

Learning Organisation Self-Declaration Guidance



Developing people for health and healthcare

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Introduction

The following guidance has been produced to help current learning environments when completing the online self-declaration form for their ongoing recognition. Please note that this is guidance only and that organisations should use their own judgement when completing the declaration. Failure to complete the self-declaration honestly is considered a probity issue and will be escalated as a quality concern.

Risk Assessment Process

The revised processes for the ongoing quality assurance (re-approval) and monitoring of learning organisations within the EoE will be via the submission of a Self-Declaration Form that will be risk assessed by the relevant ICS Training Hub (TH).

The risk assessment will take the form of a 'desk-top' review by a panel comprising of the TH:

- Quality Administrator
- GP and GPN Leads
- TH Quality Lead
- Learner representatives if possible

The panel will review the submitted Self-Declaration Form and consider other sources of information e.g., learner and TPD feedback and use a standard 5x5 risk scoring metric to determine the Likelihood (L) and Severity (S) of poor-quality learner experience.

In order to ensure that the THs apply a consistent and equitable approach to scoring, a RA scoring guide has been produced. The guide has been created by testing scenarios with senior educators i.e., AD's and TPDs.

Once the TH have reviewed and risk assessed a submission, the possible outcomes are:

- **LOW** risk – i.e., there are no areas of risk – the TH will recommend the learning organisation is recognised for a further 4 years.
- **MODERATE** risk – i.e., there are some actions the panel would like the applicant to progress – this could be the provision of additional evidence. In this case the panel will review again in 3 months' time.
- **HIGH** risk – i.e., the panel have significant concerns about the learning organisation and will immediately refer to the HEE Primary Care Quality Team.

Self-Declaration Guidance

The following guidance provides some examples as to how the self-declaration should be completed but by no means is comprehensive. Self-declarations will be sent in an online format by your local training hub and upon completion will be automatically returned to them. Please note that you are unable to save the declaration and it should be completed in one sitting. However, indications are that this should not take longer than 15 minutes.

There is no need to supply additional documentary evidence but where relevant this should be maintained in case any quality concern alerts are raised.

Section 1 – General Information and Declarations

This section collects demographic data about the learning organisation and is important in matching the organisation to the educators embedded within and other higher educational institutions who may have learners placed there, for example, nurses, medical students and physician associates. The training hubs need this information for triangulation when undertaking their risk assessment. It is important that there is a named placement manager and named educational lead. The educational lead may be the same person for the different professional groups, or you may wish to have different people for each of those roles.

The number of sites, educators, learners placed and plans to increase placement provision are important for the training hubs to identify future capacity. Where there are sites that do not have an approved tiered educator, it is expected that an individual within that site should become at least a tier 2B (clinical supervisor) within the initial 2-year recognition period. Failure of this happening is likely to lead to a quality concern alert and escalation.

Section 2 – Quality Domain 1: Learning Environment and Culture

The remaining sections of the self-declaration form require the organisation to either RAG rate themselves against the various national quality standards, or to answer a yes/no question. Any self-ratings below green or answers to questions that indicate an organisation is falling below the current standards should lead to some narrative regarding mitigating circumstances and a proposed action plan. Organisations that are unable to provide this run the risk of an adverse risk assessment by the training hub and the raising of a quality concern alert.

The tables below provide guidance only and are not all encompassing. Please use the word descriptors contained within each table to help you to decide what the organisation should rate itself within the self-declaration form.

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Requirement	Green	Amber	Red
Suitable physical and IT resources to be able to deliver safe, high-quality education	Adequate physical space to host the required numbers of learners. Access to internet. Space for private study. Essential diagnostic equipment available. Recording facilities for consultations/tutorials. Training room. Secure storage space for all learners. Library services (Could be online).	Space at a premium requiring learners to work remotely frequently. Learners providing their own diagnostic equipment. Space available at limited times for private study.	Inadequate physical space to host the current learners. Nowhere for private study. Poor internet access. Limited access to guidelines/electronic resources.
Ability to meet specific or special needs of individual learners	Fully accommodates flexible working where needed e.g., learners with specific carer responsibilities or personal health problems. Has a lift or can accommodate learners with physical difficulties who are unable to use stairs. Knowledge and experience in conducting individual risk assessments for the lead employer. Learners are considered supernumerary and not part of service provision.	Accommodates flexible working to a degree but within certain limits. Less clear about undertaking risk assessments or when these should be carried out.	Unable to accommodate flexible working. No knowledge of risk assessments. Insufficient physical resources to support learners with disabilities. Learners considered as service provision.
Engagement of learners in multi-professional learning, including audit, QIP and significant events	Opportunities for all learners to be exposed to the role of different healthcare professionals throughout their placement.	Learners may be exposed to the roles of different healthcare professionals at the start of the placement but have limited exposure after that.	Limited interaction, if any, between the different health professionals within the placement.

