

# Practice Educator's (PE) Handbook

A guide to supporting learners in practice.



Gm Practice Education Centre of Excellence  
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There are many different titles across Professions for practice educators / assessors but for the purpose of this guidance we are using Practice Educator (PE) to cover all professions.

Passing your knowledge and skills to a learner is one of the most essential roles you can undertake. As a Practice Educator, you are an essential piece of the collaborative jigsaw when supporting the development of health care professionals for the future. You have the privileged position and responsibility for helping learners translate theory into practice, and making what is learned in the classroom a reality ensuring the learner is fit for practice. The importance of your role and the quality of the supervision you offer in practice can never be over emphasised. You are key to supporting learners in practice, to apply their knowledge, learn key skills and achieve the required competencies for successful registration with the Health & Care Professions Council (HCPC) or Nursing & Midwifery Council (NMC)

Your supervision & assessment involves activities that promote and enhance effective transitions between professional roles, including:

- Identifying learning goals and supporting progression.
- Developing increasing students' control over their learning.
- Active listening.
- Modelling, observing, articulating, and discussing practice to raise awareness.
- Shared learning experiences e.g. via observation.
- Providing guidance, feedback and, when necessary, direction.
- Encouragement of self-assessment and reflection on learning.
- Review and action planning.
- Assessing, appraising, and accrediting practice.
- Ensure any assessment is valid and reliable, and that their performance is recorded accordingly.
- Brokering a range of support.

*Tell me and I forget  
Teach me and I remember  
Involve me and I learn.*

*Benjamin Franklin*

## NORTHWEST PRACTICE EDUCATOR TRAINING

The NW region has developed innovative multi-professional online learning materials to prepare our educators, recognising that supporting and assessing learners adopts the exact same principles across all healthcare professions.

These resources and e-learning opportunities will support colleagues across all of the many available professions, ensuring the region has high quality supported educators. The resources were developed by a steering comprised of a wide range of professional groups and across many different organisations. Central to the success of this framework has been the common goal to produce educator preparation materials that are engaging and refreshing. These highly interactive bitesize units of learning have been designed to prepare a whole range of practitioners:

- Preparation of new educators (new to profession)
- Preparation of new educators (experienced staff who have previously missed out on training for this important professional role)
- Update knowledge and skill for experienced educators
- Access for learners in preparation for their role as educators on qualification e.g., in their final year of training

**And include:**

- Coaching Spectrum
- Skill and Will
- Active Listening
- Challenge and Support
- Questioning Skills
- Models of Feedback
- Coaching Model (GROW)

Each element of the module takes on average 30minutes to complete. As with all of the modules, users are not required to complete all elements of the module in one go. They can save their progress and return at any time. On completion of the module, participants receive a certificate as evidence of completion for CPD.



NW Educator Leaflet  
v1 (002).pdf

<https://learninghub.nhs.uk/catalogue/nwlearningenvironments?nodeId=3244>

This statement sets out our broad expectations regarding registration participation in the supervision of learners from HCPC approved programmes. This covers both our expectations for education providers, providing learner placement supervision, and expectations for registrants offering supervision to others (including learners).

#### STANDARDS FOR EDUCATION AND TRAINING

It is a requirement of the standards for education and training that 'practice-based learning must take place in an environment that is safe and supportive for learners and service users' in our guidance on the standards for education and training, we state that this might include the level of supervision or autonomy that learners have.

There must also be an adequate number of appropriately qualified and experienced staff involved in practice-based learning (standards for education and training 5).

This includes 'practice educators' who we define as a person who is responsible for a learner's education during their practice-based learning. They must 'have relevant knowledge, skills and experience to support safe and effective learning and, unless other arrangements are appropriate, must be on the relevant part of the Register' (standards for education and training 5.6).

<https://www.hcpc-uk.org/globalassets/resources/standards/standards-of-education-and-training.pdf?v=637660865080000000>

The standards of conduct, performance and ethics and the standards of proficiency do not mandate that our registrants receive supervision or provide this to learners. However, they do support the case that registrants should be doing so, where they have the appropriate skills:

You must work in partnership with colleagues, sharing your skills, knowledge, and experience where appropriate, for the benefit of service users and carers. (Standard 2.5 of the standards of conduct, performance, and ethics).

Our definition of 'colleagues', set out in the glossary of the standards of conduct, performance, and ethics, includes learners. They also set clear expectations that if someone delegates work to someone else then they need to provide 'appropriate supervision and support' (standard of conduct performance and ethics 4.2).

As with any element of a registrant's practice, a registrant should only offer supervision if it is within their scope of practice. Standard 3.1 of the standards of conduct, performance and ethics requires registrants to 'keep within their scope of practice by only practising in the areas they have appropriate knowledge, skills and experience for'. This would mean we would expect a registrant to be suitably qualified to perform a supervisor role and have the required knowledge, skills, and experience in the area of practice they are supervising. The standards of proficiency also state that registrants must 'understand the importance of participation in training, supervision and mentoring'.

