

Supporting Clinical Practice Placements

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Approved by:	NMAB
Date of approval:	18 th December 2025
First Revision Due:	18 th December 2028
This is the most current document and should be used until a revised version is in place	
Target Organisation(s)	Worcestershire Acute Hospitals NHS Trust
Target Departments	All departments that support learners
Target staff categories	All Staff

Policy Overview:

This policy provides a vision, framework and expectations for supporting Learners who are undertaking Clinical Practice Placements within Worcester Acute NHS Hospitals Trust (WAHT) as part of professional programmes of education.

The policy currently covers Clinical Practice Placements for all learners who are identified in the national Learning and Development Agreement. It is the intention of the relevant Practice Placement Leads to further develop this policy to include all Learners undertaking Clinical Practice Placements as part of a formal educational programme within this policy. WAHT expects all professionally registered staff to support Learners in Practice.

The policy identifies how the organisation expects Learners on Clinical Practice Placements to be supported and facilitated, supports the ongoing development of Assessors/ Supervisors in Practice who support Learners and enables practice that supports the development of our future workforce. It gives specific reference to practice and processes for learners on Clinical Practice Placements including managing concerns and specific standards for each of the professional groups included.

Key amendments to this document

Date	Amendment	Approved by:
<i>4/10/24</i>	<i>Policy Created</i>	<i>AF</i>

Contents page:

Quick Reference Guide

1. Introduction
2. Scope of this document
3. Definitions
4. Responsibility and Duties
5. Policy detail
6. Implementation of key document
 - 6.1 Plan for implementation
 - 6.2 Dissemination
 - 6.3 Training and awareness
7. Monitoring and compliance
8. Policy review
9. References
10. Background
 - 10.1 Equality requirements
 - 10.2 Financial Risk Assessment
 - 10.3 Consultation Process
 - 10.4 Approval Process
 - 10.5 Version Control

Appendices

Appendix 1

Supporting Documents

Supporting Document 1	Equality Impact Assessment
Supporting Document 2	Financial Risk Assessment

1. Introduction

This policy provides a vision, framework and expectations for supporting Learners who are undertaking Clinical Practice Placements within Worcester Acute NHS Hospitals Trust (WAHT) that are part of professional programmes of education.

It is essential that the organisation plays an active role in the development of Health Professionals of the future as outlined in the NHS Long Term Plan 2019 and the NHS People Plan for 2020/21.

WAHT is contractually obliged to the Learning and Development Agreement (LDA) which is an agreement between Health Education England, Approved Education Institutions and NHS organisations to support pre-registration programmes of education. It is also acknowledged that WAHT also supports students that sit outside the LDA but the elements of this policy that discuss supporting Learners, are still relevant although terminology may differ.

This organisation also believes that providing high quality learning environments within our workplaces/ teams is directly linked to our organisational values and the quality of patient care delivered.

2. Scope of this document

This current policy covers Clinical Practice Placements for all learner groups who are identified in the national LDA. It is the intention of the relevant Practice Placement Leads to develop this policy to include all Learners undertaking Clinical Learning as part of a formal educational programme within this policy by September 2025

This policy applies to all employees working for WAHT who are involved in providing the environments and supporting the education and learning experience of these individuals on Clinical Practice Placements within the trust.

WAHT expects all professionally registered staff to support Learners in Practice. This commitment is required due to the LDA, professional body expectations and as an organisational commitment to workforce development and quality patient care. Job Descriptions of registered staff employed within the Organisation should set out the requirements for supporting Learners on clinical Placement.

3. Definitions

- **Learner** – Any individual undertaking a professional programme of education
- **Learning and Development Agreement (LDA)** – lists all education, training and learning activity commissioned by Health Education England from the Multiprofessional Education and Training Levy (MPET) funding. It establishes a framework for the delivery of Practice learning and teaching to support workforce development. It includes Practice Placement training for medical and dental Learners, non-medical professional and vocational Learners and post graduate training for doctors. It also includes learning beyond registration, learning before registration and infrastructure related to education and training.

- **Learning Environment Profile (LEP)** – Completed annually by practice placement areas, this should also include all AHP areas
- **Practice Placement area** – a supervised clinical, practical or other learning experience in a workplace environment within the organisation. These opportunities must reflect the provision of healthcare services and therefore Placements (where appropriate) will reflect the 24 hours, 7 days a week delivery of services.

