# **Multi Professional Quality Assurance of the Practice Learning Environment – full process guide**

**Part of the**

**Multi Professional Quality Assurance of the Practice Learning Environment Toolkit**

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## Multi professional quality assurance toolkit

NHS England South East, Workforce, Training & Education Directorate (NHS England SE WT&E) (previously Health Education England) exists to support the delivery of excellent healthcare by ensuring that the ‘workforce of today and tomorrow has the right numbers, skills, and behaviours at the right time and in the right place.’ Health Education England (HEE) previously set out clear expectations for the quality of healthcare learning environments by embedding the Quality Framework (2021-24). The quality strategy outlines a ‘whole system’ approach to meeting our patient safety and learning wellbeing expectations to drive a more consistent and systematic approach to quality assurance and improvement (HEE, 22/23). The following process, and aligned documentation, will support the ongoing monitoring and quality assurance for multi-professional clinical learning environments.

#### Summary

The multi professional quality assurance toolkit supports new learning environments to host learners, as well as providing a quality assurance monitoring process of the learning environment of existing practice areas. The toolkit has three key parts. Firstly, the **approval tool** will assure the learning environment meets required standards and secondly the **ongoing monitoring tool**. The third section relates to an **escalation and triangulation guidance** when there is a concern to the clinical learning environment. All sections are completed and documented in agreement with relevant parties including educational and practice providers.

The quality assurance toolkit will be used in the following circumstances:

* To support a new clinical learning environment
* To support the expansion of learners with a different regulatory body i.e. the placement has been approved for HCPC learners however it wishes to expand the opportunity to NMC learners.
* To manage quality concerns of the learning environment
* To provide a process of ongoing quality monitoring of an existing placement provider

#### The development of the new assurance process

A multi-professional group across Wessex, and representatives from Thames Valley, Sussex, and Surrey in 2021, undertook a review of the previous ‘Multi-professional Wessex Audit Placement document’ from 2017. The group reviewed its fit for purpose and decided that it required updating, to reflect the refreshed HEE Quality strategy and framework as well a structural change in the integrated care board (clinical placement expansion projects) and the development of primary care training hubs.

The aims of the project were to develop:

* An assurance process that reflects both NHS and non-NHS organisations ‘smallest to the largest’
* A risk-based approach and a move away from an audit process
* Support a multi-professional assurance process of the clinical learning environment
* Reduce placement audit duplication amongst education providers

The first pilot of the new process took place in selected secondary care organisations in Hampshire & Isle of Wight and Sussex during late 2022. Version 4has been further piloted across Wessex as well as the wider Southeast footprint throughout 2023 across various organisations. The exception relates to where there exists a primary care network (PCN) level approval (see FAQs). The pilot areas have been predominantly related to NMC and AHP learners, however the process has been mapped and could support learners within the following regulators: General Medical Council, HCPC, Social Work England, and the General Pharmaceutical Council.

The final iteration (V5) has been finalised following additional evaluation and stakeholder feedback. NHS England WT&E website. We would encourage you to read the frequently asked questions document to help support your understanding.

#### Additional regulatory Information

Please ensure that you access the relevant links below to review the appropriate professional standards for this practice area. This will help inform what requirements need to be met by the regulatory bodies.

* Nursing and Midwifery Council - <https://www.nmc.org.uk/standards/standards-for-nurses/standards-for-pre-registration-nursing-programmes/>
* Health and Care Professions Council - <https://www.hcpc-uk.org/globalassets/resources/guidance/standards-of-education-and-training-guidance.pdf>
* Social Work England - <https://www.socialworkengland.org.uk/>
* General Medical Council - <https://www.gmc-uk.org/education/standards-guidance-and-curricula/standards-and-outcomes/promoting-excellence>
* General Pharmaceutical Council - [https://www.gdc-uk.org/docs/default-source/quality-assurance/standards-for-education-(revised-2015).pdf?sfvrsn=1f1a3f8a\_2](https://www.gdc-uk.org/docs/default-source/quality-assurance/standards-for-education-%28revised-2015%29.pdf?sfvrsn=1f1a3f8a_2)

## Quality assurance toolkit for the practice learning environment

The toolkit has three key parts. Firstly, the approval tool, secondly the ongoing monitoring tool and thirdly an escalation guidance. With new learners and different types of learners, you will complete the approval tool before placement and the ongoing monitoring after the first placement.