<https://www.hcpc-uk.org/standards/standards-of-conduct-performance-and-ethics/>

#### PRACTICE BASED LEARNING HEALTH EDUCATION ENGLAND

<https://www.hee.nhs.uk/our-work/allied-health-professions/increase-capacity/ahp-practice-based-learning>

[AHP principles of practice-based learning | The Chartered Society of Physiotherapy \(csp.org.uk\)](#)

#### NURSING & MIDWIFERY COUNCIL (NMC) STANDARDS FOR STUDENT SUPERVISION AND ASSESSMENT 2023

[Standards for student supervision and assessment - The Nursing and Midwifery Council \(nmc.org.uk\)](#)

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#### THE PRACTICE SUPERVISOR:

"All NMC registered nurses and midwives are capable of supervising learners, serving as role models for safe and effective practice"

All learners on an NMC approved programme are supervised in practice by NMC registered nurses and midwives, and other registered health and social care professionals who can demonstrate they meet the NMC outcomes for the Practice Supervisor role. They receive ongoing support to prepare, reflect and develop for effective supervision and contribution to, student learning and assessment, and have understanding of the proficiencies and programme outcomes they are supporting learners to achieve.

Together with HEIs, Practice Supervisors must ensure they:

- Serve as role models for safe and effective practice in line with their code of conduct.
- Support learning in line with their scope of practice to enable the learner to meet their proficiencies and programme outcomes.

- Support and supervise learners, providing feedback on their progress towards, and achievement of, proficiencies and skills.
- Have current knowledge and experience of the area in which they are providing support, supervision, and feedback, and receive ongoing support to participate in the practice learning.

Practice Supervisors contribution to the assessment and progression of learners is seen as key. They will:

- Contribute to the learners record of achievement by periodically recording relevant observations on the conduct, proficiency, and achievement of the learners they are supervising.
- Contribute to learner assessments to inform decisions for progression.
- Have sufficient opportunities to engage with practice assessors and academic assessors to share relevant observations on the conduct, proficiency, and achievement of the learner they are supervising, and are expected to appropriately raise and respond to learner conduct and competence concerns and are supported in doing so.

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#### The Practice Assessor:

The Practice Assessor is an NMC Registrant who has undertaken preparation, including coaching and Equality & Diversity training, or has evidence of prior learning and appropriate equivalent experience for the learner's field of practice or programme that enables them to demonstrate achievement of the NMC Standards (NMC 2023)

Practice Assessors must continue to proactively develop their professional practice and knowledge to fulfil their role.

ALL Practice Assessors are required to meet the outcomes defined in the Standards for learner Supervision and Assessment (NMC 2023)

Practice Assessors, together with HEIs must ensure that:

- Practice assessors conduct assessments to confirm learner achievement of proficiencies and programme outcomes for practice learning.
- Assessment decisions by practice assessors are informed by feedback sought and received from practice supervisors.
- Practice assessors make and record objective, evidenced-based assessments on conduct, proficiency, and achievement, drawing on learner records, direct observations, student self-reflection, and other resources.
- Practice assessors maintain current knowledge and expertise relevant for the proficiencies and programme outcomes they are assessing.

- A nominated practice assessor works in partnership with the nominated academic assessor to evaluate and recommend the learner for progression for each part of the programme, in line with programme standards and local and national policies.
- There are sufficient opportunities for the practice assessor to periodically observe the learner across environments to inform decisions for assessment and progression.
- There are sufficient opportunities for the practice assessor to gather and coordinate feedback from practice supervisors, any other practice assessors, and relevant people, to be assured about their decisions for assessment and progression.
- Communication and collaboration between practice and academic assessors is scheduled for relevant points in programme structure and student progression.

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SPECIALIST PRACTICE QUALIFICATION AND SPECIALIST COMMUNITY PUBLIC HEALTH NURSING, THE NMC HAVE SOME ADDITIONAL REQUIREMENTS:

Practice Assessors and Supervisors must:

- have undertaken a period of preceptorship in line with the NMC principles for preceptorship as SCPHN or community nursing SPQ qualified professionals or
- can evidence prior learning and relevant practice supervisor experience that enables them to facilitate effective evidence-based learning opportunities for post-registration SCPHN or community nursing SPQ students
- have undertaken a period of preceptorship in line with the NMC principles for preceptorship as SCPHNs or community nurses with a SPQ or,
- can evidence prior learning and relevant practice assessor experience that enables them to engage in fair, reliable and valid assessment processes in the context of SCPHN and/or community nursing SPQ
- ensure the student is assigned to a practice assessor who is an experienced registered SCPHN or community SPQ nurse for the programme the student is undertaking
- in exceptional circumstances, the same person may fulfil the role of practice supervisor and practice assessor for a part of the programme where the SCPHN/community nursing SPQ student is undergoing education and training in a practice learning setting. In such instances, the student, practice supervisor/ assessor and the AEI will need to evidence why it was necessary for the practice supervisor and practice assessor roles to be carried out by the same person
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SSSA SUPPORTING INFORMATION HUB

