

HEE Quality Framework 2017-2018



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1. Foreword

Health Education England (HEE) is responsible for ensuring that there are high quality learning environments for all healthcare learners in England. We have a statutory duty to secure continuous improvements in the quality of education and training and to promote the skills and behaviours that uphold the NHS Constitution. In order to effectively deliver this responsibility and to secure the continuous improvements in quality, we launched HEE's Quality Strategy 2016 – 2020, and this associated multi-professional HEE Quality Framework. Together they set out how HEE will measure, identify and improve quality in the education and training environment, including the significant impact that excellent educational leadership and the culture within an organisation has on the experience and outcomes of learners, and the experience and empowerment of patients as partners in their care.

This multi-professional HEE Quality Framework was tested across England during 2016/17. In parallel, the evidence base underpinning the framework has received significant academic rigour through which we have refined and refreshed the standards to ensure they are clear and focus on the quality of the placement learning environment. The Quality Framework is also underpinned by a suite of consistent quality management principles and processes, as set out in the accompanying HEE Quality Framework Handbook.

A shared approach to quality processes, systems and governance will enable HEE to support our system partners and education and placement providers by delivering a whole workforce quality perspective. Such an approach will also provide a platform from which to develop system-wide responses to concerns about quality and the identification, sharing and adoption of best practice across England.

The Quality Framework will not only reduce the burden on our placement providers, but will also enable HEE, in collaboration with our partners and stakeholders, to drive sustainable quality improvement across all learning environments. We will improve the quality of NHS patient care through high quality education, training and workforce transformation underpinned by the values of the NHS Constitution.

We have a statutory duty to secure continuous improvements in the quality of education and training and to promote the skills and behaviours that uphold the NHS Constitution.



2. Introduction

2.1. The 2017/18 HEE Quality Framework: developments since 2016/17

Since the initial publication of the HEE Quality Framework in April 2016, HEE local quality teams have worked in partnership with education and placement providers and learners to prepare for its full implementation, including testing the standards, the draft National Education and Training Survey (NETS) and our quality management processes that underpin the delivery of our statutory duties.

In parallel, HEE commissioned Newcastle University to support this testing and piloting phase and build an evidence base to underpin the framework in order to introduce academic rigour to the process. The academic testing consisted of four main elements;

1. Stakeholder workshop events to evaluate the standards and NETS with key partners from education providers, placement providers and HEE local office quality teams.
2. Document mapping to identify evidence which is currently available to demonstrate whether standards are being achieved.
3. Learner focus groups to examine learner perceptions of the NETS and inform revisions, focusing on the clarity, intelligibility and relevance of the questions, as well as engagement with the data collection process.

4. Pilot data collection with a live online testing of the draft NETS with learners, allowing issues of validity and reliability associated with data quality to be evaluated.

The following are some of the key developments for the Quality Framework as a result of this work;

- The Quality Standards have been simplified to ensure that they are clear about what is required and how each standard can be evidenced and measured.
- The 2017/18 Quality Framework focusses on the learning environment and the expectations of placement providers in delivering high quality work-based learning.
- HEE's Quality Framework is referenced in the NHS Standard Contract 2017/18 and 2018/19, ensuring it is embedded within the wider responsibilities of providers.
- HEE's accompanying quality management processes have been developed and aligned to an evidence and risk-based approach to working with providers and wider partners, with support for quality improvement as a central principle.

2.2. Principles of the HEE Quality Framework

The 2017/18 HEE Quality Framework is intended to be used collaboratively across educational providers in all relevant settings, to enable work-based placements and academic educational providers to work in partnership with HEE regional and local teams. It sets out HEE's expectations for quality within the learning environment and represents a single framework through which we will measure, identify and improve the quality of education and training for all healthcare learners.

The Quality Framework is part of a suite of quality products that will be implemented across HEE from April 2017. The suite of products includes;

- This refreshed HEE Quality Framework 2017/18 – describing the domains, standards and expectations to demonstrate a high quality learning environment.
- A national core set of metrics, supported by the National Education and Training Survey (NETS) to be administered at local level to support our insight into the quality of learner placements.

