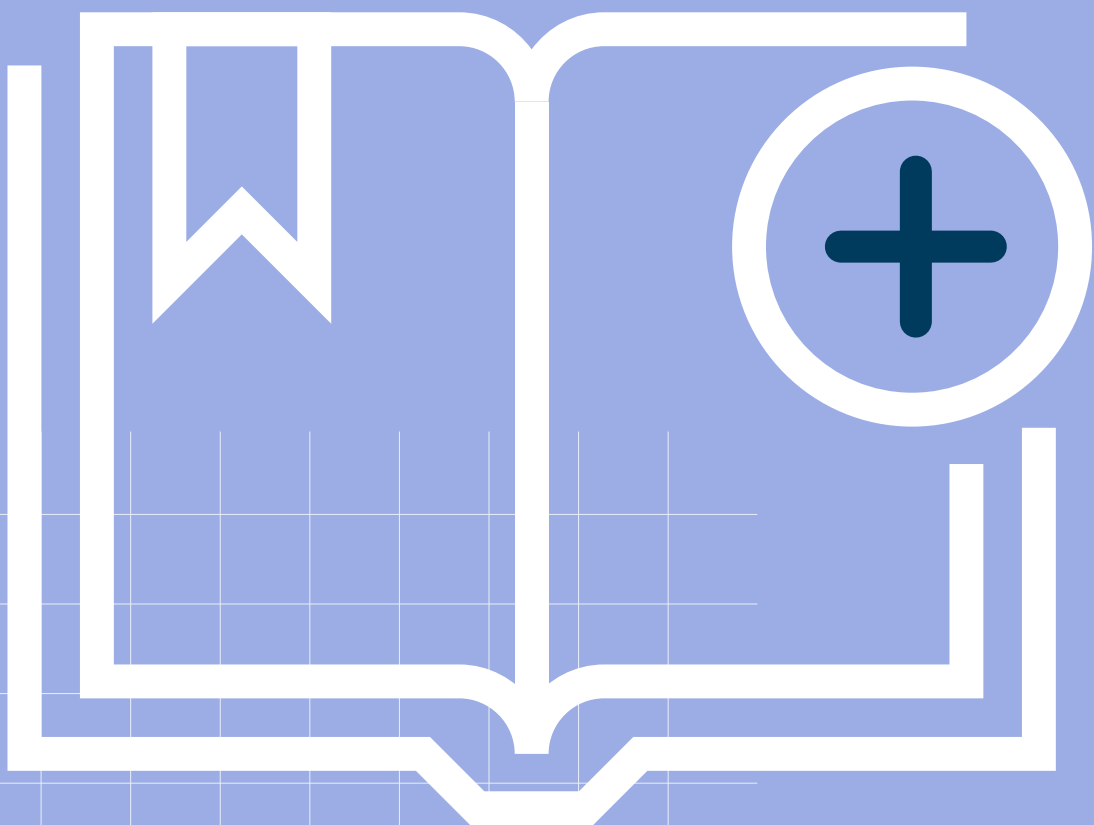


General Chiropractic Council

Supplementary Advice to the Education Standards 2023: Clinical Placements



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1. Background

The General Chiropractic Council (GCC) is the regulator for the chiropractic profession in the UK. Our overall purpose is to protect the public and our duty is to develop and regulate the profession of chiropractic. We do this by setting standards of education for individuals training to become chiropractors, and by setting standards of professional conduct for practising chiropractors.

In March 2023 the GCC published its [Education Standards](#) that set out what people must achieve at the point of graduation from recognised chiropractic programmes.

Following the publication of those, supplementary advice for clinical placements (2019) has been updated to reflect both developments in contemporary clinical education and the requirements of the Education Standards. This advice is expressed as steps that providers 'could' or 'should' take. It provides further detail and guidance to help providers to interpret and to meet the requirements of the Education Standards, as they relate to clinical placements.

2. What is the relationship of clinical placements to the Education Standards?

Clinical learning is the acquisition of clinical knowledge, skills and competencies by learners enrolled in a chiropractic programme. This may take a variety of forms, including theoretical learning, simulated clinical interactions and direct interactions with real patients.

Clinical experiential learning is the part of clinical learning where learners gain experience that enables them to develop and apply learned knowledge and skills to the care of patients (set out in [Education Standard 22](#)). This might include technology enhanced or simulated, as well as actual direct interactions with patients, such as may occur within a clinical placement.