With existing providers, please complete the ongoing monitoring tool every 3 years.



## Practice learning approval tool

|  |  |  |  |
| --- | --- | --- | --- |
| Practice learning provider/organisation |  | Practice learning name |  |
| Address including postcode and Tel No. |  | Type of learners (inc. regulator) |  |
| Name of Learning education lead/ practice education facilitator and email address |  | Areas within approval i.e., service, ward, surgery |  |
| Reason for Approval (new placement, new learners, risks\*) |  | Name & organisation of educational / university Representative |  |
| \*If risk, please describe in detail if NMC exception reports have been submitted and ensure toolkit action plans reflect NMC concerns. In this instance, the approval will be completed with the relevant NMC correspondents. All exception reports to be shared with the education quality team at NHS England WT&E. |
| Contact name, designation, and email of clinical manager |  |
| Contact name, designation, and email of learner co-ordinator |  |
|  |
| Names of individuals completing this tool and designation |  |
| Date Completed |  | Action Plan Required(Following section 1 / 2) | [ ]  Yes[ ]  No |
| Date to review action plan if required |  |

## Placement approval tool: flow chart



## Checklist for all practice learning providers

Section 1: Mandatory core requirements – Questions 1- 5 of section 1 will need to be GREEN, or an action plan in place, before taking learners.

| Section 1 |  | Comments |
| --- | --- | --- |
| 1. Is there a contractual agreement between placement provider and educational provider, and NHS England Workforce Training & Education (WT&E)?
 | Choose an item.[ ]  **YES: GO to next question**[ ]  **NO: STOP use action plan** | i.e. placement agreement, NHS Education contract |
| 1. Are there registered professionals (if required) in this placement to support learners?
 | Choose an item.[ ]  **YES: GO to next question**[ ]  **NO: STOP use action plan** |  |
| 1. Are those supervising/assessing learners, appropriately trained in line with regulatory bodies and other standards of partner organisations (e.g. Education providers, NHS England WT&E)?
 | Choose an item.[ ]  **YES: GO to next question**[ ]  **NO: STOP use action plan** |  |
| 1. Are there any complaints or serious untoward incidents currently being investigated that may affect the learner’s learning environment?
 | Choose an item.[ ]  **YES: STOP use action plan**[ ]  **NO: GO to next question** |  |
| 1. Do you have any CQC ratings of ‘Requires Improvement’ or ‘Inadequate’? Is a CQC section 39 imposed?

Date of Last CQC/Ofsted inspection, report, and rating. | Choose an item.[ ]  **YES: STOP use action plan**[ ]  **NO: GO to next question** |  |

Have questions 1 – 5 been met (GREEN) or there is an action plan in place to mitigate against risk?

[ ]  No, please use the Action Table which is located below Section 2 before proceeding onto section 2.

[ ]  Yes, please continue onto section 2.

Section 2: Core requirements

Section 2 is mapped against the [Quality Framework (2021-2024)](https://nshcs.hee.nhs.uk/wp-content/uploads/2022/02/HEE-Quality-Framework-from-2021.pdf). The education quality measures assessed below have been adapted and do not directly corelate to the six quality domains of the Quality Framework.