Due to the variation in Assessor/ Educator/ Supervisor titles across the professions this document will use the following titles to collectively refer to these roles:

- **Practice Assessor** – This will include Named Educational Supervisors, Nursing Practice Assessors, Health and Care Professions Council (HCPC) Practice Educators, Clinical Psychology Placement Supervisors and Child Psychotherapy Service Supervisors.
- **Practice Placement Lead** – The first point of contact for learner related queries within those professional groups. This will include the Practice Facilitators, Medical and Dental Education lead and Psychology leads.
- **Practice Supervisor** – This will include Named Clinical Supervisors and Practice Supervisors

Further information and definitions of these sub-titles can be found at appendix 1

4. Responsibility and Duties

Directors/ Service Managers:

- All Directors and Service Managers should be familiar with this policy to ensure they understand how this policy should be applied in Practice

Head of Education and Clinical Development/ Medical and Dental Education Lead / Trust Lead for Psychological Interventions:

- Ensure that effective arrangements are in place to enable a safe and secure working environment and safe systems of work for non-medical Learners
- Facilitate partnership working with education providers to enable optimal use of the available Practice Placement capacity and raise any concerns in Practice Placement Areas that may impact on the education provider or Learners thereby supporting all Learners to access appropriate learning to support achievement of learning outcomes.
Ensure partnership working with Health Education West Midlands (HEWM) and education providers to identify, plan, manage, audit and review Practice Placement opportunities and escalate any concerns whereby WAHT may be unable to meet its obligations under the LDA

Clinical Managers:

- Responsible for assuring compliance with this policy within their clinical Areas
- Responsible for ensuring that all Learners are provided with an appropriate clinical environment that is commensurate with a learning environment, as per the Francis report (2013) and GMC “promoting excellence” standards

- Ensure that they have enough formally qualified Assessors/ Supervisors to meet Placement allocation requirements. This should form part of all Practice placements areas workforce planning.
- To provide support for Assessors / Supervisors for them to have sufficient work time to undertake training requirements and appropriately supervise Learners as per the regulations of each Learner.
- Support Post Graduation Doctor supervision ensuring Medical Nominated Clinical Supervisors (NCS') and Nominated Educational Supervisors (NES') comply with the GMC/Medical Schools staff development requirements and ensure that there is a review of their teaching as part of annual appraisals, peer review of teaching and attendance at a teaching training event once in every three years.
- To support Undergrad medical students below by ensuring they have access to Senior Academic Tutors (SAT') who meet with the medical students weekly in a pastoral role, Clinical Teaching Fellows (CTF') who provide education based on medical school curriculum, sim, bedside teaching and Clinical Academy Teachers (CAT') provide additional teaching when required.

Quality Leads:

- Responsible for monitoring training rate compliance for staff mapped on ESR within their Service Delivery Unit and escalating concerns through Quality and Safety reporting processes.

Practice Facilitators:

- Support the Higher Education Institutes (HEI's) with the allocation of Learners to Practice Placement Areas
- To complete Placement area audits where appropriate (following University processes)
- To support staff to facilitate learning experiences during the learner's Placement
- To deliver Practice assessor/supervisor updates
- To support Practice Assessors / Supervisors with Learners who may be struggling or require additional support during their Placement.
- Support teams to develop new and innovative Placement opportunities that support emerging and integrated models of healthcare and understanding of interprofessional working

Registered Health Professionals:

- All professionally registered staff within the organisation have a requirement and responsibility to support Learners in Practice and to have completed the necessary training to support this.
- All registered Nursing and AHP staff that have completed their preceptorship programme will be required to act as Practice Assessor/Educator for at least one Learner per year.
- All are responsible for supporting and supervising Learners who are allocated to them within the guidance from their professional regulatory bodies and education providers.
- All Assessors / Supervisors have a professional duty and responsibility to ensure that any staff they delegate to work with a Learner is able to demonstrate the appropriate skills and

values to do this. As with any delegated task the Assessor / Supervisor remains responsible and accountable.

Learners:

- All Learners will comply with the organisations values, uniform policy and trust policies and procedures and will be governed by these standards during their Placement
- All Learners who use their own transport must have appropriate insurance cover to use their vehicle for work purposes
- All Learners have a responsibility to behave in a professional manner at all times including only agreed and appropriate use of personal mobile phones, good time keeping and clear communication with Placement area e.g. absence, whereabouts and study leave
- Learners have a responsibility to show respect for, and courtesy to all service users and carers and all employees of the organisation, as well as safeguarding their wellbeing
- All learners have a responsibility to act in accordance with professional body guidance for their respective training profession.
- All AHP Learners have a responsibility to act within the principles defined in the Placement charter (appendix 2)

