps

The executive summary should not include:

- too much detail about the findings (these are to be detailed on the Review Findings section), the executive summary should ideally be no longer than 250 words
- contradictions to the main body of the report

Quality intervention overview

This is the area where the context for the quality review should be provided.

Background to the review

- The history of the concerns being investigated
- The rationale for conducting the review

Subject of the review

- Details of the learner groups and/or specialties/programmes included in the review (e.g., Nursing students, Resident Doctors in Paediatrics, Midwifery etc.)

Who we met with

- Learners involved in the review, including:
- Specialty/learner group
- Training level (e.g., Foundation/Higher; professional/clinical groups)
- Number and breakdown of learners (if this will not impact learner anonymity)

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- Educators, Supervisors, Trainers and Mentors etc.
- The senior team involved in the review (job titles only).

Evidence utilised

- Summary of the evidence used to focus the lines of enquiry within the review and further evidence supporting the review findings.

Education quality review panel

The review panel table in the report should include the job titles and roles of the review panel members (including additional supportive roles, such as observer, lay representative and note taker).

Review findings

This section should contain the main narrative body of the report, detailing what the panel found. Based on the discussions that take place and the reasons for conducting a review, please add details of the findings under appropriate headings. One of the key purposes of any review is to make a considered judgement on whether the current activities of the provider meet the required quality domains and standards as set out in the *Education Quality Framework*. Where the standards are not met, the report should set out current practices, the educational and/or safety concerns as a result and, where appropriate, the potential impact on learners and/or patients. The report will define and articulate a series of requirements (as appropriate), which the provider will be expected to meet and demonstrate compliance with within an agreed timescale to improve the learning environment. These should be listed clearly and concisely in the subsequent requirements sections. The findings may also contain recommendations – these are designed to be helpful and with quality improvement in mind. Any good practice should also be captured, particularly where wider dissemination may prove beneficial.

Requirements and recommendations

All requirements should correlate to specific findings arising from the review. Each requirement should focus on how the environment for learners can be improved in line with the *Education Quality Framework* and the domains and standards it outlines.

There is an expectation that:

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- The quality review panel (or the most suitable local alternative) will consider which individual or collective findings from the intervention will be added to the quality improvement register (QIR);
- Ideally there should be clear correlation between the review findings, the identified requirements to be actioned and QIR entries. There should not be multiple versions of similar information within a variety of documents and reports.
- Certain requirements, due to the serious nature of the review findings, will require immediate resolution. This necessitates an **immediate mandatory requirement (IMR)**. We will identify which specific actions the provider will be expected to undertake and the timeframe for doing so. We will work very closely with the provider during this time to support them in positively resolving any immediate concerns. It is probable that longer term actions will also need to be articulated and agreed to embed and sustain any solutions to IMRs. It is expected that this option will not be required on a regular basis. There is a separate table within the reporting template to record IMRs, any immediate actions and improvements and the longer-term requirements for the provider to deliver. The requirement for any immediate actions will be undertaken prior to the draft quality review report being created and forwarded to the provider. The report should identify how the IMR has been implemented in the short term and any longer-term plans.

In summary, this section of the report should include:

- All mandatory requirements detailed in the relevant tables in this section. The requirement reference should work chronologically throughout the report and link with the main narrative in the review findings section.
- Requirements identified should be succinct and not include the full narrative from the review findings.
- Requirements should clearly relate to the quality domains and standards as set out in the *Education Quality Framework*.

Recommendations are not mandatory and should not be included within any requirements for the provider to undertake in terms of action plans or timeframe. It may however be useful to raise them at any future reviews or conversations with the provider to evaluate whether the recommendations have resulted in any beneficial outcome.

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Good practice

Good practice is defined here as activities or innovative solutions that help make a difference or improvement to the learning environment above and beyond the standards set out in the *Education Quality Framework*. Good practice identified by the panel can be highlighted in this section of the report in the table supplied. If there is any further information required from the provider with regards to an area of good practice, such as requesting information that could be shared with another provider, this should be clearly detailed in this section.