1. **Creating a culture of quality, safety, learning and continuous improvement**
2. **Educational governance and risk management**
3. **Delivering programmes and curricula**
4. **Facilitating learning**
5. **Supporting and developing learners**
6. **Supporting and developing supervisors**

If a quality standard is working towards or not achieved, please use the action plan below to provide further information. Please use the exemplar to help which is available on the [NHS England WT&E website.](https://wessex.hee.nhs.uk/quality/quality-learning-workplace/multi-professional-quality-assurance-toolkit/)

| No. | Quality measurement standard | NHS England education quality standards | Outcome | Comments / Evidence in support of outcome |
| --- | --- | --- | --- | --- |
| 1. **Creating a culture of quality, safety, learning and continuous improvement**
 |
| 1 | Learners are hosted in an environment that ensures the safety of staff, learners, and patients; delivers effective, compassionate care; and prioritises a positive experience for patients and service users. | 1.5/1.6 | Choose an item. |  |
| 2 | Governance mechanisms are in place for learners, placement providers and HEI’s to identify, raise, act on, and share concerns.All staff, including learners, are actively supported to raise concerns without fear of negative consequences i.e., about standards of care or learner’s knowledge | 1.7/2.6/2.8/4.7 | Choose an item. |  |
| 3 | The learning environment is sensitive to the diversity of both learners and the patient population a placement serves.Evidence of engagement in workforce planning to support the development of learners who meet the needs of the local population.Evidence of engagement and ownership of equality, diversity, and inclusion to create a learning environment that is fair, inclusive, and supportive of all learners, regardless of background or professional group. | 1.2 /1.3 /1.8/ 2.2/6.3 | Choose an item. |  |
| 4 | The learning environment can demonstrate parity of access to learning opportunities and support for learners with a variety of learning and educational needs, making reasonable adjustments where required. Any potential differences in educational attainment are identified and addressed. | 1.2/2.3/3.3/3.2 | Choose an item. |  |
| 5 | Learners are valued members of the healthcare team whilst in the placement area and enabled to actively contribute to the team’s work. | 1.1/1.2/3.8 | Choose an item. |  |
| 6 | The learning environment values and champions learning. There is a culture of continuous learning where giving and receiving constructive feedback is both encouraged and routine practice. | 1.1/1.4 | Choose an item. |  |
| 1. **Educational governance and risk management**
 |
| 7 | There is clear, visible, inclusive, and joined up senior educational leadership, committed to continuous quality improvement of education and training. Education and training issues are fed into the most senior level of decision making. | 2.1/2.4/2.6 | Choose an item. |  |
| 8 | Placement evaluations are completed, acted upon, and shared with supervisors / assessors to assure ongoing development of the learning environment. | 2.4/2.6 | Choose an item. |  |
| 9 | The learning environment works collaboratively with other stakeholder organisations and HEI's to support effective delivery of healthcare education and training; spread good practice; and minimise the impact of service changes on education and training provision and capacity. | 2.7/2.8 | Choose an item. |  |
| 10 | The learning environment can demonstrate how educational resources (including financial) are allocated and used. | 2.5 | Choose an item. |  |
| 1. **Delivering programmes and curricula**
 |
| 11 | The learning environment provides suitable educational facilities, including adequate estate, IT systems, library and knowledge services, policies, procedures, and guidelines. | 1.1/1.11/1.12 | Choose an item. |  |
| 12 | All learners receive an inclusive and comprehensive induction/orientation into the learning environment. | 1.11 / 3.9 | Choose an item. |  |
| 13 | Timetables and workload enable learners to attend planned / timetabled education sessions needed to meet curriculum requirements. | 5.6 | Choose an item. |  |
| 14 | The learning environment has sufficient supervisor/assessor capacity to support all learners.A record of supervisors / assessors is held.Supervisors/assessors are highlighted on placement rota’s so all staff can identify when they have a learner working with them and can ensure supernumerary status if required. | 4.2/4.4 | Choose an item. |  |