Clinical placements provide a form of clinical experiential learning and can be defined as any arrangement in which a chiropractic student is present, for educational purposes, in an environment that provides healthcare, or related services to patients or the public. Clinical placement settings are identified by the provider, who also makes the arrangements for learners to undertake placements. This enables practice-based learning and

may include chiropractic or non-chiropractic clinical services, as well as placements in either external or in-house settings, with a variety of possible arrangements for supervision. Learners should have opportunities for direct contact with patients but may also gain experience of non-patient-facing tasks associated with professional clinical practice. They may be observing or assisting with tasks or can be actively involved in patient care. In addition to developing patient-facing clinical skills and competencies, effective clinical placements should also support the development of learners towards meeting their wider learning outcomes, as set out in section 1 of the Education Standards and should prepare them for practice.

Internships in in-house settings are a form of clinical placement. In this situation, the programme provider or institution may also be the placement provider. Internship clinic supervisors are considered clinical placement educators.

Non-chiropractic placements may include those where care of patients is provided by healthcare professionals other than chiropractors. Providers could also consider relevant placements in social care/community health settings. These can provide greater understanding of the social determinants of health and the importance of equality, diversity and inclusion in healthcare systems. For this guidance, any arranged placements in non-clinical settings will be considered in the same way as clinical placements.

Clinical experiential learning is a requirement of the Education Standards. For recognition, clinical placements will be considered part of the programme as a whole. Providers should thus ensure that clinical placements meet all the relevant requirements for the design and delivery of the programme set out in [Section 2](#) of the Education Standards. Chiropractic or non-chiropractic health or care professionals who provide and/or oversee learning opportunities on clinical practice placements are considered to be educators and the provider will need to demonstrate how it meets relevant Education Standards with respect to these. All clinical placement educators must be appropriately qualified and trained. This should include training in equality and diversity legislation relevant for the role. Clinical placement educators must be registered with their relevant statutory regulatory body.

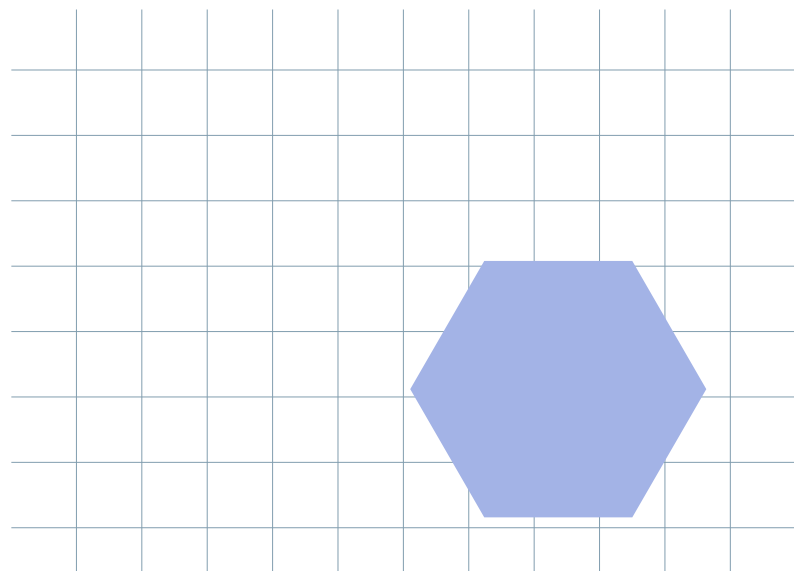


Other clinical experiences. Learners may additionally undertake observations of clinical practice or may be encouraged to engage in non-clinical activities such as local public health, care settings and/or community initiatives, where they identify and arrange the setting themselves. These are not considered to be clinical placements. These can provide valuable insight into clinical practice, professionalism and the approaches of others and may contribute to the development of some learning outcomes in Section 1 of the Education Standards (such as verbal communication with other healthcare professionals, reflective practice, awareness of determinants of health and the needs of diverse populations). Providers should, however, be aware that these will not meet the requirements of Section 2 of the Education Standards for clinical experiential learning. This is because the quality of the setting, patient care, learning opportunities and learner experience/support cannot be assured. Where providers require or recommend learners to arrange such observations, they should ensure that they are aware of the aims and limitations of the observation. The nature of the setting should be appropriate to learning outcomes towards which the observation contributes. Providers should have appropriate policies and procedures in place to protect learners and to ensure that they do not participate in any clinical interactions with patients. There should be processes in place to monitor learning, support learners and respond to any issues that arise.

