Enhancing the Quality of AHP Practice Education
Creating a quality environment for learners to branch out and flourish

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Since its inception in 2006, the AHP Practice-based Education Facilitation (PEF) programme has been:

- Supporting the development of a learning culture
- Building capacity amongst and across AHPs
- Increasing capabilities of AHPs to ensure quality.

Quality of practice education experiences is crucial for AHP students of pre-registration and other formal learning programmes. A quality experience is just as important for AHPs undertaking less formal work based learning activities e.g. associated with a return to practice.

The practice placements project (NES 2005-6) which pre-empted the PEF programme included a conference held in 2005. Delegates at the conference included representation from Universities and NHS Boards. All had an interest in practice education of students. Delegates agreed 6 priorities facing practice education in Scotland. One of these priorities was the need for consistency in the quality standards for practice placements and a clear process for monitoring and improving the quality of the experiences provided by Health Board practice educators.

This aspiration for quality enhancement has been widened by the PEF programme team to consider practice-based learning experiences not just for students but across the AHP workforce.

This report recognises the formal responsibilities of HEIs and other colleges to ensure learning experiences provided adhere to quality standards monitored by regulatory and other bodies. The report draws on this experience and seeks to recommend quality standards not only for use with students of formal learning programmes but across the spectrum of practice education for all AHP learners.

It is with great pleasure that I commend this report. It is a careful consideration of the range of uni-disciplinary and inter-professional standards and their application to the wider practice-based learning agenda. It will make a contribution towards improving the quality of learning as the AHP workforce in Scotland makes increasingly successful use of the myriad of learning opportunities presented in, with and from our work places.

Helen McFarlane
AHP Programme Director
Executive Summary

This report is primarily aimed at allied health professions (AHP) staff and Health Boards engaged in supporting both formal and informal education and learning in the workplace environment. Partner organisations including Higher Education Institutes (HEIs) and Scotland’s colleges will also find the report of interest.

The AHP Practice Placements Project1, which examined practice placement provision for pre-registration student AHPs in Scotland, highlighted uncertainty, particularly amongst NHS placement providers regarding the responsibility for the quality assurance of AHP practice placements. NHS Education for Scotland (NES) acknowledges, however that the Quality Assurance Agency are explicit that the overall responsibility of the quality of the practice based learning experience rests with the education or programme provider. The AHP Practice Placements Project1, which widened the scope from pre-registration placements only to include the full range of practice education undertaken by the AHP workforce. The AHP PEF programme initiated a project to explore this issue further and this report represents the output from this “National Strand” of the AHP PEF programme.

The aim of this National Strand was to determine whether a) AHP practice-based learning standards existed for a range of AHP learners in practice; b) to make recommendations on which standards would be appropriate for these learners in practice; and c) to make recommendations for implementation. It was important that a wide range of practice learning situations were considered including pre-registration student placements, returner to practice placements, Higher National Certificate (HNC) or Scottish Vocational Qualifications (SVQ) placements.

Section 1 outlines a synthesis of a range of quality standards applicable to AHP learners in practice. This synthesis identified eight common headings present in the majority of reviewed documents. These were:

1. The importance of partnerships
2. Processes underpinned by policies and procedures
3. Responsibilities of education or programme providers
4. Responsibilities of the placement site and those supporting learning
5. Responsibilities and rights of the learner
6. Support and access to resources for learning
7. Development of staff who support learning

Section 2 outlines recommendations for AHPs supporting placements associated with formal education programmes (such as pre and post registration awards with a practice-learning component) and recommends that all placements be reviewed periodically, in partnership with the education institution, using a valid set of placement standards.

Section 3 outlines recommendations for AHPs supporting placements associated with non-formal education programmes (such as returners to practice or AHPs undertaking a period of adaptation) and recommends that periodic audit against agreed written standards for the learning environment should take place. NES is tasked with facilitating the development of appropriate audit tools.

Section 4 outlines recommendations for specific stakeholders and concludes:

A. NHS Practice placement providers should:
1. Undertake to conduct periodic audits or assessment of practice placements to enable the quality of these placements to be monitored and improved
2. Use standards that best fit the learning experience, clinical and professional setting. Where possible, multiprofessional standards should be considered.
3. Work in partnership with educational institutions and professional bodies to share information that improves the quality of the learning environment. In relation to pre-registration programmes, this could be as part of the implementation of the forthcoming Practice Placement Agreements.