5. Policy detail

5.1 Practice Placement Area Audits and Evaluation

- Every Nursing and AHP Practice Placement area must engage in a regular audit of the environment which will be led by the Practice Facilitators in partnership with the HEI's.
- WAHT will have agreed Practice Placement capacity numbers for all identified programmes.
- The Practice Placement audits also place a responsibility on each learning environment to produce a Practice Placement Profile (PPP) explaining the learning opportunities and experiences available for each Learner coming into their team. It is the responsibility of the Practice Placement area to ensure this is completed and maintained. The PPP should include all professionals who are part of the team. PPP's may be shared with the HEIs to inform Learners about their allocated Practice Placement.
- All Learners will participate in Practice Placement evaluation.
Nursing/ AHP – A Practice Placement evaluation form will be provided via electronic link upon or prior to the completion of their Placement. These will be returned to the relevant lead for thematic analysis using the return instructions on the evaluation form. Outcomes will be fed back to Practice Placement Areas and HEI's as agreed locally
Medics – Medical Learners will receive an evaluation form through the University. Supervisors and Learners also participate in the GMC national survey annually with data fed back to the trust.
Psychology – Psychology Learners will receive an evaluation form through the University with results fed back to the service as well as local evaluation processes. Learners may also participate in other HEI or national evaluation surveys.
- If there are concerns regarding the suitability of a Practice Placement following audit or evaluation this will be risk assessed and if necessary, the Practice Placement withdrawn until actions taken to resolve the concerns. The Practice Placement Leads will support Practice

Placement Areas and be responsible for informing the HEI of any necessary Placement alterations.

5.2 Placement Allocation

- As part of the LDA, WAHT is contractually required to provide appropriate Practice Placement Areas for healthcare Learners. To comply with this WAHT needs to ensure there are sufficient appropriately qualified Practice Assessors / Supervisors to support Practice Placements and meet the annual contractual targets set out in the LDA Placement schedule.
- Under the LDA, the organisation must give priority to Learners from programmes commissioned by HEWM.
- WAHT will liaise with HEI's and education providers regarding the Placement of Learners, however, the HEI/education provider will retain responsibility for the actual allocation process of their Learners, unless the Learner is an in-service trainee or there are particular reasons identified within the organisation.
- Capacity for Non-Medical Placement allocations is impacted by numbers of Practice Assessors and Supervisors. Nursing Placement Allocations are agreed as part of the annual audit process. AHP Placement allocations are managed through use of a placement allocation tool that has been agreed for use by the AHP Council across the Sustainability and Transformation Partnership. Placement areas work with Health Education England and the HEI's to support appropriate placement allocation in line with Learner numbers.
- Where a capacity issue is identified by a Practice Placement Area that may impact their ability to support Learners it should be reported immediately to the relevant Practice Placement lead and through the local management structure and steps taken to rectify with the team as appropriate. If the change in capacity cannot be resolved it should be escalated to the Head of Education and Clinical Development/ Medical and Dental Education Lead / Psychology Leads as appropriate to review the action plan and identify how issues can be rectified or whether the capacity change is permanent. If the change is agreed as permanent the Practice Facilitators will be advised who will liaise with the relevant education provider regarding the loss of Practice Placement area.

5.3 Models of Practice Placement

- WAHT support the education of Learners through a variety of Practice Placement models. These may include: Collaborative Learning in Practice (CLiP); multiple Learners to Practice assessor/educator e.g. 2:1, 3:1; long arm supervision, contemporary Placements.
- Hub and Spoke – Experiences gained during *Hub* Placements (the allocated Placement area) can be enhanced by the Learner undertaking *Spoke* learning experiences/Placements. These are linked to the *Hub* Placement speciality or patient pathway and aim to provide Learners with a deeper and broader understanding. Each Placement area will have identified *Spoke* Areas which are specific and mapped to the needs of patients or the service provided however if Learners identify alternative suitable *Spoke* Areas these will be facilitated where able. *Spoke* experiences may include teams or services that do not offer *Hub* Placements e.g. corporate services, as long as the appropriate learning environment and support can be facilitated. *Spoke* experiences should be appropriate for the Learner's stage of their programme and their individual needs.

- A blended learning approach during practice placement is supported by Professional Bodies and Higher Educations Institutes. A blended approach may include Face to Face teaching alongside remote learning (including remote teaching sessions and use of technologies to provide remote patient assessment/ intervention), Technology Enabled Care services (TECS) and simulation techniques. Where use of simulation techniques is being considered, this should be done in liaison with the relevant Higher Education Institute to ensure it does not conflict with Professional Body Regulations for that professional group.

5.4 Human Resource Requirements for Learners

HEWM commissioned Learners undertaking Clinical Placements

Learners do not require occupational health clearance or DBS check as these will have been completed by the HEI before commencement of the programme.