3. Including clinical placements within the design of the programme

When designing the clinical experiential learning aspect of their programme providers should consider that:

- a. Clinical learning should be introduced early in the programme and progressively develop learners' clinical skills acquisition and experience. The integration of clinical and academic knowledge and skills should be facilitated. They may consider new ways to deliver placements; for example, combining clinical placements with those of other health profession students, placements in non-chiropractic settings (including other healthcare disciplines, social care, or community health initiatives).
- b. The chosen model should enable learners to meet defined learning outcomes of the Education Standards, gain experience and prepare for practice. There should be a clear rationale for the overall clinical learning model and for the inclusion and nature of clinical placements within this.
- c. The inclusion of clinical placements within the model should be feasible to resource and implement. They should anticipate the number of placements that will be needed and ensure that these can be delivered, taking account of suitable placement provider locations and facilities, suitable educators, financial considerations, and the administrative burden of managing clinical placements. Adequate patient footfall and mix to enable learners to meet their learning outcomes should also be projected. There should be a contingency if planned clinical placements fall through.
- d. Clinical placements must be feasible for learners to undertake, considering locations, time requirements, travel options and the financial burden for learners to attend external placements.
- e. The timing of clinical placements within a programme and learner attendance requirements should enable continuous care of patients to be provided over semester breaks. Providers should also consider how care will be handed over from outgoing to incoming learners, using shadowing, clinical notes and other approaches.
- f. Stakeholders should be involved in designing the clinical experiential learning model for a programme and providers may wish to scope the feasibility of a new or changed placement model.





4. The protection of patients in clinical placement settings

4.1 The safety of patients

The safety of patients should be the primary concern of programme providers, clinical placement providers, educators, and learners.

Clinical placements are considered education settings. Programme providers should:

- a. Ensure that their policies, procedures, and quality assurance processes protect patients in the education setting. Where a clinical placement is in an external setting, they should make sure that the placement provider has appropriate clinical governance systems in place to ensure the high quality, safe care of patients. The provider should audit and document these and be able to evidence a sufficient level of scrutiny and oversight.
- b. Engage with a patient safety incident reporting system for clinical placements (either their own, or the placement provider's system). They should be able to access, monitor, evaluate, and respond to safety data collected. Learners and educators should also be involved, promoting a culture of patient safety enhancement.
- c. Specify a mechanism by which any concern about the standard of care, safety, and wellbeing of any patient in a clinical placement setting can be raised by learners, educators, or clinical placement providers. This should set out how the provider responds to any such notification, how concerns may be escalated and actions that may be taken to protect patients.
- d. Ensure that the level of competency of any learner on a clinical placement is clearly established and communicated to placement providers and educators. There should be mechanisms in place for clinical placement educators to raise concerns about the competency of any learner and for the provider to act upon this. The level of supervision of a learner should be always appropriate to their level of competency.

Learners should:

- a. Assess their capabilities and limitations, act within these, and know when to request support and advice.
- b. Stop immediately and contact the clinical placement lead for the programme provider if they are expected, while on a clinical placement, to work beyond their competency.

c. Be aware of the following standards and guidance and follow these while on a clinical placement:

- The principles laid out in The Code.
- Current regulatory/joint regulatory guidance published by the GCC and other authoritative sources of guidance for healthcare professionals.
- Guidance and protocols used in the specific placement to protect patient and learner safety.

4.2 The rights of patients

Patients should be informed that learners are present at a clinical placement setting for the purpose of learning. Information should be available in accessible formats and should include:

- Their right to refuse to take part in education without prejudice to their care.
- How they can object to the involvement of learners in their care.

Where learners are involved in patient care (such as being present in consulting rooms, observing treatment and/or directly taking part in, or providing patient care) consent should be obtained from the patient for their participation in education. This should be specific to the nature of the learner's level of involvement in their care and to how they will be supervised. The registered healthcare professional with overall responsibility for the patient's care will be responsible for ensuring that the appropriate consent is gained.

Where a learner undertakes any element of clinical care, the responsibility for obtaining the patient's consent to this lies with the registered healthcare professional who has overall responsibility for the patient's care. Consent should be obtained and recorded prior to care commencing. Learners with appropriate clinical experience may, under supervision, be delegated the task of explaining to patients what will happen to them. In some cases, learners may take consent for minor procedures such as taking a case history or examination. Learners should not take written consent from a patient for any condition management approaches.



5. Equality, diversity, and inclusion in clinical placements

Ensuring equality, diversity, and inclusion is a collective responsibility and a key theme running through the Education Standards. Clinical placements can be challenging for learners if they witness, or are the subject of, discriminating behaviour. Providers must have policies to ensure clinical placements create an inclusive culture and fair training environment.

Evidence provided towards meeting the equality, diversity and inclusion requirements of the Education Standards should be at the level of the programme and should incorporate a consideration of clinical placements. Wider institutional policies may contribute but will not be sufficient in demonstrating evidence.