B. AHP Practice education facilitators should:
1. Become champions for monitoring and improving the quality of practice placements in the workplace using quality standards
2. Ensure that AHP Practice Education networks are equipped with knowledge and skills on quality standards to enable self audit and review
3. Facilitate relationships and partnerships between higher education, the college sector and other organisations who are stakeholders to the quality of AHP Practice education.

C. Education Institutions should:
1. Develop processes to ensure a two-way flow of information between placement providers and education providers
2. Work in partnership with placement providers to ensure that quality enhancement activities are consistent with overall quality assurance responsibilities
3. Work in partnership with NHS practice placement providers and professional bodies to share information that improves the quality of the learning environment. In relation to pre-registration programmes, this could be as part of the implementation of the forthcoming Practice Placement Agreements.

D. NHS Education for Scotland should:
1. Develop AHP relevant audit tools for the NES Standards for Practice placements
2. Coordinate and collate evidence of the usage of quality standards for AHP practice Placements
3. Undertake validity and acceptability testing
4. Ensure the quality standards of practice placements recommendations is linked with associated work streams such as AHP Placement Agreements, AHP Support workers as Educators and Adaptive Placements.
5. Publicise and circulate the NES NMAHP multi professional Quality Standards for Practice Placements 2008 for use by AHPs seeking to enhance the quality of the practice education opportunities currently provided.

1 http://www.nes.scot.nhs.uk/documents/publications\classa/010207APPP_Final_report.pdf
2 www.nes.scot.nhs.uk/allied/projects/facilitators
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AHP Forum Scotland
For input and critical comment

AHP Programme Implementation Group
NHS Dumfries and Galloway

Background

As an outcome of the Allied Health Profession (AHP) Practice Placement Project, the AHP Practice-based Education Facilitation (PEF) programme was tasked to address recommended outcomes identified from the AHP Practice Placement Stakeholder Day (May 2005) and incorporate them into an action plan within the three-year programme.

One of the recommendations stated:

Recommendation 6:
‘Consistency in the quality standards for practice placements and a consistent approach to the process of monitoring should be achieved’.

This recommendation formed the basis of one of nine National Strands of the AHP PEF Programme. These strands are AHP practice education priority areas identified at the commencement of the programme in 2006. While the initial recommendation around quality of AHP Practice Placements was specifically focussed on pre-registration placements, the AHP PEF Programme, informed by stakeholder feedback, took the opportunity to take a wider focus on quality standards for a range of learners in practice.

This wider focus has included, for example, placements for AHPs undertaking adaptation preceding HPC registration, placements for AHPs returning to practice after a break of longer than two years and support staff completing Higher National Certificates (HNC), Scottish Vocational Qualifications (SVQ) or other practice based learning activities.

As part of one of these national strands, the AHP PEF in NHS Dumfries and Galloway was asked to lead on a review of the quality standards available for AHP practice-based learning activities.
Introduction

The quality of a practice-based learning experience is a joint responsibility between programme providers (where present), practice or workplace placement providers and the learners undertaking the experience. In practice settings, the learners are often pre-registration students on placement undertaken as part of a higher education award programme. In the context of this work-stream, however, practice-based learning standards could apply to any learner undertaking structured learning in a practice environment including support workers, as well as pre/post-registration students, returnees to practice, or AHPs undertaking a period of adaptation to allow registration with the Health Professions Council (HPC).

One of the aims of this project was to enhance partnership working between education institutions, NHS practice placement providers and learners by considering if a generic core set of standards was an appropriate tool to enable placement providers to monitor and improve the practice-based learning environment and thus the quality of the practice based learning experience that could be provided.

In addition, the ScCore Project in Scotland is considering changes to the curricula for NMAHP pre-registration programmes, so it is timely to consider standards that may underpin future multi-professional placement options and existing interprofessional education programmes within Scottish higher education institutions.