2. Introduction (continued)

- A HEE Quality Framework Handbook – describing our quality management systems and processes by which we will evaluate, assess risks, manage and improve quality.
- A self-assessment framework that providers can use to support evidencing the standards, identify areas of good practice or areas that require improvement.

The Quality Framework and suite of supporting documents will continue to be tested and refined as our evidence base and understanding of quality improvement in the learning environment continues to evolve.

2.3. The purpose of the HEE Quality Framework

The Quality Framework will enable HEE to:

- Ensure we have a clear focus on the quality of work-based placements to ensure we enable staff to develop the right skills, values and behaviours to deliver high quality, safe patient care
- Embed a shared definition, measurement and benchmarks of quality across England to support quality improvement
- Systematically review our quality activities with local partners, to ensure a proportionate and effective approach

- Establish clear quality governance arrangements, consistent quality management and quality improvement processes across England
- Set the national and local ambition for quality in education and training in order to drive innovation and quality improvement

The Quality Framework will enable placement providers to:

- Provide assurance and evidence to their organisational leadership, such as Boards, to patients and the public, and to HEE, that they are delivering high quality education and training.
- Systematically self-assess education and training delivery, governance and leadership arrangements, resources and educational planning against evidence based quality standards to identify areas of good practice and areas for improvement
- Demonstrate to learners, patients and the public, that the organisation places value on developing a sustainable workforce with the right skills, competencies and behaviours to ensure deliver of high quality patient care
- Work in partnership with Higher Education Institutions (HEIs) and other providers of educational programmes to demonstrate and ensure learners have access to high quality work-based placements



3. The HEE Quality Framework

3.1. The Quality Framework – structure and development

The Framework is based on six domains that reflect the key components for quality in work-based placements for all learner groups. Each domain is supported by a set of evidence-based Quality Standards that learning environments will be expected to demonstrate. Each domain has a small set of metrics that will act as proxy measures to evidence the standards. This will be facilitated by triangulation of data and information including insight on patient safety by local teams and where appropriate, wider system partners.

As part of building the data sources to support an evidence base for the quality standards, the framework will also introduce a National Education and Training Survey (NETS) to capture learner experience during placements. It will give the system a comparable view of quality and remove the duplication and inconsistency in learner surveys that are currently administered across HEE.

Under each Quality Domain we have developed a shared narrative of what good quality looks like that will act as guidance for providers, educators and

learners, and will align an evidence base, best practice, innovation and tools to drive quality improvement. This will also act as a self-assessment for providers to support their internal governance of the quality of education and training. This evidence base is supported by academic research and testing and will draw on innovation and evolving educational requirements for the healthcare workforce.

3.2. Multi-professional context of the Quality Framework

The advantages for establishing a multi-professional framework and supporting quality improvement process are:

- Reduces the burden on education and placement providers in terms of number of visits and data requests and ensure HEE has a consistent view and standards for quality.
- Provides a better overview of the whole clinical and practice learning environment that encourages multi-professional working and inter-professional learning.
- Signals an expectation that placement providers have educational leadership in place which encompasses the quality of education and training for the whole workforce.
- Ensures effective educational and quality

governance arrangements across HEE, with Postgraduate Deans enabled to ensure oversight of quality for all learner groups and the entire placement learning environment.

- Promotes team working and inter-professional learning to support the development of effective multi-disciplinary teams, a key requirement emerging from the Five Year Forward View Vanguard and Sustainability and Transformation Plans (STPs) in delivering successful service transformation.

3.3. Quality domains

In developing our new framework HEE has worked with partners to ensure we reflect the multi-professional aspects of training and care. The six domains are:

1. Learning Environment and Culture – ensures that the learning environment and culture for education and training meets learners' needs, is safe and open and provides high quality care and experience for patients and service users. The learning environment is multi-professional, with a culture that values and facilitates learning opportunities and support for all learner groups.