<https://www.nmc.org.uk/supporting-information-on-standards-for-student-supervision-and-assessment/>

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STANDARDS OF PROFICIENCY FOR REGISTERED NURSES

[standards-of-proficiency-for-nurses.pdf \(nmc.org.uk\)](https://www.nmc.org.uk/standards-of-proficiency-for-nurses.pdf)

The Standards apply across all four fields of nursing. All NMC approved programmes must meet The Standards. Practice assessment incorporates The Standards. The Standards are described under seven Platforms and two Annexes:

- Platform 1: Being an accountable professional.
- Platform 2: Promoting health and preventing ill health.
- Platform 3: Assessing needs and planning care.
- Platform 4: Providing and evaluating care.
- Platform 5: Leading and managing nursing care and working in teams.
- Platform 6: Improving safety and quality of care.
- Platform 7: Coordinating care.
- Annexe A: Communication and relationship management skills.
- Annexe B: Nursing procedures.

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#### STANDARDS OF PROFICIENCY FOR MIDWIVES 2019

#### [Standards of proficiency for midwives - The Nursing and Midwifery Council \(nmc.org.uk\)](https://nmc.org.uk)

The standards of proficiency are grouped under six domains, which are important to understand because they: represent the knowledge, skills and attributes that all midwives must demonstrate at the point of registration

reflect what the public, women and families can expect midwives to know and be able to do in order to provide the best and safest care possible

provide a benchmark for midwives from the European Economic Area, EU and overseas wishing to join the register

provide a benchmark for those who plan to return to practice after a period of absence.

- Being an accountable, autonomous, professional midwife
- Safe and effective midwifery care: promoting and providing continuity of care and carer
- Universal care for all women and newborn infants
- Additional care for women and newborn infants with complications
- Promoting excellence: the midwife as colleague, scholar and leader
- The midwife as skilled practitioner

#### REMAINING UP TO DATE:

The Nursing and Midwifery Council no longer mandate that an annual update is required however the (NMC 2023) state that all Practice Assessors and Practice Supervisors receive ongoing support and training to continue to proactively develop their professional practice and knowledge in order to fulfil their role, and can be met in a number of ways:

- Supervising/Assessing learners regularly
- Find opportunities to meet and explore assessment and supervision issues with other Practice Assessors and Practice Supervisors.
- Mapping ongoing development in your role against the current NMC Standards (NMC 2023).

## CREATING A POSITIVE LEARNING ENVIRONMENT

Learning in the clinical environment is a cornerstone of healthcare education. An effective and supportive clinical learning environment (CLE) provides trainee healthcare professionals with an opportunity to develop professional behaviours, link the theoretical aspect of their studies with clinical practice and strongly influence learners' achievement of their programme learning outcomes.

Psychological safety is an essential component of an effective placement. It is evident from the available literature that psychological safety plays an essential role in ensuring a positive and productive learning experience for learners in the clinical learning environment. It is vital that they feel safe to ask questions and verbalise areas of clinical practice that require improvement without fear of judgment or repercussions for their clinical assessment documents. Key attributes practice educators must display are openness, inclusivity, effective interpersonal and communication skills, and a collaborative approach to creating a psychologically safe learning environment for learners. Learning in a clinical context is foundational in training all health professionals.

### SAFE LEARNING ENVIRONMENT CHARTER – WHAT GOOD LIKES

Derived from NHS England's Education Quality Framework (2021), the Charter is a solution focused tool. It aims to provide learners, organisations, and Approved Education Institutions (AEIs) with a clear and practical roadmap for offering their learners high-quality learning environments, as set out in the Health Education England Quality Strategy and Education Quality Framework standards. (See link below)

<https://www.england.nhs.uk/publication/safe-learning-environment-charter-posters/>

### GM HEALTH & CARE LEARNING STRATEGY

The Greater Manchester Health & Care Learning Environment Strategy has been developed to meet the needs of those learners and places an unrelenting focus on the quality of the learning environment and the learners experience underpinned by research and education. This strategy sets out the requirements for practice education across the system, to equip the future workforce to meet the healthcare needs of the communities we serve. The challenges that arose during the global pandemic in supporting, preparing, and ensuring quality learning environments for learners, have provided a catalyst for change.

Increased use of technology, simulation and identification of new learning environments that support services and learners' requirements, alongside the identification of innovative new practice learning opportunities, will enable the system to meet the need of all learners. The role of the Practice educator will be key to the success of this strategy. Teaching future health and care workers is a fundamental requirement for registered practitioners; continued development and investment in education practitioners will be a priority for Greater Manchester. This strategy gives permission to all who work in health and care to review, change, and innovate

the learning environment, to raise the profile of practice education and educator roles and to create a culture of continuous improvement in teaching and learning for the professions (see link below)

<https://documents.manchester.ac.uk/display.aspx?DocID=52923>

#### HEALTH EDUCATION QUALITY FRAMEWORK

The HEE Quality Framework applies to the quality of all healthcare education and training of all learners across all clinical learning environments within which they are placed.