Glossary

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<tr>
<th>AHP</th>
<th>Refers to the allied health professions; being: arts therapies, (art, drama, music) diagnostic radiography, dietetics, occupational therapy, orthoptics, physiotherapy, podiatry, prosthetics and orthotics, speech and language therapy and therapeutic radiography.</th>
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<tr>
<td>Practice Educator</td>
<td>The identified clinician who facilitates practice based learning for allocated learner in the working/clinical environment. This term is synonymous with clinical supervisor, clinical educator and fieldwork educator. The term mentor is widely used in the nursing literature to refer to the staff member who has named responsibility for the learner in the workplace.</td>
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<td>Practice based learning experience</td>
<td>Is a structured learning experience undertaken in a practice environment. Practice placement often refers to an AHP pre-registration student placement within a Board hospital/health centre or other appropriate location.</td>
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<td>Health Professions Council</td>
<td>Refers to the UK wide regulatory body responsible for regulating the AHPs.</td>
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Section 1: Scope of existing AHP Practice Education Standards

1.1 Aim 1

To determine whether:
- There are existing quality standards for AHP learners in a range of practice education settings
- there are common components to any existing standards
- any common components can be expressed in a multi-professional context.

1.2 Methodology

A literature review and synthesis was undertaken to determine what standards or guidance exists for AHP practice education and/or practice-based learning experiences in formal education settings.

A review of a varied range of documents relating to standards for practice-based learning was undertaken. Responses were received from eight of the AHP professional bodies (Dietetics, Occupational Therapy, Orthoptists, Orthotists and Prosthetics, Physiotherapy, Podiatry, Radiography, Speech and Language Therapy) with additional documentation from the Nursing and Midwifery Council, the Health Professions Council, the Quality Assurance Agency, NHS Education for Scotland and Skills for Health. These were explored to see where similarities existed.

Information relating to existing quality standards for practice education or placements was accessed via the internet, requested directly from the professional bodies/societies via email or telephone, or where necessary directly from practice educators in the workplace. Every effort was made to avoid duplication of information requests from other NES streams of work.

Resources reviewed were a mixture of guidelines, self-evaluation documents, site approval processes, checklists, strategy reports and standards. A full list of reviewed documents can be found in the references section. Content analysis of each document was undertaken and common areas between documents were themed. These common themes are presented as the headings for the following sections.

Nursing and Midwifery colleagues had produced Quality Standards in 2003 and whilst this AHP report was ongoing were involved in reviewing and updating their standards. Nursing and Midwifery colleagues were keen to involve AHPs in this review with the hope that standards may be applicable to an interprofessional audience.

3 http://www.sccore.org.uk
1.3 Common Themes and Statements

Many of the documents identified in the review related directly back to standards set out by the QAA or the HPC regarding practice-based learning quality.

1.3.1 Statement of intent, Vision statement or Partnership agreement

Many of the reviewed documents begin with a general principle which states that there is a joint responsibility for all partners involved in practice-based learning to make necessary commitment to meet the learning needs and outcomes of the curriculum.

The report highlights examples and for ease of reference provides the source document details at the foot of the page. Similarities across professions are clearly demonstrated.

Examples in reference

1. These Standards were generated so that students, mentors and education and service providers would understand their roles responsibilities and entitlements.

2. There must be collaboration between the education provider and practice placement provider.

3. Developing a mutual understanding of the issues faced by education providers and placement providers will help to underpin meaningful dialogue between all stakeholders.

4. Clinical education should form part of all Chartered Physiotherapist and Physiotherapy assistants roles, thus sharing responsibility of supporting and educating the next generation of Physiotherapist. In order to facilitate this, all Health care organisations should work in partnership with Higher education in developing new opportunities for clinical education.

5. Fundamental to the basis upon which students are prepared for their professional career, is the provision of programmes of academic study and practice-based learning, which lay the foundation for career-long professional development and lifelong learning to support best professional practice.

6. and the maintenance of professional standards.

7. The (Interim) Standards should be used to support the enhancement of partnership working between academic and practice providers at all levels.

8. NHS Education for Scotland ‘The Development of Quality Standards for Practice Placements’


10. College of Radiographers ‘The approval and Accreditation of Educational Programmes and Professional Practice in Radiography’ 2006


13. Skills for Health - Assuring and Enhancing the Quality of Healthcare Education ‘Interim Standards’
1.3.2 Policies and Procedures – Risk Management

All stakeholders involved in practice-based learning should be aware at all times of the risks that can occur in the normal working environment, assess the risk as appropriate and have mechanisms in place to ensure that policies and procedures are in place to minimise the risks.

This includes operational policy, statutory requirements, and clinical governance policies.