Providers should:

- a. Monitor the diversity of their clinical placement educators and work to ensure representation, taking account of the diversity of their learner cohort.
- b. Understand and address equality, diversity, and inclusion challenges relating to clinical placements. Anticipate, rather than react to, learners' diverse needs.
- c. Make sure that agreements with placement providers and educators meet the equality and diversity requirements of the Education Standards.
- d. Make sure learners are protected from discrimination, abuse, or violence in clinical placements and ensure that they are aware of how to report and seek support, should they experience discrimination. Support should be provided to the learner; for example, access to the provider's equality and diversity officer. Actions to prevent and address discrimination should be documented. Additional details are included in Box 1.

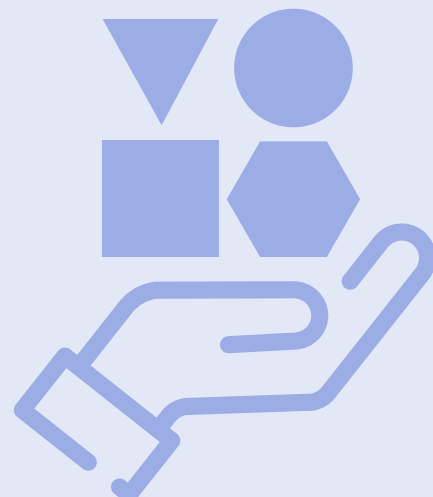
Box 1. Additional equality, diversity and inclusion considerations relating to learners

Providers should:

- Consider the learner's culture or religious values and how to respect them in different areas of practice, such as dress code or religious observance.
- Be aware of any specific requirements a learner has for their placement. The placement provider should be told about this.
- Remember their obligations under the Equality Act 2010 and ensure that there is no unfair discrimination on the grounds of religion or belief, age, sex or gender, marriage and civil partnership, race, sexual orientation, and disability as they organise clinical placements.
- Act to actively prevent and address harassment based on protected characteristics.
- Ensure that robust reporting measures are in place to identify and act upon harassment based on any protected characteristic.
- Make reasonable adjustments for learners with disabilities. They should have the same placement opportunities as other learners.

Providers should take positive steps to make sure disabled learners can fully take part in education and other benefits, facilities, and services. This includes:

- Anticipating the needs of disabled learners
- Avoiding substantial disadvantage for disabled learners
- Thinking again if an adjustment has not been effective





6. Clinical placement providers

For external clinical placements the placement provider is the individual or organisation authorised to provide clinical placements to learners; for example, a clinic owner, health board, local health service or clinic group. An external clinical placement provider may or may not also be a clinical placement educator.

To meet the requirements of the Education Standards, all clinical placement providers will need to:

- Provide patient-centred approaches to care.
- Provide evidence-based care of patients, supporting the requirement to embed a culture that values research and evidence throughout the programme, enabling learners to develop their skills of critical appraisal and to implement evidence into clinical practice.
- Meet the requirements for equality, diversity and inclusion.
- Have appropriate clinical governance systems in place to ensure the high quality, safe care of patients.
- Have adequate policies and procedures in place to meet the requirements of accessibility for patients, learners and educators.
- Have appropriate governance systems in place to ensure the health and safety of learners, patients and educators attending the setting.
- Agree to provide learning opportunities that enable learners to achieve relevant learning outcomes.
- Agree to provide clinical experience opportunities that accord with the Education Standards.

Clinical placement providers that promote traditional explanatory frameworks or practices that either do not meet the GCC Code, relevant clinical guidelines and/or that are not consistent with rigorous scientific published evidence should not be considered suitable.

In selecting clinical placement providers, programme providers should:

- a. Exercise a transparent and robust procedure for evaluating their suitability, that includes a site audit of the above factors. This should be clearly recorded.
- b. Ensure that across the range of placement settings that a learner will attend, there will be sufficient opportunities for them to:
 - Experience the use of digital health resources to support clinical practice and the care of patients.
 - Gain experience of the clinical care of an appropriate range of patients.
 - Gain experience of the implementation of all aspects of clinical care provision that are learning outcomes in section 1 of the Education Standards.

7. Relationships with external clinical placement providers

Programme providers should have a formal, written agreement with all external clinical placement providers. The agreement should:

- a. Cover the provision of education and training to provide learners with knowledge, skills and behaviours as set out in the Education Standards.
- b. Allow programme providers to effectively manage and assure the educational quality of clinical placements (including teaching, support, facilities and learning opportunities). Placement providers should participate in programme provider quality assurance activities, support data collection, and review relevant actions from the provider's placement evaluation.
- c. Enable the assurance of the quality of patient care and safety in the education setting, as is required by the Education Standards. There should be specification of how data (including relating to care provided, patient outcomes and safety incidents) will be collected and/or accessed, monitored and evaluated by the provider and of how learners and educators will be involved in this.