The education provider will ensure all mandatory training is undertaken prior to Learners coming out into Placements, including any necessary annual updates. The exception to this is Psychotherapy Learners who will undertake WAHT mandatory training as part of their contract.

Non-Commissioned Learners undertaking Clinical Placements (including elective requests)

WAHT will only offer Placements to non-commissioned Learners or out of area Learners where funding is in place prior to any Placement and only then if all their commissioned Placement capacity has been met.

Where agreed, these Learners will require an honorary agreement to cover the full period of their Placement. Evidence will be required from the base education provider of Occupational Health clearance and a satisfactory DBS.

Overseas Learners on Placement (usually medical)

Learners will require an honorary contract to cover the full period of their Placement which will include reference that they must be always supervised to mitigate risk as much as possible.

Where they have previously been a resident in the UK, they will require a DBS to be completed (a 'certificate of Good Standing' will be accepted from their own country where the Placement is under 3 months).

Return to Practice

Individuals seeking a return to Practice Placement through WAHT must be directed to the Practice Facilitation team and the return to Practice programme' route or 'Test of competence' route.

5.5 Pre-Placement arrangements

- Relevant assessments including risk assessments and the Learner Environment Profile (LEP), must be completed in line with WAHT policy and any resulting actions taken prior to Learners commencing on Placement.

- Appropriate IT provisions and systems access should be arranged where required for Learners prior to their Placement. It should be agreed at the time of Placement allocation who will hold responsibility for completing this e.g. Practice Facilitator, Practice Educator etc. This individual must also ensure the confidentiality and data protection forms are completed by the learner prior to commencement of their placement. Personal and confidential information relating to learners should always be kept secure and confidential.

5.6 Induction

- Practice Placement Areas will ensure that all Learners undergo a local induction to their area which will cover all organisationally agreed requirements. Learner induction packs will be available locally.

5.7 Patient Consent

- Practise placement Areas must inform patients, relatives and carers regarding learners being In a placement area. It is good practice that 'teaching establishment' posters are displayed in areas where learners are on Placement. Learners may examine, treat and / or advise patients, relatives and carers under the supervision of a qualified member of staff, though this supervision may be at a distance if deemed appropriate. Informed consent must be obtained from patients prior to any examination or treatment. Learners must not examine or treat patients who have not given the necessary consent

5.8 Reporting incidents

- Incidents or near misses that involve a Learner or are witnessed by a Learner should be reported as usual via the Datix incident reporting system, clearly stating a learner was involved, and notified to the relevant Practice Placement Lead who must in turn liaise with the relevant education provider and where necessary further investigate. The Practice Placement lead will also offer relevant support to the Learner in liaison with the education provider.

5.9 E-Collection and student tariff

- E-Collection is a nationwide system used to collect data and remunerate organisations for support learners in practice. As funding is attached to this practice, it is important that records are communicated in a timely and accurate way to ensure correct funding is received.
- To support the collection of this data, student off duty is recorded through the e-roster system, which will enable an accurate audit trail for relevant information. It is important that sickness and other absences are recorded appropriately onto the e-roster as these hour cannot be claimed back for funding purposes.

5.10 Sickness/Absence reporting

- Learners who are going to be absent for any reason when expected on Placement should report to the relevant Placement area contact (as per trust Sickness Absence policy). If no contact has been received on the day a learner is expected, the Placement should attempt to contact the Learner if contact details are held. If this option is not available,

the Practice Placement Lead should be notified so contact can be made with the relevant education provider.

5.11 Travel Expenses

- For non WAHT staff members these are the responsibility of the HEI and Learners should follow appropriate processes for their HEI.
- For WAHT staff member's agreement should be made at the time of applying for the educational programme as to whether travel expenses are reimbursable. Staff should refer to the Travel Expenses policy for further information.
- Junior Doctors should reclaim their travel expenses via E-pay.
- Psychotherapy Learners should claim travel expenses as per WAHT Travel Expenses Policy.

5.12 Managing additional support needs for Learners

- Practice Placement Areas and WAHT will work in partnership with education providers/PF team to support any Learner who requires reasonable adjustments in Practice under the Disability Discrimination Act (1995) and in line with the Equality Act (2010)
- Any Learner who is not on a commissioned programme and who requires reasonable adjustments must be identified by the HEI, disclosure consent agreed and communicated to the organisation.
- The organisation reserves the right to decline supporting a Learner where required adjustments are deemed not to be appropriate or practical.