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	<p>Joint tutorials/educational sessions with different learners. All learners have opportunity to attend meetings that discuss significant events, frailty, safeguarding, palliative care, complaints and incidents. All learners have opportunities to undertake audit or QIP.</p>	<p>Fewer opportunities for joint tutorials/education sessions. Learners able to attend some, but not all clinical meetings. Fewer opportunities for audit or QIP.</p>	<p>Limited opportunities for learners to attend meetings or a lack of meetings for learners to attend. No opportunities for learners to undertake QIP or audit.</p>
<p>Use of learner feedback to drive improvement</p>	<p>Robust processes in place for obtaining learner feedback during placements. Regular placement feedback reports returned to the local training hub. Evidence of responding to specific learner feedback with tangible developments. Predominance of positive feedback from learners.</p>	<p>Feedback being sought but more ad hoc and not formalised. Feedback only collected at the end of placements or post-placement. Limited evidence of constructive response to learner feedback.</p>	<p>Learner feedback not being sought. Multiple complaints from learners regarding a specific issue that has repeatedly been failed to address.</p>
<p>Ensuring patient safety within the context of learners being on site</p>	<p>Patients are informed that the organisation hosts learners (information on website, practice leaflets, information in waiting room). Evidence of learners having graduated responsibility for the management of patients. Clear clinical supervision arrangements with written clinical supervision policy. Access to a supervisor/mentor at all times.</p>	<p>Supervision arrangements less clear for learners or no named supervisor for sessions. Supervisor/mentor available some of the time.</p>	<p>Patients not advised that there are learners in the practice. Learners working mostly unsupervised. Learners taking on levels of responsibility that are unsuitable for their level of experience. Poor induction process.</p>

	Robust induction including consent, confidentiality and when to seek help from superiors.		
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Section 3 – Quality Domain 2: Educational Governance and Leadership

Requirement	Green	Amber	Red
Robust organisational induction processes to meet the needs of all learners	<p>Written induction policy and induction checklist. Induction handbook for learners. Provision and recording of satisfactory completion of mandatory training / induction to placement / induction to specific role, responsibility and scope (guidance needs to include the “must have” policies that will specifically support learners as opposed to substantive members of staff – e.g., how to raise concerns around bullying and harassment, patient safety, other concerns (including to HEE and HEIs). Learners inducted regarding the physical and operational resources including include understanding the roles and responsibilities of all staff, supervision arrangements, how to access local guidelines and policies, contact details for key staff, areas of the building that may be accessed by learners,</p>	<p>Induction processes in place covering orientation of premises and basic roles and responsibilities. No written policy or induction checklist. Written information provided to learners missing some of the key areas as described for “green”. Fewer opportunities for learners to spend time with different members of staff.</p>	<p>No processes in place for induction. Learners are briefly introduced to staff and have a tour of premises and are then left to start. Information may be available regarding policies but not signposted or just not available. Length of induction is too short to be of any value, for example, a couple of hours.</p>