<https://nshcs.hee.nhs.uk/publications/health-education-england-hee-quality-framework-from-2021/>

#### HUB AND SPOKE PLACEMENTS.

The “Hub and Spoke” model for learners has been developed to:

- Assist learners to meet core-learning outcomes set within the curriculum.
- Assist learners to meet individual learning outcomes whilst on placement.
- Enable the learner to experience the whole patient experience.
- Increase placement capacity.

Combined length of spokes can vary but should not amount to greater than a quarter of the time allocated to the hub placement and should be discussed and planned with their Practice educator. Each placement should have a “Hub and Spoke” Model or patient/ client pathway model to guide the learners to experience as much depth as possible.

Whilst the learner should be encouraged to identify and plan their own “Spokes”, guidance should be given by the Practice Educator to ensure the visits are appropriate.

In the final placement, spoke placements away from the hub should be minimised as this is a period of consolidation in preparation for Newly Qualified Status.

For further information, please refer to the Pan Manchester Hub and Spoke Policy for Pre-registration Undergraduate (Appendix 2)

#### PATIENT / CLIENT PATHWAY MODEL.

A patient pathway follows the phases of care, guiding the whole journey a patient/ client takes by defining goals and milestones, and supports mutual decision-making by the patient and her/his multidisciplinary care team collaborating in a comprehensive network of care

## GUIDELINES FOR WHEN LEARNERS ARE ON PRACTICE PLACEMENT

### ATTENDANCE:

Attendance on placements is **compulsory**. Practice learning environments **must** allocate the learner a Practice Assessor and Practice Supervisor for supervision purposes (NMC learners) or a Practice Educator (HCPC learners).

- You will need to report sickness & absence of learners from practice to ensure the associate HEI both monitor from a health & safety aspect and ensure the necessary hours for registration are completed over the programme.
- Each University may have slightly different processes. Your responsibility is to inform their personal tutor / academic advisor / academic assessor via the PARE system or relevant assessment documentation and mark as absent. If the absence is not short term (5 days or above) please notify their personal tutor & PEF team or equivalent for further advice and support, as would require a fit note from their GP.
- If a learner is off sick they cannot do additional shifts to make up their time within the same week.
- Sickness absence should be documented within their practice assessment documents.
- It is vital from a health and safety point of view that your placement area has a formal way of monitoring absence via off duty and any non-attendance without notification from the learner should be reported to ensure the safety of the learner.

### BANK HOLIDAYS

Learners on Pre-Registration programmes (non-apprenticeship) do not generally work Bank Holidays (with the exception of UoM midwifery learners) unless they choose to themselves, they therefore are in practice for shortened hours in the weeks Bank Holidays fall.. Each programme factors in the Bank holidays over the period of the course.

### MAKING UP HOURS

Learners should not be making up hours or extending their practice placement without the authority from their personal tutor / HEI and a professional discussion with the Practice Educator. All HEIs will have a policy in relation to this.

### REASONABLE ADJUSTMENTS / EQUALITY & DIVERSITY

A key feature of assessment will be the facilitation of reasonable adjustments when required. All environments will have a responsibility to provide reasonable adjustments for students. This will be the responsibility of the HEI, with their practice learning partners, to manage. If a learner

has not been given the right adjustments to remove barriers to their learning, this may lead to unfair assessments and affect their ability to complete the programme.

As part of their statutory Public Sector Duty HEIs and practice learning partners need to provide reasonable adjustments to support pre-registration learners with disabilities. Support measures should meet students' individual needs while maintaining academic and professional standards. Disabled learners should experience the same broad range of practice settings as non-disabled students to enable them to demonstrate that they have achieved the learning outcomes for each placement. In this respect a physical or mental impairment includes sensory impairments, mental illness or mental health issues, specific learning difficulties such as dyslexia and conditions such as diabetes and epilepsy.

Practice education involves a range of relationships, rights and responsibilities, some legal and others negotiable between the learner, HEI, and placement provider. The GM Universities acknowledges that not all information about a student's disability or health condition may be relevant to placement providers and that information will be provided on a need-to-know basis.

#### WHAT IS REASONABLE?

You only have to do what is reasonable.

Various factors influence whether a particular adjustment is considered reasonable. The test of what is reasonable is ultimately an objective test and not simply a matter of what you may personally think is reasonable.

When deciding whether an adjustment is reasonable you can consider:

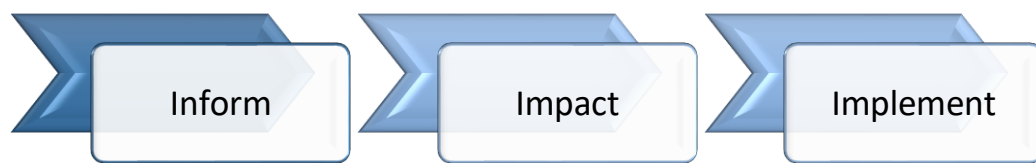
- How effective the change will be in avoiding the disadvantage the disabled learner would otherwise experience.
- Its practicality
- The cost
- Your organisation's resources and size
- The availability of financial support.