For example:

- Mandatory training requirements: fire, infection control, manual handling
- Incident reports: Complaints procedures
- Bullying and harassment
- Equality and Diversity: Discrimination - (disability, race, religion, gender, age, sexual orientation, equal opportunities)
- Data Protection, confidentiality and consent

Examples in reference

Patients should be informed of any student involvement and consent must be sought and patient aware of right to refusal

Approval process ‘check list’ do the policies and procedures in the placement reflect health and safety legislation, employment legislation and equal opportunity and HEI requirements?

Precept 2 Institutions should have in place, policies and procedures to ensure that their responsibilities for placement learning are met and that learning opportunities during placement are appropriate

Develop a placement resource file including the operational polices and procedures that assure the quality of practice education (for example, health and safety, support available to both student and educator.)

Partners can demonstrate a commitment to the safety and well being of patients, service users carers, staff and students and a commitment to promoting diversity, inclusion and equality of opportunity for all


11 University Dietetic Education Group ‘Approval Process for Dietetic Practice Placements’ updated 2004

12 The Development of Quality Standards for Practice Placement NHS Education for Scotland 2005

13 Professional standards for Occupational Therapists 2003

15 Skills for Health - Assuring and Enhancing the Quality of Healthcare Education ‘Interim Standards’ (2007)
1.3.3 Partnership Responsibilities – Education or Programme Providers

Most of the reviewed documents outline responsibilities for each of the main stakeholders: Placement Provider, Education or Programme Provider and the Learner.

The Royal College of Speech and Language Therapy (RCSLT) provide a particularly robust set of standards and self audit tools for each of the stakeholders in this regard.

1.3.4 Partnership Responsibilities: Practice-based Learning Providers

Partnerships that provide work-based or placement learning opportunities for learners can be structured in various ways. However, it should be clear where responsibilities lie for the provision of appropriate learning opportunities, the health and safety of learners and where delegated the formal assessment of the learner.

All documentation made references to all, or many of the aspects below:

- Expected provisions;
  - Welcome packs,
  - Induction material,
  - Work-based Supervisor/mentor arrangements (e.g. a named mentor)
  - Access to policies (i.e. hard copy or access via in-house intranet)
  - IT and library access,
  - Facilitated feedback
  - Assessment
  - Written responses, evidencing offers of placements
  - Student handbook (provided by higher education institution)
  - Pre placement material

It was also mentioned in several reviewed documents that the placement provider was responsible for any risk associated with staffing i.e. absence/sickness / or annual leave where this may affect the completion of a placement and should have measures in place to deal with this risk.

Examples in reference

1. Ensure institution staff are aware of the inherent impact of hosting student placements on the contracted business of the Trust
2. HEI will work in partnership with placement providers in the design, documentation and implementation of practice based learning, including the timing of placements
3. Developing a mutual understanding of issues faced by education providers and placement providers will help to underpin meaningful dialogue between all stakeholders involved with learners. For example, academic staff from higher education institutions that incorporate regular visits are able to recognise the richness of the clinical environment as a resource
4. Academic Education Providers implement and regularly evaluate strategies for ensuring that learning resources and programme design meet the diverse learning needs of actual and potential learners
6. The College of Radiographers ‘The approval and Accreditation of Educational Programmes and Professional Practice in Radiography’ 2006
1.3.4 Partnership Responsibilities: Practice-based Learning Providers

Examples in reference

1. Placement providers should ensure they are aware of responsibilities, of their learning environment, learning opportunities, and role of assessment and the health and safety of students.
2. Placement providers will deliver on all offers, as far as feasible, and work to provide alternative placements in the case of absence of the placement educator.
3. The manager is responsible for ensuring that; Alternative arrangements are made in the event of the clinical educators’ absence.
4. Occupational therapist/occupational therapy services are required to: maintain a reciprocal relationship with the HEI which acknowledges the costs, benefits and resource requirements of providing practice education, ensuring that practice education contributes to the learning culture of their service, supporting life long learning, continued competence and a work-life balance.
5. Evidence of planning, for short and long term, cover for unexpected absences.
6. Identify methods of facilitating staff participation in consultation exercises and taking action on feedback.
7. It may not be possible for all students in work-based or placement learning situations to have exactly the same learning experiences. It is important however, they all have the opportunity to achieve the required set of learning outcomes.
12. British and Irish Orthoptic Society, BIOS, paper recommendations to support the HPC Standards of Education and training /placement Criteria.
13. Scottish Qualifications Authority – Application for Approval as a Centre.