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	when and for what purpose, what to do if there is a fire, panic alarms and when to use them etc.		
Engagement of management and support staff in teaching and learning	<p>Recognises that a learning environment has implications for all members of staff.</p> <p>Learners able to spend sufficient time with management and support staff to fully understand their role and value to the organisation.</p> <p>Management and support staff understand their role in assessment of learners, for example, multi-source feedback.</p> <p>Opportunities for management and support staff to run tutorials.</p> <p>Management and support staff support learners through considered patient selection, where relevant, providing feedback to learners and discussing developmental suggestions and performance concerns with educators.</p> <p>Management staff have a clear understanding of their role in respect of employment issues.</p>	<p>Management and support staff happy to support education but are less clear of the implications of this for them.</p> <p>Management and support staff may be involved during induction but there are no further opportunities for them to be involved in teaching.</p> <p>Management staff less clear about their role in respect of employment issues.</p>	<p>No understanding of what it means to be a learning environment.</p> <p>Management and support staff side-lined and have minimal interaction with learners.</p> <p>No understanding of the role of management and support staff in providing feedback or on how to complete assessments for learners.</p>
Sufficient access to clinical supervision at all times for all learners	<p>Written clinical supervision policy.</p> <p>Learners have a named clinical supervisor/mentor whenever they are on site.</p>	<p>Learners have a named clinical supervisor/mentor when working but lack clarity as to who this is.</p> <p>Supervisors are available but do</p>	<p>Supervision is unclear and unspecified.</p> <p>Learners are expected to ask anyone who is free for advice.</p>

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	<p>Learners should not be working at a level above the scope of practice of the clinical supervisor. Supervisors have protected time within their sessions to be able to provide clinical supervision for learners.</p> <p>Where being remotely supervised there must be a clear understanding of the remote supervision policy.</p>	<p>not have protected time built into their sessions.</p> <p>Lack of awareness of remote supervision policy.</p>	<p>Access to supervision is poor and untimely.</p> <p>Learners often left unsupervised and expected to work at a level that exceeds their competence.</p>
Bullying and harassment policy in place	<p>Policy in place and regularly updated.</p> <p>Learners know where to find the policy.</p> <p>Learners have a clear understanding of how to use the policy and who is involved in this.</p>	<p>Policy in place but has not been updated for several years.</p> <p>Learners aware of policy but do not have full understanding of how to access it or use it.</p>	<p>No bullying and harassment policy.</p> <p>Organisation has received previous complaints in this regard that have not been addressed.</p>
Active promotion of equality, diversity and inclusivity	<p>All educators have undertaken the required Equality, Diversity and Inclusivity training.</p> <p>All educators have completed Cultural Competency and Bystander training where relevant and available.</p> <p>The organisation actively promotes equality, diversity and inclusivity.</p> <p>Enforcement of the NHS zero tolerance in respect of discrimination.</p> <p>Evidence that the organisation values the diversity of staff and</p>	<p>Some educators' EDI training has just lapsed.</p> <p>There is an understanding of the importance of equality, diversity and inclusivity amongst all staff, but this is not actively promoted.</p>	<p>Few educators have completed the required training within the past 3 years.</p> <p>There are no policies or procedures in place that address EDI.</p> <p>Multiple episodes of discrimination by staff or patients that are not challenged or addressed.</p>

	learners and the advantages that this brings.		
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Section 4 – Quality Domain 3: Supporting and Empowering Learners

Requirement	Green	Amber	Red
Assessment of learners' initial needs and planned approach to personal induction	<p>Always done at the beginning of a placement.</p> <p>Use of various methods to assess – Clinical scenarios, use of the portfolio, structured learning needs assessments, direct observation during induction/OOH shifts.</p> <p>Recognises the difference between personal and organisational induction.</p> <p>Provides opportunities for learners to be observed in a safe environment before seeing patients by themselves, where relevant.</p> <p>Consideration given to the level of support needed when seeing patients at the beginning of the placement, for example, whether to discuss each patient during each contact.</p> <p>Discussion around pastoral support and identification of any factors that may impede learner performance.</p>	<p>An odd assessment has been delayed until later in the placement but there are good reasons as to why.</p> <p>Assessment of learning needs is more informal and relies on the learner identifying their own weaknesses.</p> <p>Lesser understanding of the difference between organisational and individual induction.</p> <p>Pastoral support available but not made explicit to learners.</p> <p>The induction may be excessive or insufficient to be able to identify individual learning needs.</p>	<p>Initial learning needs rarely assessed.</p> <p>Organisational induction only without thought to a planned personal induction.</p> <p>No formal processes for identifying learning needs.</p> <p>Level of initial support to learners is based on service rather than individual learner needs.</p>