3. The HEE Quality Framework (continued)

2. Educational Governance and Leadership – ensures that all learner placements have effective systems for educational governance to manage and improve the quality of education and training. These systems should treat learners according to principles of equality and fairness, manage their progression and share outcomes of education and training.
3. Supporting and Empowering Learners – ensures that learners receive appropriate education and pastoral support, to enable them to gain the knowledge, skills and behaviour required by their curriculum or specified in their professional standards, including appropriate summative and formative assessment to support the achievement of learning outcomes.
4. Supporting and Empowering Educators – ensures that educators are selected, appraised and receive the support, resources and time they need to support and enable effective education and training.
5. Delivering Curricula and Assessments - ensures that curricula and assessments are developed and delivered in accordance with regulator, college or university requirements and responds to the

emerging models of care and service transformation.

6. Developing a Sustainable Workforce – Underpins the other five domains, by acknowledging that in order to realise our collective endeavour to support and improve the quality of education and training, we must also significantly improve the retention, progression and development of the whole workforce.

The Framework is based on six domains that reflect the key components for quality in work-based placements for all learners groups.



4. Partnership roles and responsibilities

The following describes the respective roles and responsibilities of HEE and local partners in the context of evaluating, managing and improving the quality of education and training through the HEE Quality Framework.

4.1. Placement providers

- Provide high quality educational learning environments for all learners.
- Ensure robust processes are in place to supervise and support learner and educator development.
- Actively participate in HEE Quality Framework processes.
- Work with Education Provider partners (Higher Education Institutions and other providers of education) to ensure the continuous improvement of the placement learning environment and educational provision.
- Use the opportunity provided by the HEE Quality Framework to provide objective and constructive feedback to education providers.
- Work with education provider partners, workforce partnerships and the HEE local team and to make continuous quality improvements in education and training and the learning environment.

4.2. Education providers

- Deliver high quality education that meets requirements and professional standards/values.
- Ensure high quality data is submitted in accordance with any relevant contractual arrangements.
- Participate in the HEE Quality Framework processes, including participating in any quality review processes, providing HEE with regular reports on the quality of placement providers.
- Ensure all identified learners are aware of their responsibilities to complete learner feedback and learner surveys.
- Facilitate access to learner groups to enable learner voice activities to take place.
- Develop comprehensive Quality Improvement Plans where any commissioned arrangements require them.
- Implement all actions identified in Quality Improvement Plans to make continuous quality improvements, working closely with placement providers and HEE local teams.

4.3. Health Education England

- Lead the processes underpinning the HEE Quality Framework, working with local partners to measure, monitor and support improvements in the quality of education and training in the placement learning environment.
- Ensure consistency and transparency of approach aligned to HEE's Quality Strategy and Quality Framework.
- Collect and collate performance data to inform the HEE Quality Framework.
- Collect and collate feedback from placement providers, educational providers and learners.
- Benchmark outcomes across the region and share best practice locally and nationally.
- Support the development of capacity and capability within local systems to manage performance and improve quality.
- Enable locally developed systems to deliver year on year improvements in education and training and improvement in the placement learning environment.
- Final sign off of any agreed Quality Improvement Plans.
- Challenge incomplete or unclear feedback from providers.
- Run and analyse the National Education and Training Survey.

Quality domains, standards and quality narrative

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1. Learning environment and culture

Quality standards

- 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), improving evidence based practice (EBP) and research and innovation (R&I).
- 1.4 There are opportunities to learn constructively from the experience and outcomes of service users, whether positive or negative.
- 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.
- 1.6 The learning environment promotes inter-professional learning opportunities.

Quality metrics

GMC Trainee Survey, GMC Trainer Survey, National Education and Training Survey (NETS), NHS Improvement Single Oversight Framework, CQC Intelligent Monitoring, NHS Staff Survey, Friends and Family Test, Research Excellence Framework, Library Quality Assurance Framework, Hospital Episode Statistics.

What is expected to demonstrate quality

Providers must demonstrate a culture that seeks and responds to feedback from learners and educators on compliance with standards of patient and user safety and care, and on education and training.

Providers must investigate and take appropriate action locally to ensure concerns are properly dealt with. Concerns affecting the safety of patients or users and learners must be addressed immediately and effectively.

Providers must demonstrate a culture that investigates and learns from mistakes and reflects on incidents and near misses. Learning will be facilitated through effective reporting mechanisms, feedback and local clinical governance activities.