Your overall aim should be, as far as possible, to remove or reduce any disadvantage faced by the learner.

#### PRACTICE REASONABLE ADJUSTMENT PLANS (PRAP)

As a Greater Manchester collective each HEI has their own individual process in supporting their learners with adjustment plans which should be in collaboration with practice.

Please see below for guidance in relation to creating reasonable adjustments within practice settings taken from (NWPEG Inclusive Approaches to Supporting Learners. 2023.V2)



## INFORM

It is important that processes are in place to ensure University inclusive support teams can consider reasonable adjustments from any point, to include:

### APPLICATION

Learner notification on UCAS. Each HEI is required to have a process in place to highlight learners to inclusivity teams.

### REGISTRATION

Each HEI is required to have a process in place to highlight learners to inclusivity teams.

### Occupational Health (OH)

Each HEI is required to have a process in place to highlight learners to inclusivity teams following OH assessment.

### ON PROGRAMME – FORMAL/INFORMAL AND IN ACADEMIC OR PRACTICE SETTINGS

All HEI staff are responsible for referral to inclusivity teams on disclosure

All Universities are required to have a mechanism for Practice staff to inform of disclosure.

**A 2022 legal case highlighted the need for learners to be able to ‘tell us once’ and have expectation that reasonable adjustments would be considered from this point.**

## IMPACT

All regulated professions learners have a responsibility for patient safety and are bound by this requirement (NMC code, HCPC guidance on conduct & ethics for students). It is therefore important that learners consider if their disability may present challenges to success.

Day to day activities in practice settings may be very different to what learners have experienced previously. Professional procedures, teamwork and client/practitioner interaction are normal day to day activities in addition to profession specific competencies. Learners may therefore require support from the HEI and practice area to explore any potential impact within the practice learning environment.

Impact is considered in terms of ability to meet the learning outcomes and risk to the learner,

It should be noted that increasing impact does not equate with a challenge to success and indicates only who should be involved in defining reasonable adjustments.

## IMPLEMENT

If impact is identified, it is important that two key features are considered:

1. Reasonable adjustments to facilitate learners performing to the best of their ability
2. Reasonable adjustments which ensure safety of the learner, public and staff.

Reasonable adjustments change the mechanism of learning and assessment NOT the competence being developed or assessed.

Learner led discussions should focus on four key areas,

1. This is me
2. This is what I am good at
3. This is what I find challenging
4. This is what I need to be my best

At this meeting all aspects of practice placement-based day to day activities should be considered.

It is recognised that learners & tutors are unlikely to have an exhaustive knowledge of each learning environment and therefore essential that where greater impact is identified Practice Education Facilitators / Practice staff are involved in helping to shape reasonable adjustment for practice plans.

## LEARNER RESPONSIBILITIES

Learners do not have to disclose a **disability, impairment, learning or health need**, however, they are encouraged to consider the purpose of reasonable adjustment:

- to facilitate learners performing to the best of their ability &
- to ensure safety of the learner, public and staff.
- 

HEIs therefore have a responsibility to promote disclosure and the associated support.

If learners choose not to disclose, reasonable adjustments will not be implemented which may impact on the level of success.

The HEI and practice partners have a responsibility to protect client groups. If learners choose not to disclose or disclose at a late stage and this leads to difficulties which impact on patient/client safety, they may be withdrawn from a learning environment until reasonable adjustments can be put into place.

This may involve a suspension of studies for a period.

If a learner requests that information is NOT shared with practice, learners will be counselled to consider if any risk is associated with this decision. If this subsequently leads to putting the learner, public or staff at risk this may lead to a fitness to practise referral within the HEI.

[Accessing Disability Support - A Toolkit for Health Professionals and Learners | D&A | Diversity and Ability](#)

<https://www.hee.nhs.uk/sites/default/files/documents/Guide%20to%20Practice-Based%20Learning%20%28PBL%29%20for%20Neurodivergent%20Students.pdf>

## HEALTH AND WELLBEING

It is vital as Practice Educators you look out for the health and wellbeing of your learners as well as yourself. Please find helpful resources to support you in your role

### GREATER MANCHESTER HEALTH & WELLBEING TOOLKIT

[gm-icp-wellbeing-toolkit.pdf \(gmintegratedcare.org.uk\)](#)

### MENOPAUSE TOOLKIT

<https://thebms.org.uk/education/principles-practice-of-menopause-care/bms-ppmc-resources-toolkit/>

### PREGNANCY RISK ASSESSMENT

All learners are encouraged to inform practice if they are pregnant and then a local health and safety risk assessment should be undertaken in line with the organisations policies and procedures.

Consider whether dates or times of antenatal appointments will affect the learner's placement shifts and make reasonable adjustments where appropriate.