There is an expectation that identified good practice may be more widely disseminated across local offices within a region, as well as potentially being shared across all regions.

Approval

This section provides space for the formal approval stage to be documented. A report should not be published or recorded as final without this section being completed. The authorised signatory will normally be a Postgraduate Dean or their nominated representative.

Should there be an occasion where a provider does not agree with the quality report, even after a period of additional time to negotiate and seek agreement, the report will be published but with a comment that states that the provider does not agree with some or all of its contents.

Identifiable information

Finalised reports should not contain any information that may lead to the identification of individual learners. There are several situations in which it is important to be cognisant of this such as:

- Where there are small numbers of learners involved in the review.
- Where there are small numbers of learners from any specific specialty, programme or learner group involved in a review.
- Where very specific concerns were raised by a learner or another individual taking part in the review, which could lead to them being identified.
- If specific training grades/levels of learners have been identified where there are less than three learners of that grade/level.

It is important that all reports are written in such a way that anonymity is protected. It may be necessary to provide more general wording in some circumstances.

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If there are concerns that an individual may be identifiable in the report, this should be highlighted before the sign-off procedure to ensure it can be addressed prior to sharing with the provider and or publication.

Managing sensitive information

There will be times during a review where sensitive or contentious information is disclosed to the review team that it may not be appropriate to include in a public report. Previous examples of this have included:

- Specific allegations of bullying and undermining behaviour
- Allegations of discrimination

In such instances, a judgement needs to be made about the level of information that should be included in the report. It should be that the concerns that were raised can be included at a high level. The specific concerns can then be addressed with the provider outside of the report. This should be reflected in the accompanying narrative of the actions.

Regional communications leads must be aware and sighted on all reports. This will allow them to ensure relevant provider and ICB communications teams are aware that an intervention has taken place, that a report has been produced and that it will shortly be published. This will help to inform the publication date (for example, avoiding dates where other important provider communications are due to be released), allow time to prepare for any media interest, and ensure NHS England is aware of any other relevant activity regarding the provider, which may relate to the report's findings (for example, a CQC inspection visit). This will also enable the regional communications leads to make the national communications team aware of any highly contentious findings and prepare for media interest.

Sign off process

Prior to final sign off of the report, it is necessary to ensure appropriate approval has been received from the provider and internally at the required level.

When considering regional sign off the following principles apply:

- The sharing of education quality concerns within regional governance structures must not overly increase the time taken to issue reports to providers and share on the website. Education quality reports should normally be finalised, and submitted to the national

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quality team for publication, within 3 months of the intervention taking place. This does not preclude the final report being issued to the provider, nor improvement planning and action taking place prior this deadline.

- Ensure regional oversight, including reviews undertaken or due to be undertaken, endorsement of reports being placed in the public domain and reporting any specific risks, are considered at the regional quality forum (or equivalent). This will ensure that regional senior teams are routinely sighted on education quality activities, including reports planned to be placed in the public domain, escalating matters for consideration to the Chief Workforce Officer (CWO) (e.g. where there is a recommendation not to share reports on the website). Where escalation is required, this would normally be achieved via Regional Directors of Workforce to the CWO.
- If, during a quality review, a significant concern or risk is identified that requires immediate resolution, specific action by the provider will be expected within the timeframe identified by education quality representatives. This is known as an immediate mandatory requirement. Any immediate actions required are likely to be implemented prior to the completion and publication of a report. The concern, action and resolution will be entered onto the education quality improvement register (QIR), if appropriate. A record will be made of both the concern raised and its resolution within the report and will be published.

Provider sign off

Before the report is finalised, the provider needs to be given the opportunity to check it for factual accuracy and to make comments. Any learners, educators or management representatives who attend the review can contribute to the provider's response.