1. Learning environment and culture (continued)

Providers must ensure that handover of care is organised and scheduled to provide continuity of care for patients and maximise the learning opportunities. It should normally be supervised by a senior educator.

Providers must ensure that the organisation and delivery of individualised patient centred care is evident and learners are made aware of the importance of consent, privacy, dignity and confidentiality.

Providers must demonstrate a learning environment and culture that supports learners to be open and honest with patients and users when things go wrong – known as their professional duty of candour – and help them to develop the skills to communicate with tact, sensitivity and empathy.

Placements respond to local, professional and national developments and care provision is based on relevant and up to date evidence based findings.

Learners must not be subjected to, or subject others to, behaviour that undermines their professional confidence, performance or self-esteem.

Providers must support opportunities for learners and educators to undertake activity and learning

that drives quality improvement in service and education and training, to the benefit of the wider health and care service.

Providers must have the capacity, resources and facilities to deliver safe and relevant learning opportunities, educator supervision, support and placement experiences for all learners as required by their curriculum or professional standards.

Providers must demonstrate a culture that enables learners and educators to raise concerns about patient and user safety, and the standard of care or of education and training, openly and safely without fear of adverse consequences. They should also ensure that learners feel secure and enabled to raise concerns about bullying and undermining.

Providers must ensure that work undertaken by learners provides learning opportunities and feedback on performance, and gives an appropriate breadth and depth of experience appropriate to individual learner needs.

Providers must ensure there are enough staff members who are suitably qualified and enabled to carry out their role as educators, so that learners have appropriate clinical supervision, working patterns and workload, for patients and users to receive care that is safe and of a high standard, while creating the required learning

opportunities. By suitably qualified, we mean trained, assessed as meeting their professional, regulatory or curriculum requirements and have sufficient time resource for their educational duties.

Providers must ensure that the learning environment and culture provide opportunities for learners to develop skills, values and behaviours to work in partnership with patients and service users in designing and delivering their own care.

Providers must monitor how educational resources are allocated and used, including ensuring time in educators' job plans, investment in learning infrastructures and learning resources.

Learners and educators must have access to quality assured Library and Knowledge Services including provision of resources and information handling skills to support evidence based practice.

Learners must have access to technology enhanced and simulation-based learning opportunities within their placement as required by their curriculum or professional standards.

Providers must support every learner to be an effective member of the multi-professional team by promoting a culture of learning and collaboration between specialties, professions and all learner groups.

2. Educational governance and leadership

Quality standards

- 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 governance structures promote team-working and a multi-professional approach to education and training where appropriate, through multi-professional educational leadership.
- 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.

Quality metrics

GMC Trainee Survey, National Education and Training Survey, HEFCE National Student Survey.

What is expected to demonstrate quality

Providers must have effective, transparent and clearly understood educational governance arrangements and processes in place to effectively evaluate, manage and improve the quality of education and training.

Providers must clearly demonstrate leadership accountability for educational governance within the organisation, such as at board level, senior leadership level or equivalent, that ensures effective accountability for continuous improvement of quality and performance.

Provider must be able to demonstrate that they are meeting the standards for the quality of education and training within their organisation and responding appropriately to concerns or quality issues. This must include ensuring systems to manage learners' progression, with input from a range of people, to inform decisions about their progression.

Providers must ensure that learners know about the local processes for educational and clinical governance and local protocols for clinical activities. They must ensure learners know what to do if they have concerns about the quality of care, and they should encourage learners to engage with these processes.





2. Educational governance and leadership (continued)

Providers must have a system for raising concerns about education and training within the organisation. They must investigate and respond when such concerns are raised, and this must involve feedback to the individuals who raised the concerns. The learning from concerns raised and incidents reported is shared within the organisation.

Providers must ensure that educational governance processes are conducted on a multi-professional basis to ensure oversight of the quality of the entire learning environment in order to promote opportunities for team working and inter-professional learning.

Providers must evaluate information about learners' performance, progression, experience and outcomes, such as the results of exams, assessments and learner voice, by collecting, analysing and using data about the quality of learning and teaching.