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	<p>Discussion of the individual job plan and any amendments required.</p> <p>Use of individual training maps.</p> <p>The induction period is neither too long nor too short.</p>		
<p>Creation of learner work plans that are compliant with employment contracts and take account of individual learner circumstances</p>	<p>Organisation has a full understanding of employment contracts of various learners.</p> <p>Organisation sends compliant workplan ahead of the start of a placement where required to the learner's employer.</p> <p>At the beginning and throughout the placement there are regular discussions with learners regarding whether the workplan takes account of their individual circumstances.</p>	<p>Less clarity concerning different workplans for different learners.</p> <p>Lacks understanding that the initial job plans may need to be revised to meet the needs of individual learners.</p>	<p>No understanding of the employment contract requirements of learners.</p> <p>Never sends workplans to employers in advance of the beginning of a placement.</p> <p>Adaptations to the workplan focus on the needs of the organisation and not of the learner.</p>

Learning opportunities outside of the learning organisation – Please only indicate learning opportunities that are relevant to the local system. Deanery or HEI learning opportunities should not be included. Suitable examples may include an affiliated pharmacy, residential home, health visiting clinic etc.

Section 5 – Quality Domain 4: Supporting and Empowering Educators

Are the educators qualified to teach and supervise the learners for which they are applying – Please only indicate “yes” if the necessary conditions have been met. For PCN approvals any non-tiered GP educators should have qualified as a tier 2B (clinical supervisor) by the time of completing the self-declaration. If this is not the case, please select “no” and provide reasons for this.

All educators have protected time to undertake the administrative, teaching and assessment aspects of their role – A good quality learning environment should ensure that educators have sufficient time within their workplan to undertake all these roles. Educators should be released to attend any updates required for them to be able to continue within their role. Organisations that allow educators to receive funding without protected time should indicate “no” and give an explanation within the box.

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Any healthcare providers working under regulatory body conditions or other restrictions – Please answer this section honestly with reflection on the issues. Failure to declare or to reflect on the impact is more likely to raise a quality concern alert than declaring an issue in which there is reflection and an action plan.

Any healthcare professionals within the organisation currently undergoing any formal or informal investigations or processes including referral to regulatory bodies – As above.

Any planned changes to the organisation – This may include mergers, takeovers, bankruptcy, handing back contracts, loss of several members of staff at once etc. Explanation of the issues is vital so that the training hub can assess the level of risk that this poses to learners.

Section 6 – Quality Domain 5: Delivering Curricula and Assessment

Requirement	Green	Amber	Red
Educators remain up to date in respect of curriculum requirements and mandatory assessments for learners	Engages with the educational organisations (HEIs, Colleges, etc) to identify how well they understand the expectations of the qualification that individual learners will need to achieve. Educators can attend update days on a regular basis. Where relevant educators discuss curriculum requirements and benchmark assessments for learners.	Links to HEIs and other organisations established but more reactive to requests rather than proactively working in partnership. Lacking a robust system for disseminating information from HEIs amongst educators within the organisation.	Poor engagement with the educational organisations. Educators not being released to attend relevant updates.
Ability to deliver the curricular requirements of all learners	Demonstrates how the requirements of the curriculum for individual learners are met. Demonstrates how the associated assessment of knowledge, skills, competencies and/or proficiencies will be undertaken.	Awareness of curricula requirements but lacking specifics on how learners access opportunities to address them. Demonstrates how assessments will be undertaken but less clarity on if, when or how processes/systems within the	Little or no understanding of the requirements of the curriculum for individual learners. Unable to demonstrate how the associated assessment of knowledge, skills, competencies and/or proficiencies will be undertaken.

	<p>Understands the challenges that each of the educational provision or assessment requirements have for each of the proposed learners.</p> <p>Demonstrates how processes/systems within the placement may need to be altered/enhanced to ensure the educational provision or assessment requirements will be met, for example, selection of cases for learners.</p> <p>Demonstrates how placement will work with the educational organisations to ensure that plans to meet educational provision or assessment requirements are being met in practice.</p>	<p>placement may need to be altered/enhanced.</p>	<p>No understanding of the role of the wider team or impact on processes/systems regarding assessment.</p>
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Section 7 – Quality Domain 6: Delivering a Sustainable Workforce

Please confirm that the organisation promotes and supports the transition of its learners into the local primary care workforce – Learning organisations should try to promote working within their local systems as much as possible. Please provide specific examples if possible as strategies that have been successful may be disseminated more widely. If you indicate “no” there should be some reflection on what the organisation could be doing better.