Any amendments suggested by the provider should not impact on the tone of the discussions held with the review participants on the day. These comments should be limited to the factual confirmation of wrongly reported details (such as attendee details, learner numbers, rota design and other informational text) and this should not change the context, viewpoint and outcome of the report.

Any factual changes will be incorporated into the report at the discretion of the Review Panel. Providers may be sent the factual accuracy check form (see appendix III, this form is for optional local use) for completion and return where applicable as required by the regional quality team.

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Internal sign off

Once the report has been drafted it should be checked at various points to ensure that all key points from the discussions on the day have been covered and that there is no information in the report that may be unduly contentious.

It is important that the report is reviewed for the following:

- Any information that could lead to a learner being identified.
- Information that could be taken out of context by the public or press if the report is published. An example of this may be direct quotations from learners about their placement experience.
- Any changes in tense throughout the document.
- That the requirements are proportionate, SMART and within the remit of NHS England WT&E.

Once the report has been received back from the provider following factual accuracy checking and approved by the Postgraduate Dean, a final version of the report should be created, and the below process followed:

- Ensure education quality reports are checked for factual accuracy by the relevant provider.
- Ensure that any relevant intelligence/information from wider regional oversight as discussed in the quality review is appropriately considered within WT&E quality reports.
- Ensure Regional Postgraduate Dean oversight, following local regional governance processes and sign off.
- Prior to any reports being placed in the public domain, regional education quality teams share Postgraduate Dean approved reports with NHS England Regional Communications Teams for review ahead of release to the public. The review by regional communications teams should be undertaken within the 3-month window, this will ensure timely publication of education quality reports.
- Regional Quality and Communications Teams complete the website uploads template including identification of risks and mitigations (the purpose being to gain an understanding of any other regulatory consequences, and or highlight anything that may

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have media/public interest with NHSE regional heads of comms and advice sought/agreed), and send the final Quality report, within 3 months of the intervention, to the National Education Quality Team for publication.

- Once the final report is submitted to the national Education Quality team, the national team share the final report with the NHS England Communications Planning, NHS England Publishing Approvals and NHS England web team to gain a grid date for publication. Reports are published the second Thursday of each month onto the NHS England publications site.

APPENDIX I. Review report template



Review type: Organisation name

Specialty/Programme Group(s)

Regional Office Name

Date of Review/Intervention

Date of Final Report

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Executive Summary

The executive summary should include:

- a brief overview of the review,
- an introductory paragraph,
- a focused summary of major findings from the review and
- key areas for action
- next steps

It is recommended that where each key section needs to be separately identified, the word count for each section should ideally be no more than 250 words.

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Review Overview

Background to the review

What triggered the visit. Any evidence. Please keep this to a page or two if possible.

Who we met with

Learners

- 1st Year Student Nurse, Cardiology

Educators

- Consultant Paediatrician

Education team

- Director of Medical Education

Review Panel

Education Quality Review Lead

- Role/Title

Specialty Expert

- Role/Title

External Specialty Expert

- Role/Title

NHSE Education Quality Representative(s)

- Role/Title

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Review findings

This section will cover the main findings, however as succinctly as possible.

This is the main body of the report and should relate to the education quality domains and standards in our *education quality framework* (set-out at the end of this template). Specifically, mandatory requirements in the sections below should be explicitly linked to the quality standards. It is likely that not all of domains and standards will be relevant to the review findings. The text in bold within the standards is intended to help inform how standards should be linked to requirements.

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Areas that are working well

Guidance (please delete): This section could include areas of improvement and areas that are working. Ideally items listed here might include where significant improvements have been made from a previous known concern, areas that may be worthy of wider dissemination etc...

Please note that within each cell a suggested word count has been advised by our web team, this is to support the visual when uploaded to the website as html. Where possible **please do not exceed 100 words in each box.**

Where a section is listed in **red**, please do feel free to amend to reflect your local processes. Please remember to change the red text back to normal colour.