- d. Set out a clear series of steps for raising concerns by either party; for example, about the way the placement is being run, the content of the placement or the behaviour/conduct of educators and learners. The appropriate action to address the situation should be explained.
 - e. State clearly how learners can access pastoral care and be supported throughout their clinical placement. This should include supporting them with mitigating circumstances, personal life challenges, wellbeing issues and speaking up on issues such as bullying and harassment.
 - f. Ensure clarity on the arrangements and requirements where placements are offered to learners who are at different stages of their training (different year groups and/or semesters).
 - g. Ensure that all appropriate indemnity insurance cover is in place. This must include cover for any registered practitioner that will be involved in the placement and for the learner. Indemnity cover and the limitations of this for the duration of the placement should be clarified.
 - h. Be consistent with the programme provider's equality, diversity and inclusion policies and procedures.
- Additional details of what may be included in agreements are provided in Box 2.
- Any concerns identified relating to clinical placements should be discussed with the placement provider. The agreement for that placement could be amended with extra provisions to rectify concerns. If there isn't enough improvement, the provider should suspend placements to that placement provider and make alternative provision.

Box 2. Additional details for inclusion in agreements with placement providers

Agreements should:

- Set out roles, responsibilities, and limits of these, for the placement.
- Specify the hours, duration, frequency, and number of learners for whom placements will be provided.
- Clarify who is responsible for organising the placement both within the programme provider and the placement provider.
- Specify the notice period for withdrawal or change in the provision of placements.
- Detail learner access and training for the placement providers' IT systems and patient information.
- Give information about the provider's policy on learner leave and attendance, detailing the agreement with placement providers to support accurate recording and regular reporting of this.
- Emphasise the importance of learners being integrated into clinical teams, obtaining experience of both clinical care of patients and wider professional working.
- Set out the induction processes for learners.
- Contain the learning objectives for that placement and the arrangements needed to ensure that learners have appropriate learning opportunities to meet the learning outcomes. In addition to specifying the learning outcomes of the placement, providers may want to list the experiences and practical procedures they want learners to carry out.





8. Clinical placement educators

To meet the requirements of the Education Standards, all clinical placement educators should meet criteria for:

- Ensuring safe and effective patient care (including through training required by the provider)
- Fulfilling the requirements of equality, diversity, and inclusion
- Establishing and maintaining an environment for learning
- Teaching and facilitating learning
- Embedding the integration of critically appraised evidence into teaching, learning and patient care
- Enhancing learning through assessment
- Supporting and monitoring educational progress
- Guiding personal and professional development
- Continuing professional development as an educator (including training required by the provider)
- Supporting quality assurance by the programme provider

Clinical placement educators who promote traditional explanatory frameworks or practices that either do not meet the GCC Code, relevant clinical guidelines and/or that are not consistent with rigorous scientific published evidence should not be considered suitable.

Providers will need to have robust and transparent processes in place for how they identify, train, and appraise suitable clinical placement educators. Where external placement providers have a structure and procedures that include these processes, the programme provider may accept these, but will need to be able to demonstrate their sufficient scrutiny and oversight.

9. Arrangements between the programme provider and educators in clinical placements

The programme provider needs to demonstrate that they meet the Education Standards with respect to all educators. Their arrangement with educators in clinical placements should enable this. Providers may employ educators in clinical placements or may have an alternative contractual arrangement, but any arrangement should be sufficiently robust to ensure that all relevant requirements for the education of learners, training and appraisal of educators, and the quality assurance of programme delivery can be met. Programme providers should have a clear rationale for their arrangement with educators in clinical placements and be able to demonstrate how this ensures that they meet the Standards.