5.13 Managing concerns regarding Learners during Placement

- Concerns over Learner progression whilst in Placement must be addressed as early as possible. Practice Assessors should seek guidance from the Practice Placement Lead where applicable and/or the relevant education provider. All meetings and discussions should be documented using the relevant education provider paperwork.
- If, in the opinion of the Practice Assessors / Supervisors there is concern regarding a Learners conduct or professional suitability or if patient safety has been compromised the following actions should be taken:
 - Ensure patient safety / Learner wellbeing – this may include removal of Learner from learning environment
 - Report incident through governance processes
 - Inform the education provider, Practice facilitator and any other appropriate person/s within the Organisation immediately
 - Co-operate with the education provider in relation to any investigation or disciplinary action
 - Co-operate with the education provider regarding any patient complaint involving a Learner and the Practice Placement Lead **MUST** be informed if there is an impact on the Learner

5.14 Managing concerns regarding a Practice Placement Areas while a Learner is on Placement

- The temporary interruption of or refusal to take Learners on Placement will only be authorised in exceptional circumstances. General issues such as staff shortages are not considered to be exceptional circumstances. These are considered a reality of working life and as such Learners cannot be protected from them. It also does not mean staff should reduce their professional responsibilities during such times.
- Exceptional circumstances may include reported issues regarding quality of patient care being delivered by the Practice Placement area; evidence of bullying or harassment within the Practice Placement area; concerns raised by education providers through Learner evaluations; poor evaluations from external regulators such as CQC.
- If concerns are identified with the Practice Placement Area these should either be raised directly to the appropriate Practice Lead or with the Director of Nursing and Quality/ Medical Director as appropriate. Only the Medical Director/ Director of Nursing and Quality or their nominated representative have the authority to stop Practice Placements in liaison with the Clinical Head of Education and Learning/ Medical and Dental Education Lead / Trust Lead for Psychological Interventions as appropriate. If suspension is agreed the Medical Director/ Director of Nursing and Quality or their nominated representative will agree an action plan with the appropriate Practice Placement Lead to ensure they can begin supporting Learners again as soon as possible. Any Learners placed within Areas where a suspension is agreed will be reallocated to an alternative team (with same speciality wherever possible) by the Practice Placement Lead (or the person who allocated the Placement) in liaison with the appropriate HEI.

5.15 Medical Learner's specific requirements

Undergraduate

- The Organisation will support NHS Medical Educators to comply with the Medical School's staff development requirements and ensure that there is a review of their teaching as part of annual appraisals, peer review of teaching and attendance at a teaching training event once in every three years
- Medical staff who are not Consultants are able to undertake teaching with the prior agreement of the Medical School. Such teaching must be undertaken under the direction and supervision of a Medical Consultant
- The Organisation shall have in place an Undergraduate co-ordinator who will be responsible for liaising with the Medical School and ensuring that any reasonable requirements of the school are put in place and to facilitate the learner Placements
- The Organisation will support formal examination processes where appropriate. This may include access to patients and facilitates. The required consent must be obtained from patients prior to exams starting
- The Organisation will provide examiners to support the exam process as reasonably required and may also be required to arrange and facilitate other assessments e.g. Mini clinical evaluations

- With notice, the Organisation may be required to support the medical school with assignments, projects and with Special Study modules
- The Organisation will support undergraduate medical learners. Clinical notes and activities observed by Supervisory staff and that at the end of a Placement an assessment is completed
- To support undergraduate medical learners' learning the Organisation will ensure that teaching resources, library and IT facilities are available

Postgraduate

- The Organisation will support Named Clinical and Named Educational Supervisors to comply with the GMC's requirements for supervisors and ensure that there is a review of their teaching as part of annual appraisals, peer review of teaching and attendance at a teaching training event once in every three years. Those supervising Core trainees must be on the Specialist Register.
- Medical staff who are not Consultants are able to undertake teaching with the prior agreement of the Medical School. Such teaching must be undertaken under the direction and supervision of a Medical Consultant
- The Organisation shall have in place staff and facilities to support postgraduate Placement these should include, DME, Guardian of Safe Working (GOSW), Less than Full Time Champion, Supported Return to Training Champion, Tutors, medical education admin staff and ensuring that any reasonable requirements of the Medical School's HEE and GMC are put in place and to facilitate Placements
- The Organisation should provide examiners to support the exam process as reasonably required and will also be required to arrange and facilitate other assessments e.g. national recruitment panels, ARCP panels, QA visits.
- To support postgraduate junior doctors learning the Organisation will ensure that teaching resources, library and IT facilities are available
- Provide weekly formal teaching, (minimum 2 hours per week)
- Release trainees to attend teaching provided by their main speciality, eg School of Psychiatry, Foundation School, GP School, and approve external training in line with HEWM guidance.