If you use requirement reference numbers these should work chronologically throughout the report and link with the Review Findings section.

Please delete this section if there are no areas working well to report.

Description	Reference number and or domain(s) and standard(s)

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Good Practice

Guidance (please delete): Good practice is used as a phrase to incorporate educational or patient care initiatives that, in the view of the Quality Review Team, deliver quality above and beyond the standards set out in the Education Quality Framework. Examples of good practice may be worthy of wider dissemination.

Please note that within each cell a suggested word count has been advised by our web team, this is to support the visual when uploaded to the website as html. Where possible **please do not exceed 100 words in each box.**

Where a section is listed in **red**, please do feel free to amend to reflect your local processes. Please hover remember to change the red text back to normal colour.

If you use requirement reference numbers these should work chronologically throughout the report and link with the Review Findings section.

Please delete this section if there is no good practice to report.

Description	Reference number and or domain(s) and standard(s)

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Areas for improvement

Guidance (please delete): Mandatory requirements and immediate mandatory requirements (IMRs) should be identified as set out below. IMRs are likely to require action prior to the draft Quality Review Report being created and forwarded to the provider. The report should identify how the IMR has been implemented in the short term and any longer-term plans. Any failure to meet these immediate requirements and the subsequent escalation of actions to be taken should also be recorded if there is a need to.

All mandatory requirements should be detailed in this section. If you use requirement reference numbers these should work chronologically throughout the report and link with the Review Findings section. Requirements identified should be succinct and not include the full narrative from the Review Findings.

Where a section is listed in **red**, please do feel free to amend to reflect your local processes. Please however remember to change the red text back to normal colour.

Please remove any of these sections as required for the specific intervention e.g. if there are no recommendations delete the recommendations section.

Please do not change the order of the columns as these must remain the same.

Please note that within each cell a suggested word count has been advised by our web team, this is to support the visual when uploaded to the website as html. Where possible **please do not exceed 100 words in each box.**

Immediate mandatory requirements

Review findings	Required action	Reference number and or domain(s) and standard(s)

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Mandatory requirements

Review findings	Required action	Reference number and or domain(s) and standard(s)

Recommendations

Guidance (please delete): Recommendations are not mandatory but intended to be helpful, and they would not be expected to be included within any requirements for the provider in terms of action plans or timeframe. It may however be useful to raise them at any future reviews or conversations with the provider in terms of evaluating whether they have resulted in any beneficial outcome.

Recommendation	Reference number and or domain(s) and standard(s)

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Report approval

Report completed by: [Name, Role]

Review lead: [Name, Role]

Date approved by review lead: [Date]

NHS England authorised signature: [Name, Role]

Date authorised: [Date]

Final report submitted to organisation: [Date]

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This section is optional as per regional process but will not be formally published.

NHS England education quality domains and standards for quality reviews

Quality standard	Education quality domain 1: Learning environment and culture	Requirement reference number
1.1	The learning environment is one in which education and training is valued and championed.	
1.2	The learning environment is inclusive and supportive for learners of all backgrounds and from all professional groups.	
1.3	The organisational culture is one in which all staff are treated fairly, with equity, consistency, dignity and respect.	
1.4	There is a culture of continuous learning, where giving and receiving constructive feedback is encouraged and routine.	
1.5	Learners are in an environment that delivers safe, effective, compassionate care and prioritises a positive experience for patients and service users. e.g., Patient safety discussions	
1.6	The environment is one that ensures the safety of all staff, including learners on placement.	
1.7	All staff, including learners, are able to speak up if they have any concerns, without fear of negative consequences. e.g., Freedom to Speak up Guardians, Survey intelligence including GMC NTS/NETS/PARE/GoSWH etc.	