1.3.5 Partnership Responsibilities and Rights: Learners

The majority of documents made reference to either learners “Rights or Responsibilities”, in some cases both.

Learners are expected to be aware of any documentation that may be made available during practice-based learning experiences and also aware of their personal /professional obligations around standards of conduct. These could come from the education or programme provider, practice-based learning provider, regulator or professional body/ organisation.

All relevant documentation should be made available in plenty of time prior to placements.

Learners should fully engage with a range of learning and teaching opportunities on offer on the practice-based placements e.g. reflection (reflective diaries, reflective logs) use of learning goals, learning agreements, and provide written feedback to education/ programme provider and practice-based placement provider on request.

Examples in reference

20. Students undertaking work-based or placement learning have responsibilities towards the awarding institution and also to the work-based or placement learning provider.
21. Students have a responsibility to comply with the rules of professional conduct and standards of practice.
22. As a student you have a responsibility to: read the student handbooks related to your specific programme of study. The handbook will relate your practice placement and include assessment of practice that must be achieved throughout the programme.
25. Royal College of Nursing ‘Helping students get the best from their practice placements’ Including Placement self assessment tool for students (Nurses Health visitors and Midwives, have been promoting the use of the NHS Education for Scotland ‘The development of Quality Standards for Practice Placements’ - National Standards.
1.3.5 Partnership Responsibilities and Rights: Learners (cont.)

Every effort should be made by all stakeholders to prepare, develop and support Learners before, during and after their practice based learning experience in a safe and conducive learning environment.

- Sufficient and timely information on the placement, including early notification of changes in educator/mentor, location, model of supervision, cancellation of placement
- Regular communication between practice based educator, placement provider, (head of service, practice, educator/mentor)
- Reasonable adjustments for disabled students.

Examples in reference

29 A range of methods, designed to promote students’ personal and professional development and help them achieve learning outcomes, should be employed during each placement

30 Students should not be disadvantaged by poor facilities or poor supervision on clinical placements. Institutions need to ensure that the contact is a high quality experience and is monitored by all parties involved

Both the RCSLT Standards and the Dietetic Approval process have detailed examples of what is required.

1.3.6 Support and Resources

To facilitate a good practice-based learning experience, all stakeholders have a responsibility to ensure that there are clear-set objectives, agreed learning outcomes, individual learning agreements and access to a variety of learning opportunities.

Practice-based providers must have an understanding of course curricula and/or syllabus content (the parts relating to the placement experience) and an appreciation or awareness of individual learning styles.

Processes for seeking assistance, managing complaints or requesting additional support should be explicit to all partners.

Partners should work together to ensure that an environment conducive to adult learning is created in practice-based settings and resources to assist this are made available. Resources such as IT (internet access, email), library of up to date relevant literature, education facilities, quiet study area, protected time, support from visiting lecturers should be available as appropriate.

Examples in reference

33 Ensure that each student has an individual learning agreement that reflects their learning needs, the module outcomes and the experience available

34 Institutions should ensure that students are provided with appropriate guidance and support in preparation for, during, and after their placements

35 Buddy systems such as undergraduate second year students supporting first year students, mentoring by qualified staff or co-learning buddy system may provide support and foster an ethos of a learning culture
The QAA Precept 736 states that: “Awarding institutions satisfy themselves that, where applicable, work based and placement learning partners have effective measures to monitor and assure the proficiency of their staff involved in the support of work based and placement learning.”

This is supported by all the documents relating to practice placements and includes support such as: training, education, caseload management/adjustments and protected time for staff who support learners in the work place.

The majority of documents stated that all the stakeholders have a responsibility to support those staff involved in supervising learners in the work place.