5.16 Nursing Learner's specific requirements

- During any level of clinical Placement, Learners may only participate in dispensing and administering medication under direct supervision from a registered professional
- During any level of clinical Placement all clinical and invasive procedures must only be done under direct supervision (although this may be from a distance) of registered professionals (this can include persons held on a professional register for that particular skill). Learners must have completed the relevant skills and simulation session at the university prior to completing these in Practice. Competency forms are available on the intranet to support development of these skills.
- Conflict resolution and restraint – Learners will have undertaken conflict resolution training at University which covers verbal de-escalation and breakaway skills but will have not undertaken any formal restraint training and therefore engage in planned restraint interventions. Learners can engage in level 1 and 2 therapeutic

observations in mental health Areas but should not engage in level 3 and 4 unless they have undertaken the appropriate training and can evidence this.

- Chaperoning of patients – Please refer to the WAHT Chaperoning Policy <http://whitsweb/KeyDocs/KeyDocs/DownloadFile/2308>

5.17 AHP Learner's specific requirements

- Pre-registration Learners and Learners will be provided with Practice based learning settings that are suitable and that support safe and effective learning (HCPC, 2017, standard 5.4)
- The qualifications and experience of Practice educators must be appropriate to the specific aspects of Practice based learning they are involved in to effectively support learning and assessment (HCPC, 2017, standard 5.5).
- Practice Educators to be trained and that this is followed up with regular refresher training and support. This training must include aspects that are specific to the university programmes (HCPC, 2017, standard 5.7)
- Pre-registration Learners and Learners will promote and protect the interests of service users and carers, respecting their privacy and dignity and obtaining consent for interventions (HCPC, 2016).
- Learners should take all reasonable steps to communicate appropriately and effectively with service users and their carers, taking account of needs and wishes. This includes respecting confidentiality when appropriate and safe to do so. (HCPC, 2016).
- Learners should work within the limits of their knowledge and skills and should be appropriately supervised. There is an expectation that Learners will ask for help when needed. (HCPC, 2016).
- Learners are to undertake all mandatory training provided by their universities which will ensure safe Practice in the work-based learning setting. (This includes, but is not limited to, manual handling, conflict resolution, food hygiene).
- Learners will adhere to all policies local to their HEI's and to the Trust (this includes but is not limited to lone-working, manual handling, risk assessment, dysphagia policy, medicines management).

5.18 Psychological Professionals Learner specific requirements

- This policy has been written for learners/trainees from the professions which are part of the LDA. For the psychological professions this only accounts for Clinical Psychology and Child Psychotherapy. However, the Psychological Professions Network (PPN) identifies 12 professional groups who fall within the psychological professions. The 12 professions are: Adult Psychotherapist, Child & Adolescent Psychotherapist, Children's Wellbeing Practitioner, Clinical Psychologist, Cognitive Behavioural Therapist, Counsellor, Counselling Psychologist, Education Mental Health Practitioner, Forensic Psychologist, Health Psychologist, Psychological Wellbeing Practitioner, Systemic Family Therapist. The organisation will support learners/trainees from the range of psychological professions, according to need,

- The Psychological Interventions Quality Sub-Committee (PIQS) will provide assurance to the Quality and Safety Committee of the safety and effectiveness of all training placements, across the psychological professions listed above.
- For Clinical Psychology trainees, the Doctorate Courses implement a competency-based approach to learning. Pre-placement and end of placement visits with the HEI ensure that trainees are meeting the required competencies to pass their placements. Local STAR supervisor training covers the competencies model for supervisors.
- For Child Psychotherapy trainees, there is a quality assurance framework with a set of competencies which will be reviewed annually with a three-way meeting between the training school, the service supervisor and the trainee.
- For Clinical and Counselling Psychology, the Medical Education Support Team and Psychology senior administrator (Herefordshire) co-ordinate contracts, IT requests and pre-placement admin (including induction and badges), to ensure that Trainees are ready to start placements.

5.19 Review of Programmes and New Innovations

- WAHT will support appropriate staff to be involved in partnership with education providers and HEWM to represent their organisation/profession at appropriate forums and curriculum development events and reviews by the regulatory bodies.

6. Implementation

6.1 Plan for implementation

- The information contained within this policy will be shared with all relevant areas and made available to all on the key documents section.
- All standards found within this policy will be implemented by the practice facilitators/clinical educators found within each individual area.
- All standards will be agreed prior to the release of the policy
- Introduction of the Safe Learning Environment Charter will facilitate the implementation of this policy

6.2 Dissemination

- Annual Learning Environment Audits by the Practice facilitation team to ensure the trust is offering a range of appropriate learning environments.
- Outcomes of General Medical Council/The National Education and Training Survey and Learner feedback to be reviewed thematically as relevant by Practice Placement leads annually/bi annually as available to identify any quality concerns. ESR training compliance reports to be reviewed monthly in governance/quality reports.
- Feedback from HEI's will be reviewed and responded to if received and action plans compiled accordingly.