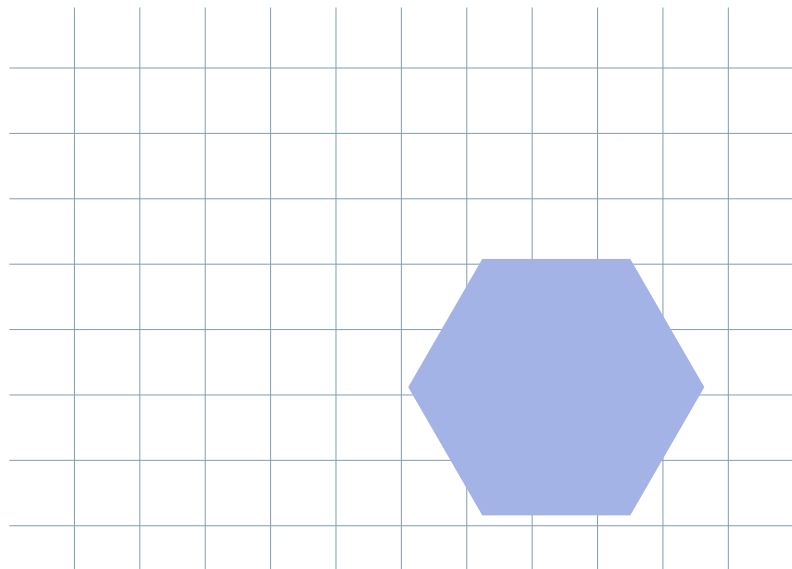
10. Organising clinical placements

Programme providers should:

- a. Have a dedicated person or team whose role it is to administer and manage clinical placements for a programme.
- b. Have defined lines for communication between the clinical placement lead/team for the programme, a person or team based at the placement setting who is responsible for organising the clinical placement and clinical placement educators, ensuring that all are aware of the details of the placement.
- c. Ensure that all placements have clearly defined learning outcomes. These should be linked to those set out in the Education Standards and should be communicated to those responsible for delivering education on the placement. Their individual roles in helping learners to achieve the outcomes should be clearly defined.
- d. Ensure that learners on placements are not asked to, and do not, perform any aspect of patient interaction that is beyond their stage of training. Clinical placement providers and educators need to be made aware of the stage of training of the learner.



- e. Ensure that the level of supervision is appropriate to the level of competence of the learner for tasks that they may perform. The clinical placement provider and educators need to be made aware of the level of supervision required for the range of tasks that will be undertaken.
- f. Give learners clear guidance on what responsibilities they can expect to have on a placement, outlining the duties they will be asked to carry out. If any reasonable adjustments are needed, these should be addressed in advance. Before they start, all learners should have time to review the placement setting and duties.
- g. Make reasonable adjustments for learners with disabilities to enable them to have the same opportunities to undertake a range of clinical placements as other learners; this may include putting learners in placements with good transport links or which are otherwise easy to access.
- h. Be aware and inform placement providers if a learner has specific requirements in relation to their placement.
- i. Offer learners continual training and support during placements. This should address:
 - Harassment, including micro-aggressions, allyship and being a bystander
 - Mental health support
 - Discrimination
 - Speaking up. A “raising concerns” policy should be shared with learners before or at the start of the placement. It should be quality assured and regularly evaluated by the provider
- j. Work collaboratively with learners to:
 - Get feedback to meet their specific needs
 - Offer confidential services tailored to their needs
 - Ensure they have an effective way to feedback and speak up about concerns; for example, bullying and undermining
- k. Allocate a named individual responsible for oversight of each learner’s educational supervision throughout a placement (such as learning aims, learning opportunities provided, progress towards learning outcomes etc). There should also be a named individual responsible for oversight of each learner’s clinical supervision throughout a placement (i.e. their engagement with patients). Where a learner may be supervised by several different clinical practice educators, it should be clear who has responsibility for both their educational and clinical supervision overall throughout the placement.





11. Preparing learners for clinical placements

Learners should be adequately prepared for clinical placements. Providers should inform them about travel logistics and costs, attendance requirements etc. Where possible, providers may seek to reduce the burden on learners of attending placements; for example, by considering locations, childcare issues etc.

Learners should be made aware of the expectations of being in an employment environment and the need to behave as if they are employees. They should fully understand that they must explain to patients and colleagues that they are students and not qualified chiropractors. The GCC Code outlines key areas of professional practice and behaviour that learners are expected to follow. Additional information that should be provided to learners is included in Box 3.

Box 3. Information for learners in preparation for clinical placements

Providers should ensure that, prior to commencing a clinical placement, learners:

- Know who is the named individual responsible for oversight of both their educational and clinical supervision during the placement, are aware of their roles and know how to contact them.
- Understand the attendance requirements for the placement.
- Understand what the learning outcomes for the placement are.
- Know what action to take if they have concerns about the care or safety of any patient while on a clinical placement.
- Know to immediately talk to their named clinical supervisor if they believe they may have acted inappropriately, or if they have any reason to think a complaint may be made about them by a patient.
- Are aware of what action to take if they have concerns about the amount of supervision they are receiving and that if they feel that they are being asked to work beyond their level of competency they must immediately stop the work they are doing and contact the clinical placement lead for the programme provider.