### Examples in reference
1. **Ensure that staff involved in the placement have received and receive suitable, sufficient training and or personal development to equip them with the appropriate skills required of them in partnership with the institution**
2. **The service manager is responsible for ensuring that: the clinical educators receive the appropriate training prior to the placement and encourage pursuing accreditation**
3. **The role of the supervisor/mentor needs to be recognised and enhanced through development activities. This should include protected time when appropriate, rewards and honorary titles (e.g. honorary lecture position) Supervisor and assessor training needs to be given a high priority. Appropriate supervisor training programmes need to be made available**
4. **Unless other arrangements are agreed, practice placement educators: must have relevant qualifications and experience- must be registered; and undertake appropriate practice placement educator training**
5. **The BIOS strongly recommend that clinical placement centres are represented at clinical tutors’ workshops.**

### 1.3.8 Evaluation, Feedback and Assessment

Essential to the outcomes of a practice-based learning experience is feedback between all those involved; feedback must be just, timely and unambiguous.

Assessments or evaluations are also a joint responsibility to which stakeholders must make a contribution.

### Examples in reference
1. **The placement educator will provide regular, constructive structured feedback, making the process and timing clear at the start of the placement. Best practice would indicate that this feedback is both oral and written**
2. **Ensure that the assessment criteria for each placement and in the individual learning agreement specify the outcomes that need to be achieved if the award levels of competence and conduct are to be met**
3. **Are students actively involved in the assessment of their own progress and achievement on placement- Do students receive regular and timely feedback on their academic and professional performance?**
4. **Feedback from institutional staff engaged with work-based and placement learning, and also from supervisors/mentors, external examiners and students is valuable in monitoring and reviewing both the effectiveness of the institution’s policies and procedures of work-based or placement learning, and also about the quality and standards of its provision-precept 8**
5. **There must be sufficient clearly identified opportunities for students to demonstrate that they have met the threshold in all components of the course**
6. **Ensure that student/learner evaluations are used to improve practice and learning at local and organisational level**
7. **Speech and Language Therapists – National Standards for Practice – based Learning & self-audit tool for placement provider and placement educator standard 3.12**
8. **Professional standards for Occupational Therapists 2003 section 5**
9. **University Dietetic Education Group ‘Approval Process for Dietetic Practice Placements’ updated 2004**
13. **The College of Radiographers ‘The approval and Accreditation of Educational Programmes and Professional Practice in Radiography’ 2006**
15. **British and Irish Orthoptic Society, BIOS, paper recommendations to support the HPC Standards of Education and training / placement Criteria.**
16. **Association of Prosthetics and Orthotics Benchmark statement: Teaching, learning and assessment**
17. **Skills for Health - Assuring and Enhancing the Quality of Healthcare Education ‘Interim Standards’ (2007)**
1.4 Conclusion to Scoping of AHP Standards for Practice-based Learning

This scope has identified numerous sets of existing quality standards and guidance for quality learning environments that could be relevant for AHP learners in practice and those supporting them in NHS Scotland.

These standards have been mapped with eight main themes emerging from this scoping.

1. The importance of partnerships
2. Processes underpinned by policies and procedures
3. Responsibilities of education or programme providers
4. Responsibilities of the placement site and those supporting learning
5. Responsibilities and rights of the learner
6. Support and access to resources for learning
7. Development of staff who support learning
8. Evaluation of learning experiences offered.

The themed areas form key principles against which quality standards for AHP practice education can be benchmarked.

A distinction can be made between placements linked to formal learning programmes (where an education provider or other SQA approved centre is a partner) and non-formal programmes (where there is no education partner, i.e. returnees to practice, adaptation before registration, work experience/ work shadowing).

Informal Practice Placement Learning

The Scope of standards did not identify any single set of AHP standards for placement learning where no education institution was involved. This likely reflects the central quality assurance role that the education providers have (and some professional bodies have had historically) in driving the development of such standards. Opportunities to link with PEF colleagues responsible for related workstreams provided information regarding pilot work towards increasing quality of learning within exchange schemes and adaptation placements. It is envisaged that AHP learning associated with other relevant PEF workstreams e.g. return to practice learning will make good use of any appropriate proposed standards. The following sections discuss the above headings and make recommendations for those in practice, education institutions and organisations supporting practice education.

Section 2: Recommendations for AHP Learners Engaged in Formal Learning Programmes

Formal education refers here to learners who are enrolled or registered with an education provider.

A significant number of AHP learners of this type seen in the NHS, are students enrolled on pre-registration programmes.

For AHPs, the majority of the professional bodies have standards that are used in practice to monitor and improve the quality of the placement experience. For example; the RCSLT has a particularly accessible set of standards and self audit documentation that clearly outlines the roles of all partners in the practice placement.