6.3 Training and awareness

- **Child Psychotherapy** – Clinical Supervisors are qualified, registered child psychotherapists, with an additional qualification as a supervisor (acquired by attending an ACP recognised Supervision course). WAHT Job descriptions for service supervisors include the professional requirements for supporting trainees.
- **Nursing** – All registered Nurses and Nursing Associates are required to complete an approved Practice Assessor Preparation Session to become a Practice Assessor. This training will be provided by the relevant Higher Education Institute. Renewals must be completed every two years as a minimum. Competency requirement will be mapped to ESR. All registered Nurses and Nursing Associates are Practice Supervisors as specified in The Code (Nursing and Midwifery Council/NMC 2018, section 9.4) and will be expected to complete the relevant Practice Supervisor Preparation via their individual Trust agreed process. Renewals must be completed every two years as a minimum.
- **Allied Health Professionals (AHP’s)** – All qualified AHP staff (post preceptorship) are required to complete the appropriate Formal Education and Practice Assessors training for their profession. This training will be provided by the relevant Higher Education Institute. Renewals must be completed in line with those professions / Higher Education Institutes requirements. Competency requirement will be mapped to ESR.
- **Medical-** All doctors holding the role of Named Clinical Supervisor (NCS) or Named Educational Supervisor (NES) are required to be registered with the General Medical Council (GMC). Supervisors should attend a ‘Training the Trainers’ course every 3 years. Supervisors should also provide evidence of their educational activity in their annual appraisal to remain registered. Only supervisors on the Specialist Register can supervise trainees in a Core training post.
- **Psychology** - Clinical Supervisors are required to be qualified, registered psychologists who have completed a regional supervisor training course (STAR). WHAT Job Descriptions for clinical and counselling psychologists include the professional requirements for supporting trainees.

7. Monitoring and compliance

Regular departmental audits and assessments to ensure areas are delivering on the standards set out. Student evaluations to ascertain feeling of implementation of this policy

Trust Policy



Page/ Section of Key Document	Key control:	Checks to be carried out to confirm compliance with the Policy:	How often the check will be carried out:	Responsible for carrying out the check:	Results of check reported to: <i>(Responsible for also ensuring actions are developed to address any areas of non-compliance)</i>	Frequency of reporting:
	WHAT?	HOW?	WHEN?	WHO?	WHERE?	WHEN?
	These are the 'key' parts of the process that we are relying on to manage risk. We may not be able to monitor every part of the process, but we MUST monitor the key elements, otherwise we won't know whether we are keeping patients, visitors and/or staff safe.	What are we going to do to make sure the key parts of the process we have identified are being followed? (Some techniques to consider are; audits, spot-checks, analysis of incident trends, monitoring of attendance at training.)	Be realistic. Set achievable frequencies. Use terms such as '10 times a year' instead of 'monthly'.	Who is responsible for the check? Is it listed in the 'duties' section of the Policy? Is it in the job description?	Who will receive the monitoring results? Where this is a committee the committee's specific responsibility for monitoring the process must be described within its terms of reference.	Use terms such as '10 times a year' instead of 'monthly'.

8. Policy Review

This policy will be reviewed on a three yearly basis, by designated members of the education academy

9. References

Francis. R. (2013) Report of the Mid Staffordshire NHS Foundation Trust Public Inquiry , Available from: http://www.midstaffpublicinquiry.com/report	
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10. Background

a. Equality requirements

[A brief description of the findings of the equality assessment Supporting Document 1]

b. Financial risk assessment

[A brief description of the financial risk assessment Supporting Document 2]

c. Consultation

[This section should describe an appropriate consultation process which should involve stakeholders]

Contribution List

This key document has been circulated to the following individuals for consultation;

Designation

This key document has been circulated to the chair(s) of the following committee's / groups for comments;

Committee
NMAB

d. Approval Process

This section should describe the internal process for the approval and ratification of this Policy.

Supporting Document 1 – Equality Impact Assessment form

To be completed by the key document author and included as an appendix to key document when submitted to the appropriate committee for consideration and approval.