Providers must make reasonable adjustments for learners with protected characteristics, in line with the Equality Act 2010 and notify any placement provider or subsequent placement provider that adjustments are required.

Providers must consider the impact on learners of policies, systems or processes, particularly important if services are being redesigned.

They must take account of the views of learners, educators and, where appropriate, patients, service users, the public, employers and service managers in assessing and managing any impact.

Providers must have systems and processes to ensure learners have appropriate supervision. Educational and clinical governance must be integrated so that learners do not pose a safety risk and education and training takes place in a safe learning environment and culture.

Providers must share and report information about quality management and quality improvement of education and training with other bodies that have educational governance responsibilities. This is to identify risk, improve quality locally and more widely, to identify good practice and inform system wide quality surveillance.

3. Supporting and empowering learners

Quality standards

- 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 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.

Quality metrics

GMC Trainee Survey, GMC Trainer Survey, National Education and Training Survey, NHS Staff Survey, HEFCE National Student Survey

What is expected to demonstrate quality

Every learner must have a named educator for each period of placement learning and a structured support system is in place when the allocated educator is not available (e.g. co-educator).

Providers must ensure that learners have an appropriate level of supervision at all times by an experienced and competent educator, who can advise or attend as needed. The level of supervision must fit the individual learner's competence, confidence and experience. The support and supervision must be clearly outlined to the learner and the educator.

Learners must be encouraged to take responsibility for looking after their own health and wellbeing. Learners must have access to resources to support their health and wellbeing and to educational and pastoral support, including:

- a. confidential counselling services
- b. careers advice and support.
- c. occupational health services.
- d. reasonable adjustments for those with protected characteristics.
- e. appropriate support on returning to a programme following a career break.

- f. learners whose progress, performance, health or conduct gives rise to concerns must be supported, where reasonable, to overcome these concerns and, if needed, given advice on alternative career options.

Learners must receive timely and accurate information about their curriculum, assessment, training programme and placements.

Learners must be able to take study leave appropriate to their curriculum or training programme.

Learners must receive regular, constructive and meaningful feedback on their performance, development and progress at appropriate points in their course or training programme, and be encouraged to act on it. Feedback should come from health and social care professionals and patients, service users, families and carers.

Learners must be supported to meet the requirements of their curriculum or professional standards and only progress if they meet the required learning outcomes. Providers must ensure that learners are able to meet with their educators as frequently as required by their curriculum or training programme.

3. Supporting and empowering learners (continued)

Learners' responsibilities for patient and service user care must be appropriate for their stage of education. Educators must determine a learner's level of competence, confidence and experience.

Providers must ensure that learners have an induction (organisational induction and service or unit placement induction) in preparation for each placement that clearly sets out:

- a. their duties and supervision arrangements
- b. their role in the team
- c. how to gain support from senior colleagues
- d. the clinical guidelines and workplace policies they must follow
- e. how to access clinical and learning resources.
- f. how to raise concerns about patient safety, standards of care, education and training and ethics

Providers must ensure that assessment is valued and that learners and educators are given adequate time and resources to complete the assessments required by the curriculum or professional standards.

Learners receive an initial, mid-point and final interview during the placement. These interviews facilitate achievement of learning outcomes in order to achieve progression.

Whilst giving direct care in the practice setting at least 40% of the learner's time must be spent being supervised (directly or indirectly) by an educator.

Learners feel they are valued members of the healthcare team within which they are placed.



4. Supporting and empowering educators

Quality standards

- 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.

Quality metrics

CQC Intelligent Monitoring, GMC Trainer Survey, Learner: Educator ratio.

What is expected to demonstrate quality

All educators who are supporting and assessing learners, meet the requirements of the relevant Professional Body, in particular attending annual updates, reviews of relevant professional criteria and are responsible and accountable for the

sign-off in placement of their learners.

Providers must ensure they maintain up to date details for all educators on an appropriate educator database.

Educators must be familiar with the learners' programme/curriculum and have the ability to select and support a range of appropriate learning opportunities commensurate with the learners' needs.

Providers must support educators by dealing effectively with concerns or difficulties they face as part of their educational responsibilities.