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1.8	The environment is sensitive to both the diversity of learners and the population the organisation serves.	
1.9	There are opportunities for learners to take an active role in quality improvement initiatives, including participation in improving evidence-led practice activities and research and innovation. e.g., Programme Review representation discussions, Learner Educator representation discussions	
1.10	There are opportunities to learn constructively from the experience and outcomes of patients and service users, whether positive or negative.	
1.11	The learning environment provides suitable educational facilities for both learners and supervisors, including space and IT facilities, and access to library and knowledge services and specialists. e.g., Facilities, IT provision, Library and knowledge services	
1.12	The learning environment promotes multi-professional learning opportunities. e.g., Multi-professional discussions around opportunities	
1.13	The learning environment encourages learners to be proactive and take a lead in accessing learning opportunities and take responsibility for their own learning.	

Quality standard	Education quality domain 2: Educational governance and commitment to quality	Requirement reference number
2.1	There is clear, visible and inclusive senior educational leadership, with responsibility for all relevant learner groups, which is joined up and promotes team-working and both a multi-	

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	professional and, where appropriate, inter-professional approach to education and training. e.g., GoSWH discussions i.e., Learner Forums	
2.2	There is active engagement and ownership of equality, diversity and inclusion in education and training at a senior level. e.g., Discussions about racial discrimination/undermining – Trust engagement	
2.3	The governance arrangements promote fairness in education and training and challenge discrimination. e.g., Discussions about racial discrimination/undermining – promotion and actions within Trust	
2.4	Education and training issues are fed into, considered and represented at the most senior level of decision making.	
2.5	The placement provider can demonstrate how educational resources (including financial) are allocated and used.	
2.6	Educational governance arrangements enable organisational self-assessment of performance against the quality standards, an active response when standards are not being met, as well as continuous quality improvement of education and training. e.g., SAR	
2.7	There is proactive and collaborative working with other partner and stakeholder organisations to support effective delivery of healthcare education and training and spread good practice. e.g., good practice discussions	
2.8	Consideration is given to the potential impact on education and training of services changes (i.e., service re-design / service reconfiguration), taking into account the views of learners, supervisors and key stakeholders (including NHSE and education providers).	

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Quality standard	Education quality domain 3: Developing and supporting learners	Requirement reference number
3.1	Learners are encouraged to access resources to support their physical and mental health and wellbeing as a critical foundation for effective learning.	
3.2	There is parity of access to learning opportunities for all learners, with providers making reasonable adjustments where required.	
3.3	The potential for differences in educational attainment is recognised and learners are supported to ensure that any differences do not relate to protected characteristics.	
3.4	Supervision arrangements enable learners in difficulty to be identified and supported at the earliest opportunity.	
3.5	Learners receive clinical supervision appropriate to their level of experience, competence and confidence, and according to their scope of practice.	
3.6	Learners receive the educational supervision and support to be able to demonstrate what is expected in their curriculum or professional standards to achieve the learning outcomes required.	
3.7	Learners are supported to complete appropriate summative and/or formative assessments to evidence that they are meeting their curriculum, professional standards, and learning outcomes.	
3.8	Learners are valued members of the healthcare teams within which they are placed and enabled to contribute to the work of those teams.	

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3.9	Learners receive an appropriate, effective and timely induction into the clinical learning environment.	
3.10	Learners understand their role and the context of their placement in relation to care pathways, journeys and expected outcomes of patients and service users.	
3.11	Learners are supported, and developed, to undertake supervision responsibilities with more junior staff as appropriate.	

Quality standard	Education quality domain 4: Developing and supporting supervisors	Requirement reference number
4.1	Supervisors can easily access resources to support their physical and mental health and wellbeing.	
4.2	Formally recognised supervisors are appropriately supported, with allocated time in job plans/ job descriptions, to undertake their roles.	
4.3	Those undertaking formal supervision roles are appropriately trained as defined by the relevant regulator and/or professional body and in line with any other standards and expectations of partner organisations (e.g., education providers, NHS England).	
4.4	Clinical Supervisors understand the scope of practice and expected competence of those they are supervising.	
4.5	Educational Supervisors are familiar with, understand and are up to date with the curricula of the learners they are supporting. They also understand their role in the context of learners' programmes and career pathways, enhancing their ability to support learners' progression.	