## RELIGIOUS OBSERVANCE

It is important that learners of all faiths and beliefs feel welcome and included in practice. Induction is key for clinical placements; Practice educators should proactively ask all learners as part of the pre visit or local induction process if they have any faith needs at the beginning of the clinical placement, this removes the burden of the learner having to raise it themselves, alleviating the worry of being branded 'difficult'

Most religions or beliefs have special spiritual observance or holy days when learners may wish to request time off in order to attend the associated ceremonies or festivals.

A practical step for placements to take could be to utilise a multi-faith event calendar (below) however it should be noted that the dates of some religious festivals are not known until quite close to the day, because the dates depend on lunar phases and change from year to year. Again, discussion and flexibility on both sides can hopefully lead to a satisfactory outcomes.

Many religions also require time during the day for prayer or meditation. It is good practice to ensure the learner is aware of designated facilities as part of their welcome / induction. Flexibility around time allowed for prayer and ablutions can be best achieved by discussion with the person concerned, as individual needs can vary. Being flexible with the times of normal break periods can often lead to acceptable solutions. It is important to remember that most individuals have had a great deal of experience at fitting such needs around the ordinary call of work and study. Please note that time taken out for prayer beyond normal break times should be made up within the working week.

Some religions prohibit working on certain days – for instance, from Friday sunset until Saturday sunset in Judaism, and on Sundays in some Christian religious groups – although there are often exceptions made for those involved in Healthcare. Shift patterns and any necessity for weekend working should be discussed from the first day of so that suitable compromises can be reached. Please note Professional Body requirements for programme must be met.

## OBJECTIVE AND FAIR ASSESSMENTS

All learners' assessments must be objective and fair.

An objective and fair assessment should assure that the learner has met all the intended proficiencies as set out in their programme and is safe and competent to practise in their intended area practice. The learner should also be challenged in a constructive way and given the opportunity to improve and reflect in a timely manner, for an assessment to be considered objective and fair.

Practice educators have a responsibility only to 'pass' or recommend a learner for progression when this is supported by evidence.

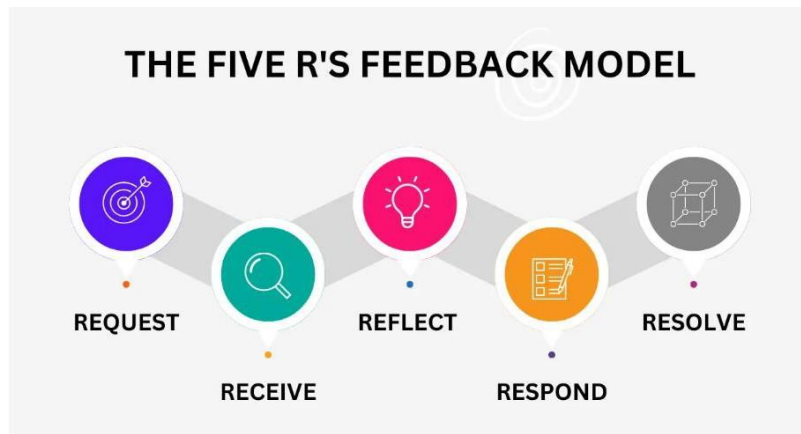
A fair assessment is transparent. It is evidenced based, and supported by clear and reliable documentation, and includes a variety of viewpoints. The learner is communicated with appropriately and in a timely way about what the decision is, and clear reasons are given for the decision.

Individual Assessors should also reflect on how they are interacting with learners, and be aware of how various things, such as learning styles, personal attributes, generational and cultural differences, or conscious or unconscious bias, may affect their decisions.

## GATHERING EFFECTIVE FEEDBACK

Feedback within clinical practice is known to be central to the development of learners. However, a high proportion of learner's report that they had received insufficient feedback in relation to the objectives / proficiencies or find difficult to source it from their supervisors at all.

Utilising the below model will help you make your feedback supportive and meaningful. Always follow up in writing with dates and times.



#### Request:

Be open and approachable. Encourage others to request feedback from you. Establish clear rules of engagement and what the recipient needs.

#### Receive:

Deliver your feedback clearly and concisely. Be patient and give the receiver time to process the information.

Avoid prescribing your solution; help people find theirs. In Tony Hsieh's words: "Don't be the plant that every other plant aspires to." Instead, create the conditions for others to bloom.

Assess the behaviour, not the person. Provide feedback through questions rather than mandating a solution. Change happens from within effective feedback keeps people thinking not hurting.

Feedback is not the truth but rather your opinion. When expressing feedback, use phrases such as "I think..." to clarify that it's your personal perspective.

#### Reflect:

Give the receiver time to reflect on the feedback. Understand that immediate change may not be possible, and that reflection is crucial to the process.

#### Respond:

Be open to dialogue. Once the receiver has had time to reflect, they may have questions or need further clarification. Be prepared to engage in this conversation and provide additional feedback, if necessary.

#### Resolve:

Follow up on the feedback given. Check in with the receiver to see how they are progressing with their action. This shows your commitment to their growth and development.