For support-workers engaged with SVQ programmes in the workplace, the quality assurance of those involved in the learning are addressed by the SQA guidance for site approval document Guide To Approvals and the on-going monitoring by the Quality Enhancement Managers and workplace SQA Coordinators.

For support-workers engaged with HNC programmes, either part-time or full time, there are no discrete sets of practice placement standards used in the workplace environment, however unprofessional or workplace standards where they exist, may be referred to.

In 2000, NHS Education for Scotland (NES) published a report into the quality of practice placements for nursing, leading to the development of the Quality Standards for Practice Placements (2002). This was revised in 2008 in order that the reviewed standards better reflected an NMAHP practice education audience and to join up similar work streams between nursing, midwifery and AHP.

The piece of work undertaken as part of this report, although starting from a specific AHP perspective, found a natural convergence with the outcomes of the Nursing and Midwifery reviewed quality standards for practice placements (2008). This presented the opportunity, under the umbrella of NES, to commend the joint NMAHP Quality Standards as part of the recommendations of this report.

These Standards could enhance the existing quality assurance mechanisms in place for all partners of AHP practice education and have been presented to the AHP Education Forum for their consideration. Positive comments were received following this presentation.

For multiprofessional learning experiences the NHS Education for Scotland (NES) Quality Standards for Practice Placements (revised edition 2008) provides a good fit to the mapped headings in Section 1 and auditing against these standards would be facilitated by the development of AHP relevant audit tools.

Recommendations

- All AHP practice placements should have a process of quality enhancement in place. This should be done in partnership with the education provider and be auditable against a valid set of standards.
- Either unprofessional or multi professional standards can be used; however consideration should be given to the use of multiprofessional standards such as those developed by NHS Education for Scotland.
- NES should work in partnership with nursing colleagues to develop NMAHP Practice Placement Audit tools to support self-audit of AHP placements against these standards.
- NES should publicise and circulate the NES NMAHP multi professional Quality Standards for Practice Placements 2008 for use by AHPs seeking to enhance the quality of the practice education opportunities currently provided.
Section 3: Recommendations for AHP Learners Engaged in Non-Formal Learning Programmes

Non-formal education here refers to learners who may be undertaking a practice-based learning experience which is not part of a recognised award or programme or where an education provider may not be involved in the administration or assessment of the placement.

For AHPs this may be in relation to periods of adaptation required by the Health Professions Council for AHPs returning to practice following a career break or for non-UK trained AHPs seeking HPC registration. When considering a change of direction of career or developing new skills and roles AHPs and support workers may also arrange informal practice education opportunities through shadowing more experienced colleagues and/ or participating in ‘exchange’ schemes. Whilst the level of quality monitoring may not be as strict as with formal education programmes, it is important to be providing a high quality learning experience for these practice based learners. Work being implemented to support practice learning is underway as part of the AHP Practice education facilitation programme national workstreams such as adaptation placements and support workers education.

An exchange scheme for support workers, for example, has been piloted with appropriate processes devised to encourage learning outcomes being identified prior to undertaking the learning opportunity and a means of evidencing the learning that has taken place.

These workstreams may also derive value from mapping to these proposed quality standards. Where a workplace is approached to provide some practice based learning, the standards would be a useful means of securing commitment from those providing the learning opportunity and increasing the quality of the learning experience they will provide. This is relevant whether the learning relates to a request for a return to practice, change in client group/career direction or a means of developing and extending role.

The principles underlying the standards identified in formal learning are equally applicable to practice learning not part of a formal programme. For example, section 1 of this report states ‘To facilitate a good practice-based learning experience, all stakeholders have a responsibility to ensure that there are clear-set objectives, agreed learning outcomes, individual learning agreements and access to a variety of learning opportunities’. This is just as important for a returner to practice seeking a good quality period of adaptation within an NHS Board, as it is for a pre-registration student practice placement.

Many of the reviewed standards from Section 1 have applicability to formal and non-formal education programmes with minor changes. For example the NES Quality Standards for Practice Placements would be appropriate for non-formal education programmes with the change of language from student to learner and omission of those standards that directly refer to an education institution (e.g. 1.11, 2.9, 4.3, 4.8, 4.9, and 4.10). Indicators and examples of evidence would also need to reflect the different nature of the learning experience.