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4.6	Clinical supervisors are supported to understand the educational needs (and other non-clinical needs) of their learners.	
4.7	Supervisor performance is assessed through appraisals or other appropriate mechanisms, with constructive feedback and support provided for continued professional development and role progression and/or when they may be experiencing difficulties and challenges.	

Quality standard	Education quality domain 5: Delivering curricula and assessments	Requirement reference number
5.1	Practice placements must enable the delivery of relevant parts of curricula and contribute as expected to training programmes.	
5.2	Placement providers work in partnership with programme leads in planning and delivery of curricula and assessments.	
5.3	Placement providers collaborate with professional bodies, curriculum/ programme leads and key stakeholders to help to shape curricula, assessments and programmes to ensure their content is responsive to changes in treatments, technologies and care delivery models, as well as a focus on health promotion and disease prevention.	
5.4	Placement providers proactively seek to develop new and innovative methods of education delivery, including multi-professional approaches.	
5.5	The involvement of patients and service users, and also learners, in the development of education delivery is encouraged.	

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5.6	Timetables, rotas and workload enable learners to attend planned/ timetabled education sessions required to meet curriculum requirements.	
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Quality standard	Education quality domain 6: Developing a sustainable workforce	Requirement reference number
6.1	Placement providers work with other organisations to mitigate avoidable learner attrition from programmes.	
6.2	There are opportunities for learners to receive appropriate careers advice from colleagues within the learning environment, including understanding other roles and career pathway opportunities.	
6.3	The provider engages in local workforce planning to ensure it supports the development of learners who have the skills, knowledge and behaviours to meet the changing needs of patients and service.	
6.4	Transition from a healthcare education programme to employment and/or, where appropriate, career progression, is underpinned by a clear process of support developed and delivered in partnership with the learner.	

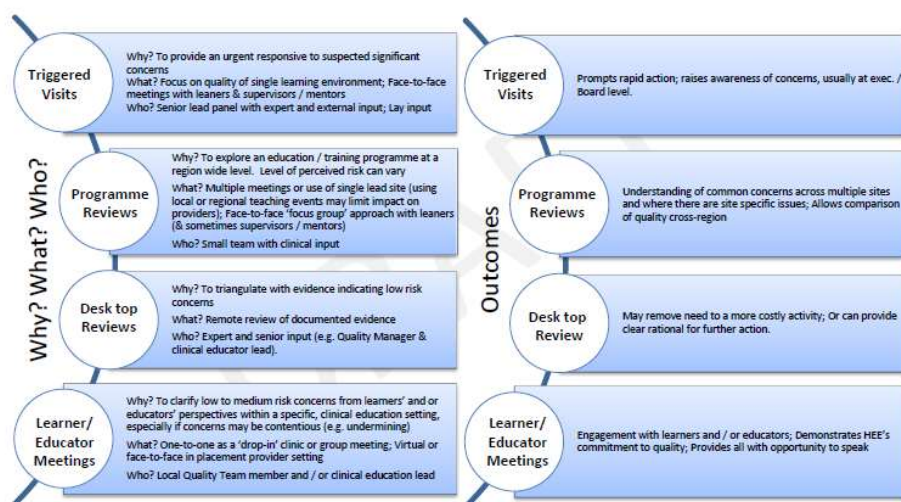
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APPENDIX II. Education quality interventions

The education quality framework sets out a range of possible exploratory interventions that allow education quality teams to respond to quality concerns. These are shown below.