Educators must be selected against suitable criteria and receive an appropriate induction to their role, access to appropriately funded professional development and training for their role, and an appraisal against their educational responsibilities.

Providers must ensure that educators are developed and supported to meet any regulatory requirements and maintain evidence of an educator accessing annual (or as appropriate) updates of training.

This includes an appropriate infrastructure to provide appraisal, support continuing professional development and enable access to relevant opportunities to develop their role as educators.

Providers must have in place an auditable process for identifying, supporting and managing

educators whose performance or conduct falls below the expected standard.

Providers must have an Organisational Development Strategy to ensure that there is sufficient placements capacity and capability including appropriately supported educators.

Educators must have access to relevant resources to support them in fulfilling their educational, training and research responsibilities, which may include access to other educational colleagues within the learning environment.

Educators must maintain sufficient records to support and justify decisions regarding a learner's performance and have ongoing links to the relevant academic partner, lecturer or senior practitioner for advice and support.

Providers must support educators to liaise with each other to make sure they have a consistent approach to education and training, both locally and across specialties, professions and all learner groups.

Providers must ensure that educators have appropriate allocated time in their job plans to meet their educational responsibilities, including undertaking summative and formative assessments of learners, so that they can carry out their role in a way that promotes safe and effective care and a positive learning experience.

5. Delivering curricula and assessments

Quality standards

- 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.

Quality metrics

GMC Trainee Survey, GMC Trainer Survey, National Education and Training Survey.

What is expected to demonstrate quality

Curricula and assessments are delivered so that all learners are enabled to achieve the learning outcomes required by their curriculum or professional standards.

Placements must ensure learners experience a balance between providing services and accessing educational and training opportunities. Services will focus on patient and service user needs, but the work undertaken by learners in placements should support learning opportunities wherever possible. Education and training should not be compromised by the demands of regularly carrying out routine tasks or out-of-hours cover that do not support learning and have little educational or training value.

Providers must proactively develop and implement new and innovative ways of delivering teaching and learning to enhance the curricula and learner experience.

Curricula and assessments must ensure learners have opportunities to develop the skills, value and behaviours required to enable them to work in partnership with patients, service users, carers and families in order to promote wellbeing and independence and to support patients to manage their own health.

Providers must work with wider health and care system partners to ensure the development and delivery of curricula and assessments that enable a flexible, responsive, resilient, patient-centred workforce able to respond to changes in treatments, technologies and care delivery models.

Providers should have appropriate engagement strategies and forum to actively invite the participation of patients and service users, alongside learners, into the development of learning and assessments and can demonstrate that input is reflected in learner pathways.

6. Developing a sustainable workforce

Quality standards

- 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.

Quality metrics

HEE Trainee Information, HEFCE National Student Survey, CQC Intelligent Monitoring, NHS Staff Survey.

What is expected to demonstrate quality

Providers must ensure the safety and wellbeing of patients and service users with whom learners work, including formal processes for ensuring that all necessary Disclosure and Barring Service (DBS) and Protecting vulnerable groups – Disclosure Scotland (PVG) checks meet the necessary requirements.

Providers must work collaboratively with other partners engaged in educational activities to improve placement capacity and capability and learner outcomes and experience in order to reduce attrition. They must jointly collect and analyse data to evaluate improvements to attrition levels and the impact on potential workforce supply.

Providers ensure that staff are provided with opportunities that encourage and enable them to lead healthy lives and make choices that support their wellbeing.

Providers have in place the infrastructure and resources to provide information and advice to support career planning decisions and enable learners to appreciate the range of career opportunities available which may support new and innovative ways of working.

Providers must ensure appropriate rotational programmes for all learners that provide opportunities for learning experience across service, sector and organisational boundaries for health and social care where this is appropriate and adds value to the learning experience.

Providers engage in workforce planning and development in partnership with wider health and care partners. Planned educational provision and investment reflects the outcomes of the shared workforce planning

Providers must proactively develop and implement activities that will support individual learners to successfully transition from their education programme to employment. Feedback from learners needs to be utilised to develop activities and outcomes evaluated to assess the impact on retention levels and spread good practice.