| 15 | The learning environment facilitates the delivery of relevant parts of training programmes and provides learners with a diverse range of learning opportunities, i.e., voluntary, care sector, digital health, across care teams and providers.Learners are empowered to take responsibility for accessing learning opportunities.Placement areas work collaboratively with programme leads and stakeholder organisations to coordinate delivery of curricula across placements. | 1.1/1.13/2.7/5.1/5.2/5.3 | Choose an item. |  |
| 16 | All learners have access to multi-professional learning and, where appropriate, inter-professional learning opportunities that includes specialist practitioners / consultants. | 1.1/1.12/2.1/5.4 | Choose an item. |  |
| 17 | The learning environment develops new and innovative methods of education delivery to develop learners who are responsive to meet the changing needs of patients and services. E.g.a) involving patients, service users and learners in training development and deliveryb) use of technologyc) working with the local Voluntary, Community and Social Enterprise sectord) peer and group supervision models | 5.4/5.5/6.3 | Choose an item. |  |
| 1. **Facilitating learning**
 |
| 18 | Learners are supported to complete summative / formative assessments to meet the learning outcomes for their course, in a timely manner, as per programme requirements. | 1.1/3.7 | Choose an item. |  |
| 19 | Learners demonstrate clear understanding of their role and the context of their placement in relation to care pathways, service user journeys and expected outcomes for patients and service users. | 3.10 | Choose an item. |  |
| 20 | Learners are supported and developed to undertake supervision responsibilities, relevant to their stage of learning, with more junior staff/students. | 3.11 | Choose an item. |  |
| 21 | The learning environment provides opportunities for learners to engage in quality improvement initiatives which may include improving evidence-based practice, clinical audit, research, and innovation. | 1.9 | Choose an item. |  |
| 22 | Learners are supported to learn constructively from the experiences and outcomes of patients and service users, both positive and negative. Evidence that students are actively involved in service user feedback and incident reviews. | 1.10 | Choose an item. |  |
| 23 | Learners receive appropriate careers advice from placement colleagues within the learning environment, including an understanding of other roles and career pathway opportunities. | 4.5/6.2/6.4 | Choose an item. |  |
| 1. **Supporting and developing learners**
 |
| 24 | Learners receive the supervision and educational support they need to demonstrate curriculum requirements and / or professional standards and, achieve core learning outcomes.Supervision is tailored to learners’ level of experience, competence, and confidence, and appropriate to their scope of practice, ensuring supernumerary status where required. | 1.1/2.7/3.5/3.6/4.4 | Choose an item. |  |
| 25 | Learners know how to seek support and are encouraged to access resources to support their physical and mental health and wellbeing. | 3.1 | Choose an item. |  |
| 26 | Supervision arrangements enable learners in difficulty to be identified at the earliest opportunity.Learners and supervisors / assessors are encouraged to raise concerns and communicate difficulties regarding meeting learning outcomes to HEIs, actively work with them to mitigate avoidable learner attrition from programmes. | 1.1/1.6/1.7/3.4/4.1/6.1 | Choose an item. |  |
| 1. **Supporting and developing supervisors**
 |
| 27 | Supervisors / assessors are supported to access resources to support their physical and mental health and wellbeing | 1.6 / 4.1 / 4.3 | Choose an item. |  |
| 28 | Supervisors / assessors have allocated time to complete learners’ assessments and documentation (formative / summative / interviews etc.) | 4.2 | Choose an item. |  |
| 29 | The placement area can demonstrate that supervisors / assessors receive constructive feedback on their role, that their training needs are identified in relation to supporting and assessing learners, and how they are supported if considering a formal supervision role. | 4.3/4.6/4.7 | Choose an item. |  |
| 30 | All supervisors/assessors have been appropriately trained (in line with Professional Bodies, Regulators and HEI requirements) and have up to date knowledge of the programmes they are supporting, enhancing their ability to support learners’ progression. | 4.3/4.4/4.5/4.6 | Choose an item. |  |