<https://gustavorazzetti.substack.com/p/the-five-rs-of-feedback-a-blueprint>

Where practice staff may have concerns about a learner's progression or performance a discussion including the Practice educator, and relevant Academic should take place, the learner should be fully aware and directly involved. Accurate and timely records should be kept using the Pan Manchester Practice Assessment Document (PARE), or equivalent assessment documentation.

Meetings should be held in a quiet area where you will be free from interruptions. If you identify issues with a learner early on in the placement do not wait until the midway assessment as early intervention can be the key to turning around a failing learner.

Open by allowing the learner the opportunity to self-reflect on their progress. e.g. "what do you understand happened here?" Use open ended questions and listen to the learners' feelings, they may be afraid of failure or angry.

You should give honest detailed feedback with clear examples that support your concerns and document these on the relevant section of the assessment form. You should not use expressions such as "I have heard.... I think".

An action Plan should be devised with the learner and a review date set in order to assist the learner to achieve their outcomes where deficits in practice have occurred. This will involve:

- Discussing strengths and areas of development.
- Planning remedial action.
- Determining a date for final assessment.

Develop the action plan using SMART goals to achieve specific objectives, discuss how they might achieve them and inform them of the consequences should improvement not occur and negotiate further learning opportunities if necessary.

### FAILING A LEARNER

Sometimes despite the best efforts of the practice educator the wider team and learner it will be necessary to fail a learner, in this situation the final assessment should come as no surprise to those involved. Do not take this personally, remember you should have clear evidence that the learner has failed to meet the proficiencies expected.

The documentation completed can help establish if there is a pattern over placements and protects the learner against irresponsible decisions. Remember as a Practice Educator you have a responsibility not only to your clients but to your profession and yourself.

Do not avoid the issues of failing learners, do however be prepared for the learner's reaction which may include:

- Shock and disbelief- There may be a genuine lack of insight into their own abilities, or previous assessors passing the buck or giving them the benefit of the doubt. This is neither in the interest of the learner or your profession.
- Shock their “friend” has failed them; learners can mistake the warm, nurturing environment on placement as friendship. Practice educators need to become skilled at maintaining a professional and supportive role.
- Learners may become emotional, crying, angry, aggressive, be in denial, become verbally abusive, they may cite a personality clash or victimisation. If there is a hint of this a 3rd person should be included either academic staff or Practice education facilitators or equivalent.
- Some may be relieved and willing to fail the placement, as long as they receive constructive feedback on how they can improve.

Practice Educators should have the opportunity to discuss issues with a relevant academic assessor / advisor / visiting tutor or your practice education facilitator (PEF). Note not all situations with learners can be resolved; you must sometimes seek advice.

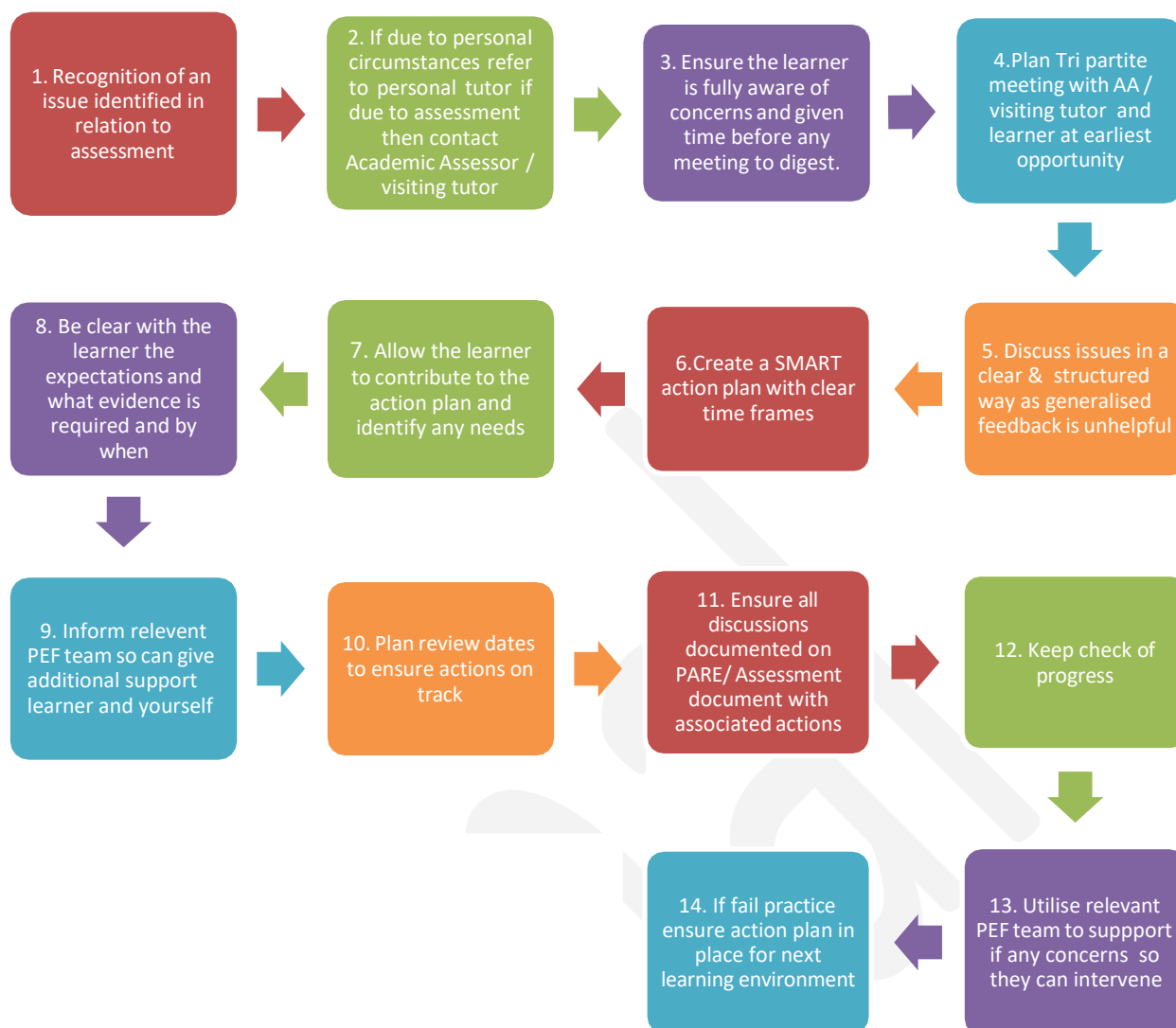
Always liaise with the relevant HEI to ensure due process is followed.