Quality Interventions

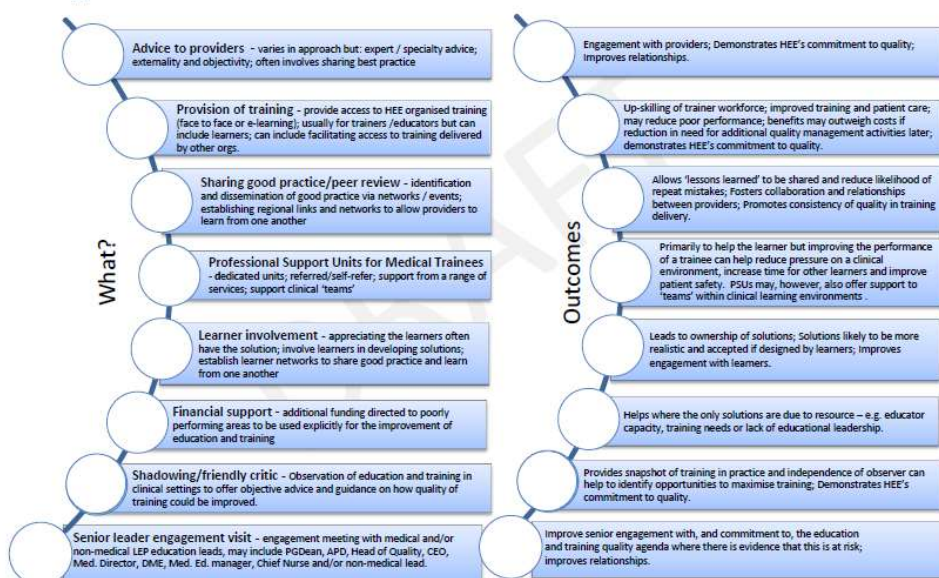
Exploratory Interventions



There are additional supportive interventions available:

Quality Interventions

Supportive Interventions



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APPENDIX III. Factual accuracy form

Factual accuracy check form for the draft Quality Review Report

Complete this form and return your submission to: Email: [Local office email account]

Please note that requested amendments may not be actioned if the Panel reviewing this form consider that the requested amendment would alter the direct voice of the learner/educators obtained on the day of the quality review and / or cannot be adequately justified or evidenced.

Name of provider (e.g., Trust/Hospital/University)	
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What does your factual accuracy challenge relate to?	Use
Typographical/numerical errors	Section A
Accuracy of the evidence	Section B
Additional or omitted information we should consider – ‘completeness’	Section C

Completed by name	
Position	
Date	

NHS England Local office use only

Response prepared by name	
Position	
Date	

Response reviewed by name	
Position	
Date	

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Section A: Typographical/numerical errors in the draft quality review report

What to list here

typographical or numerical errors

How to complete this section

list each error on a separate line

if the same error is repeated, identify the first time it appears and add 'throughout the report'

provide a brief explanation of the point you wish to make and specific reference to any supporting information

Point	Error	Page no	Correction	For NHS England use	
				Decision Yes/No/Partial	Response

Section B: Accuracy of the evidence in the draft quality review report

What to list here

corrections to factually inaccurate evidence used in your inspection report

this must relate to the position at the time of your review

direct feedback from learners on at the time of your review cannot be altered or amended

How to complete this section

list each correction point on a separate line

provide a brief explanation of the point you wish to make and specific reference to any supporting information

for each point, you must specify exactly where we can find the information that supports your correction

Point	Error	Page no	Correction	For NHS England use	
				Decision Yes/No/Partial	Response

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Section C: Additional or omitted information we should consider – 'completeness' in the draft quality review report

What to list here

additional information or information omitted from the draft report you think we should consider to inform our judgement of your clinical learning environment

this must relate to the position at the time of your review

How to complete this section

list each piece of information on a separate line

provide a brief explanation of the point you wish to make and specific reference to any supporting information for each point, you must specify exactly where we can find the information that supports it

Point	Error	Page no	Additional/omitted information	For NHS England use	
				Decision Yes/No/Partial	Response

Please use the section below for any additional comments / summary response to the report:

Additional comments / response summary