## Section 2: Action plan table

This action plan table has been developed as part of the assurance process. It can be used as part of the approval tool to illustrate when a quality standard is either working towards, or not achieved, following the [ongoing monitoring tool](https://wessex.hee.nhs.uk/quality/quality-learning-workplace/multi-professional-quality-assurance-toolkit/) or when supporting a concern of the clinical learning environment ([escalation and triangulation guidance](https://wessex.hee.nhs.uk/quality/quality-learning-workplace/multi-professional-quality-assurance-toolkit/)).

| Standard ID | Area for Development | Proposed Action/s to be taken | Outcome required (include timescales) | To be completed by (person responsible) and date of review | Review completed by whom and date of review |
| --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

## Ongoing monitoring tool

#### Monitoring of the learning environment

This section outlines the process for ongoing monitoring of the learning environment. This process is to provide a consistent approach to *monitoring* and *managing identified concerns* to the learning environment and provide assurance around the escalation and decision-making process. The process takes place continuously and if a quality concern arose, triggers the approval tool.

|  |
| --- |
| Practice environments and education providers have developed various mechanisms to monitor the learning environment, providing an organisation with a dashboard of ‘quality’ informatics. Examples are given below of potential sources of data. Each organisation will review their matrix of information regarding the learning environment and complete the ongoing monitoring process tool after the first placement, and then *every 3 years.* The completed table is completed as part of a collaborative process between education and placement providers.  |
| Education Providers  | * Placement evaluation / feedback
* Self-assessment reporting (annual reports, NHS education contract)
* Student feedback sessions (drop-in sessions, listening events, placement café)
* Educator feedback
* Student council feedback
* National Education and Training Survey
* Regulator updates
* Communication with educational and clinical teams (practice partner events)
* Communication with approved educational institutions (AEI)
* Complaints, adverse events, investigations, regulator exception reporting
* Safe Learning environment Charter <https://www.england.nhs.uk/mat-transformation/safe-learning-environment-charter/>
 |
| Placement Providers  | * Placement feedback from learners
* Practice partner events / communication with approved educational institutions
* Educator feedback forums
* Freedom to Speak Up Guardians, whistleblowing.
* Feedback from internal education team
* Regulator feedback and reporting (CQC, OFSTED, GDC, GMC, HCPC, NMC, Social Work England)
* National and Education Training Survey
* Feedback from local learner initiatives i.e. placement cafe
* Reporting – NHS education contract, annual medical report, self-assessment
* Student complaints, investigations, adverse events affecting the learning environment.
* System partners communication i.e. NHS England, integrated care broad
 |

## Ongoing monitoring tool

Please complete the table below to show compliance after the first placement with new learners and then on a three yearly cycle (providers do not need to complete the approval tool every three years unless specified)

|  |  |  |  |
| --- | --- | --- | --- |
| **Education Provider Name:**  |  | **Placement Provider Name:** |  |
| **Full Address of Placement areas inc. Postcode and Tel No.**  |  | **Type of Learners incl. regulator**  |  |
| **Names of individuals completing this tool and designation** |  | **Areas within approval i.e. service, ward, surgery, clusters** |  |
| **What data has been reviewed to provide assurance of the learning environment?**  |  | **Summary of discussions – please ensure both placement and education providers are present. Please refer to exemplar for suggested discussion areas, and review action plan in approval tool as required.**  |  |
|  |
| **Actions Plan – please describe any subsequent action following discussions. Providers can use the quality concerns (outlined below) to help support escalation processes.**  |  |
| **Date of Process Completed** |  | **Is there a concern for the learning environment?** | Choose an item. |

## Managing quality concerns of the learning environment – guidance for escalation and triangulation

Concerns of the learning environment come from a variety of sources. There are some examples outlined below (not exhaustive):

* Education provider expressing concern of the Learning Environment (regulator reporting, themes from student feedback, concerns raised by practice, student listening events, annual self-reporting, placement café)
* Practice provider expressing concern of the Learning Environment (regulator reporting, learning environment leads, whistleblowing, patient safety concerns)
* System wide/ education quality surveillance i.e. National Education & Training Survey (NETS) feedback, focus groups, integrated care boards.
* Concerns about supervision in the learning environment.
* Concerns about education input in the learning environment.
* Adverse regulatory outcomes (CQC, GDC, GMC, HCPC, NMC, Social Work England), complaints, incidents.

The process can be used as a standalone tool for assessing concerns of the learning environment, as well as being used to help support the approval process. It is aligned to the Supporting and Escalating Concerns: Pathway for Learners (appendix 1). This does not replace local incident reporting mechanisms or escalation within the education intuition i.e. Fitness to Practice (appendix 2).