Induction is required for every placement. The requirement for an induction should be part of the agreement with placement providers. Induction should include:

- The context of practice in the setting (including an overview on the diversity of the patients they will see, demographics of patients and health inequalities in the local area and the nature of the expected clinical experience).
- Information about health and safety rules.
- Their duties and supervision arrangements.
- Their role in the team.
- How to gain help or support from clinical practice educators, the placement provider or programme provider in relation to any aspect of their clinical placement.
- The clinical guidelines and workplace policies they must follow.
- How to access clinical and learning resources, including access to records and IT systems, as appropriate.



12. Learning opportunities in clinical placements

Providers should:

- a. Make sure there is enough capacity for learning in clinical placements, and that learners can meet their learning outcomes. They may consider new ways to deliver placements; for example, peer-to-peer teaching, group placements or combining clinical placements with other health profession students.
- b. Make sure that all learners have access to planned teaching sessions and lectures. The location of the placement shouldn't affect this.
- c. Ensure that clinical placement providers are well prepared to receive learners.

When planning and monitoring the learning opportunities providers should consider that:

- Ideally, clinical placements should enable learners to experience a variety of settings, specialities and patient groups within areas serving diverse communities.
- Ideally, clinical placements should enable learners to experience the approaches of a variety of healthcare professionals, fostering interprofessional understanding.
- Learners should have opportunities to experience the provision of telehealth/remote consultations. This should include induction to information governance and security, gaining consent and confidentiality in remote consultations.
- Where learners actively engage in aspects of patient care, they should have opportunities to receive patient feedback on this, as a valuable aspect of formative learning.
- They should aim to balance an increasing variety of placements (which can mean shorter placements) with longitudinal placements whereby continuity of care enables learners to better understand the patient journey.
- Where there is a diversity of placements for learners to attend, the provider should ensure that all learners have equivalent clinical experiential learning opportunities overall across their clinical placements, supporting consistent attainment of competencies and learning outcomes.

Clinical placement providers and educators should plan sessions, so all learners are given equivalent learning opportunities.

Feedback and evaluation of a learner's performance should be an active and continuous process throughout the clinical placement. Feedback should be proactively sought from the clinical team within a placement, as well as from patients, as appropriate. The named educational supervisor should collect feedback to gain insight to the learner's progress.

13. Summative and formative assessments in clinical placements

Clinical placements may constitute learning opportunities without a requirement for clinical placement educators to carry out summative assessment of learners.

Any summative assessment of learners against their learning outcomes that takes place within clinical placements will need to meet the requirements of the Education Standards relating to assessment. Summative assessment should therefore only be carried out by clinical practice educators who have the required level of competency in assessment and the provider will need to demonstrate appropriate quality assurance of any assessments that take place.

Clinical placement educators should provide formative assessment of learners on placements. This may relate to aspects of clinical care, professionalism, attitudes, and behaviour. Providers should ensure that placement educators are appropriately trained in formative assessment. They should ensure that all learners receive appropriate feedback to support their learning and provide equitable learner opportunities and experiences.



14. Quality assurance and enhancement of clinical placements

The range of potential clinical placement settings pose various quality assurance challenges. Providers will need to have a robust quality assurance framework, establish procedures that address these challenges and implement the procedures effectively.

Providers should:

- a. Have in place, document and be able to demonstrate robust ongoing quality assurance of clinical placements that includes routine collection of quality data and procedures to monitor, evaluate and enhance quality (both in the context of responding to unsatisfactory placements and to support the continuous improvement of the quality of clinical placements).
- b. Have transparent mechanisms by which unsolicited quality information can be volunteered and clear processes for including this within quality assurance activities. There should be mechanisms by which both named and anonymised information can be given and for ensuring that this is without risk of repercussions or reprisals for patients, learners, clinical providers, and clinical educators.
- c. Quality assure the delivery of effective teaching and learning opportunities by clinical placement educators, ensuring sufficient oversight where they have little previous experience and/or do not hold a teaching qualification. They should ensure the availability of sufficient support and development opportunities.
- d. Be able to evidence rigorous quality assurance of any summative assessments conducted within clinical placements.