In addition, some services may wish to develop local standards to reflect specific service needs. These standards should be in line with the mapped headings in Section 1, as these provide common themes across a range of learning experiences.

Recommendation

- AHP Services providing practice placements as part of a non-formal learning programme should ensure that there are agreed written standards for the learning environment. Periodic audit against these standards should be undertaken using information from the stakeholders involved e.g. the learner, the practice educator, the PEF.
- Where no guidance exists, AHPs should consider auditing against the relevant sections of the NES Practice Placement Standards. NES should develop appropriate audit tools to facilitate this.
- NES should publicise and circulate the NMAHP multi professional Quality Standards for Practice Placements 2008 for use by AHPs seeking to enhance the quality of the practice education opportunities currently provided.
Section 4: Summary, Recommendations and Future Actions

The initial scoping of standards for AHP Practice Placement Education demonstrated that while no single set of standards was present for all professions, most existing standards could be themed according to eight common areas.

The issue of practice placement quality was highlighted as part of the AHP Practice Placements Project and this report has taken forward recommendations as a national strand of the AHP Practice Education Facilitation programme.

Recommendations are presented in section 2 and 3 for formal and non-formal practice education programmes. The suggestion is that AHPs should continue to contribute to the enhancement of the quality of the learning environment by using a valid and recognised set of standards. Where education institutions are partners in these practice placements, a partnership approach to monitoring, audit and information sharing should be taken.

Improving the quality of services, including practice education is a key part of all AHPs responsibilities as evidenced in the Knowledge and Skills Framework Core Dimension 5 – Quality, which relates to ‘maintaining high quality in all areas of work practice, including important aspect of effective team working’ and ‘increasing scope –from own activities to the work of others’.

In addition to the general recommendations in section 2 and 3 the following recommendations are made to all stakeholders on the basis of this work.

A. NHS Practice placement providers should:

1. Undertake to conduct periodic audits or assessment of practice placements to enable the quality of these placements to be monitored and improved
2. Use standards that best fit the learning experience, clinical and professional setting. Where possible, multiprofessional standards should be considered.
3. Work in partnership with educational institutions and professional bodies to share information that improves the quality of the learning environment. In relation to pre-registration programmes, this could be as part of the implementation of the forthcoming Practice Placement Agreements.

B. AHP Practice education facilitators should:

1. Become champions for monitoring and improving the quality of practice placements in the work place using quality standards
2. Ensure that AHP Practice Education networks are equipped with knowledge and skills on quality standards to enable self audit and review
3. Facilitate relationships and partnerships between higher education, the college sector and other organisations who are stakeholders to the quality of AHP Practice education

C. Education Institutions should:

1. Develop processes to ensure a two-way flow of information between placement providers and education providers
2. Work in partnership with placement providers to ensure that quality enhancement activities are consistent with overall quality assurance responsibilities
3. Work in partnership with NHS practice placement providers and professional bodies to share information that improves the quality of the learning environment. In relation to pre-registration programmes, this could be as part of the implementation of the forthcoming Practice Placement Agreements.

D. NHS Education for Scotland should:

1. Develop AHP relevant audit tools for the NES Standards for Practice Placements
2. Coordinate and collate evidence of the usage of quality standards for AHP practice Placements
3. Undertake validity and acceptability testing
4. Ensure the quality standards of practice placements recommendations is linked with associated work streams such as AHP Placement Agreements, AHP Support workers as Educators and Adaptive Placements.
5. Publicise and circulate the NES NMAHP multi professional Quality Standards for Practice Placements 2008 for use by AHPs seeking to enhance the quality of the practice education opportunities currently provided.

Consultation with AHP Community:

- AHP Community via the AHP Practice Education Stakeholder Event: The Way Forward May 2005 and recommendations of the AHP Practice Placements Project 2006

- Updates presented at AHP PEF development events 2006-2008, including session with AHP Directors, February 2008

- A Briefing paper, presentation and discussion relating to this work stream was given to the AHP Education Forum and AHP Forum Scotland (Professional bodies) at Glasgow Caledonian University September 2008. Attendees and representatives were given an opportunity to forward comments and suggestions.

- An online questionnaire was distributed to all members of the AHP Education Forum for comments on the appropriateness of the NES Standards for Practice Placements to Allied Health placements March 2009

Appendices