If a risk has happened, consider as part of the risk assessment process whether this situation may happen again and the frequency of this. This will result in two risk assessment scores, one for the ‘actually happened’ and one for probable risk if happens again in the future. A professional judgement may be required regarding the escalation process for both identified risks. Ongoing risks will need to be managed and revised, with a risk being escalated/ de-escalated as appropriate. Appendix 1 outlines an example of a student escalation process to raise a concern.

The table below provides generic language to help each organisation to apply the guidance within their own structures. Care needs to be taken when considering transparency of processes, especially if within an organisation the same person may represent a number of different structures. In this situation it is advisable to ensure that written agreements between senior management/boards and operational staff regarding escalation concerns within a no-blame culture are met, thus protecting all involved and ensuring risks are raised at the appropriate time.

## Escalation and triangulation guidance of education quality concerns

#### Risk matrix



#### Likelihood vs impact descriptors

|  |  |  |
| --- | --- | --- |
| **Score** | **Likelihood** | **Impact on Learning**  |
| 1 | Rare:* Will probably never happen
 | Negligible* Minimal / No disruption to Learning Environment
* Minimal / No impact on learners, service users or staff
 |
| 2 | Unlikely* Not expected to happen
* It is a possibility that it could occur
 | Low* Limited impact disruption to Learning Environment
* Limited impact on learners, service users or staff
 |
| 3 | Possible* Might occur.
* It is possible that it could happen occasionally / or as a flurry of activity
 | Moderate* Moderate impact disruption to Learning Environment
* Moderate impact on learners, service users or staff
 |
| 4 | Likely* Will probably happen in most circumstances.
* May be seasonal / not continual – i.e. winter pressures
 | High* Major impact disruption to Learning Environment
* Major impact on learners, services users, or staff
 |
| 5 | Almost certain* Actually happened.
* Likely to occur in most circumstances
 | Severe / Critical* Critical / Severe impact disruption to Learning Environment
* Critical / Severe impact on learners, service users, staff
 |

If a risk has happened, consider as part of the risk assessment process whether this situation may happen again and the frequency of this. This will result in two risk assessment scores, one for the ‘actually happened’ and one for probable risk if happens again in the future. A professional judgement may be required regarding the escalation process for both identified risks. Ongoing risks will need to be managed and revised, with a risk being escalated/ de-escalated as appropriate. Please use the action plan template if required.