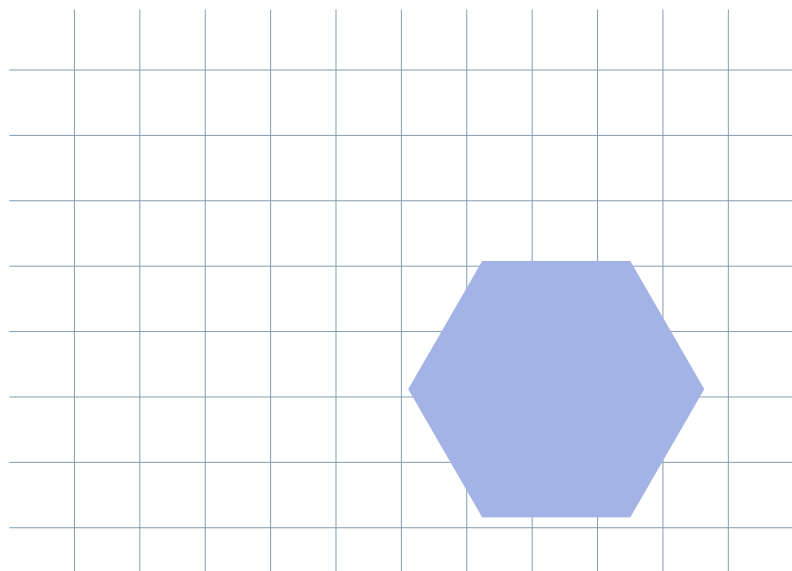
Quality assurance procedures for clinical placements should:

- a. Address areas that are requirements of the Education Standards. These include the extent to which the Education Standards are met, the educational experience for learners, support for and the welfare of learners, the performance, development of and support for educators, the assessment of learners, patient care, and safety in the education setting. Additional details are provided in Box 4.
- b. Include visits to clinical placement providers during placements.

- c. Include the regular collection of feedback from patients, learners, educators, and placement providers within its quality data, as well as providing mechanisms by which additional quality information can be volunteered. Methods of routinely collecting data for evaluation may include:
 - Surveying learners
 - Analysing portfolios or logbooks used by learners on the placement
 - Surveying those involved in organising and delivering the placement
 - Getting the views of patients where appropriate
 - Use of focus groups

Providers may also provide peer-to-peer support and development opportunities among their placement providers and clinical placement educators as a means of quality assurance and enhancement. They may consider mandating that these are regularly attended in order to assure both educational and patient care quality.

Where a programme provider utilises an external placement provider's clinical governance systems for assuring the quality and safety of patient care they will need to consider how they ensure that these are appropriate, sufficient, and effective.





Box 4. Details of areas for clinical placement quality assurance

General aspects

- The safety of patients, learners and clinical placement educators attending placement settings
- Implementation of the principles of equality, diversity, and inclusion
- Appropriate accessibility and provision of reasonable adjustments within clinical placement settings
- Appropriate induction of learners commencing placements

Appropriate and consistent clinical experiential learning opportunities

- Variety of settings experienced by each learner
- Range of patient demographics and presenting conditions experienced (including a sufficient breadth of case mix that reflects clinical practice)
- Range of patient management experiences; for example, making referrals, interprofessional collaboration etc
- The effectiveness of clinical placements in enabling relevant learning outcomes to be achieved
- The effectiveness of clinical placements in enabling learners to develop their skills of critical appraisal and the selection and integration of evidence into practice
- Opportunities for the provision of feedback by patients to learners
- Formative assessment and the provision of feedback by clinical placement educators to learners

Teaching, support and clinical placement educators

- The provision of effective learning opportunities by clinical placement educators
- The use of critically appraised evidence by clinical placement educators to support teaching and patient care
- The provision of feedback and formative assessment of learners by clinical placement educators
- The appropriate support of learners by clinical placement educators
- Appraisal, feedback to, support and development of clinical placement educators

Patient care within placements

- The provision of patient-centred care
- The quality of care provided (including an appropriate range of care available, number of visits, care in accordance with relevant clinical guidelines and evidence, patient outcomes and experiences of care)
- Patient safety, including safety incident reporting, monitoring and mechanisms to support the prevention of future harms
- Patient experience in the education setting



15. Managing problems or concerns

Providers should have in place:

- a. Whistleblowing policies and procedures to enable the reporting of serious concerns relating to patients, learners, educators, or placement settings. These should include clear mechanisms to escalate and act upon concerns.
- b. Robust and transparent processes to sensitively manage concerns raised by learners; for example, observing poor practice, issues of interpersonal relationship difficulties or concerns about the quality of their learning opportunities within clinical placements.
- c. Robust and transparent processes to sensitively manage concerns raised by staff regarding learners in practice.
- d. Mechanisms by which learner fitness-to-practice processes may be instigated, if necessary.
- e. A pre-planned procedure by which they will manage the breakdown or withdrawal of availability of a clinical placement. There should be a contingency for providing appropriate alternative learning opportunities, that will enable the requirements of the Education Standards to still be met.



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