Please complete assessment form on next page;

Herefordshire & Worcestershire STP - Equality Impact Assessment (EIA) Form
Please read EIA guidelines when completing this form

Section 1 - Name of Organisation (please tick)

Herefordshire & Worcestershire STP	<input type="checkbox"/>	Herefordshire Council	<input type="checkbox"/>	Herefordshire CCG	<input type="checkbox"/>
Worcestershire Acute Hospitals NHS Trust	<input type="checkbox"/>	Worcestershire County Council	<input type="checkbox"/>	Worcestershire CCGs	<input type="checkbox"/>
Worcestershire Health and Care NHS Trust	<input type="checkbox"/>	Wye Valley NHS Trust	<input type="checkbox"/>	Other (please state)	<input type="checkbox"/>

Name of Lead for Activity	
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Details of individuals completing this assessment	Name	Job title	e-mail contact
Date assessment completed			

Section 2

Activity being assessed (e.g. policy/procedure, document, service redesign, policy, strategy etc.)	Title:			
What is the aim, purpose and/or intended outcomes of this Activity?				
Who will be affected by the development & implementation of this activity?	<input type="checkbox"/>	Service User	<input type="checkbox"/>	Staff
	<input type="checkbox"/>	Patient	<input type="checkbox"/>	Communities
	<input type="checkbox"/>	Carers	<input type="checkbox"/>	Other _____
	<input type="checkbox"/>	Visitors	<input type="checkbox"/>	
Is this:	<input type="checkbox"/> Review of an existing activity <input type="checkbox"/> New activity <input type="checkbox"/> Planning to withdraw or reduce a service, activity or presence?			

What information and evidence have you reviewed to help inform this assessment? (Please name sources, eg demographic information for patients / services / staff groups affected, complaints etc.	
Summary of engagement or consultation undertaken (e.g. who and how have you engaged with, or why do you believe this is not required)	
Summary of relevant findings	

Section 3

Please consider the potential impact of this activity (during development & implementation) on each of the equality groups outlined below. **Please tick one or more impact box below for each Equality Group and explain your rationale.** Please note it is possible for the potential impact to be both positive and negative within the same equality group and this should be recorded. Remember to consider the impact on e.g. staff, public, patients, carers etc. in these equality groups.

Equality Group	Potential <u>positive</u> impact	Potential <u>neutral</u> impact	Potential <u>negative</u> impact	Please explain your reasons for any potential positive, neutral or negative impact identified
Age				
Disability				
Gender Reassignment				
Marriage & Civil Partnerships				
Pregnancy & Maternity				
Race including Traveling Communities				
Religion & Belief				
Sex				
Sexual Orientation				
Other Vulnerable and Disadvantaged				

Equality Group	Potential <u>positive</u> impact	Potential <u>neutral</u> impact	Potential <u>negative</u> impact	Please explain your reasons for any potential positive, neutral or negative impact identified
Groups (e.g. carers; care leavers; homeless; Social/Economic deprivation, travelling communities etc.)				
Health Inequalities (any preventable, unfair & unjust differences in health status between groups, populations or individuals that arise from the unequal distribution of social, environmental & economic conditions within societies)				

Section 4

What actions will you take to mitigate any potential negative impacts?	Risk identified	Actions required to reduce / eliminate negative impact	Who will lead on the action?	Timeframe
How will you monitor these actions?				
When will you review this EIA? (e.g in a service redesign, this EIA should be revisited regularly throughout the design & implementation)				

Section 5 - Please read and agree to the following Equality Statement

1. Equality Statement

1.1. All public bodies have a statutory duty under the Equality Act 2010 to set out arrangements to assess and consult on how their policies and functions impact on the 9 protected characteristics: Age; Disability; Gender Reassignment; Marriage & Civil Partnership; Pregnancy & Maternity; Race; Religion & Belief; Sex; Sexual Orientation

1.2. Our Organisations will challenge discrimination, promote equality, respect human rights, and aims to design and implement services, policies and measures that meet the diverse needs of our service, and population, ensuring that none are placed at a disadvantage over others.

1.3. All staff are expected to deliver services and provide services and care in a manner which respects the individuality of service users, patients, carer's etc, and as such treat them and members of the workforce respectfully, paying due regard to the 9 protected characteristics.

Trust Policy

Signature of person completing EIA	
Date signed	
Comments:	
Signature of person the Leader Person for this activity	
Date signed	
Comments:	



Supporting Document 2 – Financial Impact Assessment

To be completed by the key document author and attached to key document when submitted to the appropriate committee for consideration and approval.

	Title of document:	Yes/No
1.	Does the implementation of this document require any additional Capital resources	
2.	Does the implementation of this document require additional revenue	
3.	Does the implementation of this document require additional manpower	
4.	Does the implementation of this document release any manpower costs through a change in practice	
5.	Are there additional staff training costs associated with implementing this document which cannot be delivered through current training programmes or allocated training times for staff	
	Other comments:	

If the response to any of the above is yes, please complete a business case and which is signed by your Finance Manager and Directorate Manager for consideration by the Accountable Director before progressing to the relevant committee for approval