#### Examples

| Risk level | Escalation routes +Recommended Practice | Examples |
| --- | --- | --- |
| Green | **Educator or Assessor/ Learner Level** This level relates to concern of a learner or educator (not exhaustive)Recommend Practice: Assessor/ educator / supervisor will document concern and address with learner i.e. in student assessment documentation.Liaison with the local team i.e. Nurse in charge.Consider liaison with placement support link from education provider.  | * Learner arriving late (Likelihood 2 Impact 1)
* Educator / supervisor off sick for short period (Likelihood 4 Impact 1)
* Poor learner / educator feedback in isolated areas (Likelihood 1 Impact 2)
* Learner / educators accessing educational opportunity due to workload rarely (Likelihood 1, Impact 2)
* A learner working beyond scope of practice rarely and with supervision (Likelihood 1, Impact 2)
 |
| Light Green | **Departmental lead /Practice/Ward Level** This level relates to concern of a learner or educator (not exhaustive)Recommended Practice\*: Assessor / educator escalates to department / practice/ ward lead i.e. Matron charge / practice manager / team lead. Liaison with placement support link from education provider and consider informal discussions with internal educational team or equivalent.  | * Learner persistently arriving late with repeated warnings (Likelihood 3 Impact 1)
* Repeated poor interaction between educator and learner (Likelihood 1 Impact 3)
* Infrequent poor feedback from learners / educators regarding specific area (Likelihood 2 Impact 2)
* A learner working beyond scope of practice with varying levels of supervision (Likelihood 2, Impact 2)
* Students or educators are not accessing educational opportunities due to workload i.e. attending 75% of educational opportunities (Likelihood 3, Impact 2)
* Potential re-design of service configuration / organisational change (Likelihood 1 Impact 4)
 |
| Amber | **Educational Team Level**This level relates to the learning environment.Recommended Practice\*:Assessor / educator / team lead escalates to internal educational team\*\* to **discuss the learning environment and complete quality monitoring tool.** **Reapproval process could be considered following outcome from monitoring tool if there is a concern to the learner environment.** Liaison with programme lead at education provider or equivalent (consider whether to notify other education providers using the same learning environment). Liaison with clinical service lead.  | * A group of learners persistently arriving late with repeated warnings plus additional professional conduct concerns (Likelihood 3 Impact 3)
* Repeated poor interaction between educator and a variety of students from educational provider (Likelihood 3 Impact 3)
* Persistent poor feedback from learners / educators regarding larger areas of clinical provision (Likelihood 2 Impact 4)
* Group of learners working beyond scope of practice with varying levels of supervision (Likelihood 2, Impact 4)
* Learner or educator’s not accessing educational opportunities due to workload on a repeated basis i.e. attending <50% of educational opportunities (Likelihood 3, Impact 3)
* Re-design of service configuration / organisational change (Likelihood 2 Impact 4)
 |
| Amber / Red | **Senior Leadership Team and NHS England Workforce, Training, and Education directorate (previously HEE) level** This level relates to the learning environment.Recommended Practice:**Complete reapproval of the learning environment.**Ongoing liaison with internal educational team\*\* and senior engagement from education director, and involvement from senior leadership team.Notification to NHS England Workforce, Training and Education directorate Quality team and Lead representative from the education provider. | * A wide range of learner’s persistently presenting with poor professional conduct even after repeated warnings and pre-existing action plans (Likelihood 4 Impact 3)
* Repeated and deteriorating interactions between educators and across a variety of students from various educational providers (Likelihood 5 Impact 3)
* Persistent poor feedback from learners / educators regarding larger areas of clinical provision even after implementing an action plan to help support (Likelihood 3 Impact 4)
* Group of learners across multiple professions working beyond scope of practice with poor levels of supervision (Likelihood 4, Impact 3)
* Learners or educators continue to not access educational opportunities due to workload on a repeated basis i.e. attending <25% of educational opportunities (Likelihood 4, Impact 3)
* Large re-design of service configuration / organisational change (Likelihood 2 Impact 5)
 |
| Red | **Executive board /Senior Leadership Team and NHS England Workforce, Training, and Education directorate (previously HEE) level** This level relates to the learning environment.Recommended Practice:**Complete reapproval of the learning environment** Ongoing liaison with internal educational director\*\*, and director / senior leadership team or equivalent, and Executive level leadership. Notification to NHS England Workforce, Training and Education directorate Quality team and lead representative from the education provider.  | * Repeated and deteriorating interactions between a wide variety of educators and learners from various educational provider/s (Likelihood 5 Impact 4)
* Persistent poor feedback from student body from education provider/s regarding larger areas of clinical provision even after-action plan implemented to help support (Likelihood 4 Impact 4)
* Persistently poor and deteriorating feedback from learners / educators regarding larger areas of clinical provision even after implementing an action plan to help support (Likelihood 3 Impact 4)
* Group of learners across multiple professions working beyond scope of practice with no supervision (Likelihood 4, Impact 5).
* Students or educators do not access educational opportunities due to workload (Likelihood 4, Impact 5)
* Large re-design of service configuration / organisational change (Likelihood 3 Impact 5)
 |

\*If you are notifying a regulatory body regarding the quality of the clinical learning environment, please consider using the monitoring tool as a minimum. Please inform Education Quality Teams in workforce, training, and education directorate, at NHS England of any regulatory reporting.

\*\* Internal educational team could include a workforce lead, learning environment lead, practice educational facilitators or a person responsible for education. If you belong in an organisation that does not have an education lead, please seek support from your university.

**Apprenticeships –** if the risk involves an employer/employee relationship, please refer to your own internal structures for managing these concerns and where appropriate discuss with the education provider.

## Appendices

#### Appendix 1: Escalating concerns process



#### Appendix 2: Additional escalation examples

There are further risks within the health environment that are not specific to the learner & the learning environment. There are methods to escalate a concern, and examples are outlined below.