It is important to:

- Acknowledge your own feelings.
- Don't give benefit of the doubt.
- Don't ignore alarm bells.
- Seek support early.
- Avoid bias and making assumptions.
- Use supervision for anonymous discussion/utilise a second observer, this can help bring objectivity and prove to the learner there is fairness in assessment

Formal intervention needs to be timely and carried out as early into the placement as possible, in order to allow the learner time to address the issue/s of concern. Leaving the decision until it is too late may prevent the initiation of any 'rescue strategies' the practice assessor/academic assessor may attempt to implement at a later date resulting in the learner failing the placement, having had no opportunity to correct the concern/s.

The below process shows how such issues be managed and is a joint responsibility of both the Practice educator and the relevant HEI personnel, whom need to work collaboratively with the PEF input for additional support.



## INCIDENTS IN PRACTICE PROCESS:

Where learners are involved in an incident in practice you should follow your Organisations internal process alongside the GM Issues in practice process outlined in Appendix 6

## STATEMENTS FROM LEARNERS:

Where there is a need to obtain a statement from a learner in practice, please note that this should **not** be submitted without the support and supervision of their relevant academic tutor and notification to the associated practice education facilitator or equivalent.

Where practice placement educators / staff are required to submit a statement to the associated HEI - please follow below process:

- Utilise a formal statement template to record a factual account in a concise and logical manner (examples below).
- Ensure submitted in a timely manner as soon after the event as possible.
- Approval sought from relevant manager in practice before submission.

### **Tips**

- Be clear.
- State the times you were on and off duty on the day/s in question. ...
- Give brief details of the work environment at the time, including your job role, area of responsibility.
- Be clear about what you did, saw, and heard.
- Use the first person (i.e. 'I').

Please see example statement templates in **Appendix 8**

### NMC EDUCATORS:

- Practice Learning Lead or Practice Learning Academic
- Academic Assessor
- Lead Midwife for education
- Personal Tutor if personal issues.
- Work based tutor – for apprentices
- The Practice Education Facilitator (PEF) for your organisation.
- The Placement Education Lead.
- Other Practice Assessors and Practice Supervisors.
- HEI / Clinical Guides and Policies.
- The Higher Education Institutions (HEIs).

### HCPC EDUCATORS

- Visiting Tutor
- Personal tutor
- Practice Learning Lead or Practice Learning Academic
- Work based tutor – for apprentices
- The Practice Education Facilitator (PEF) for your organisation.
- The Placement Education Lead.
- Other Practice Educators
- HEI / Clinical Guides and Policies.
- The Higher Education Institutions (HEIs).

## COURSE OVERVIEWS FOR UNDERGRADUATE PROGRAMMES ACROSS GM HEI'S

You will find relevant information in relation to specific programmes and module content in order to enhance your overall knowledge and skills in links below.

### THE UNIVERSITY OF MANCHESTER

- BNurs Adult Nursing <https://www.manchester.ac.uk/study/undergraduate/courses/2024/10971/bnurs-adult-nursing/course-details/#course-profile>
- BNurs Children and Young People's Nursing <https://www.manchester.ac.uk/study/undergraduate/courses/2024/10972/bnurs-childrens-nursing/>
- BNurs Mental Health Nursing <https://www.manchester.ac.uk/study/undergraduate/courses/2024/10973/bnurs-mental-health-nursing/>
- BMidwif Midwifery <https://www.manchester.ac.uk/study/undergraduate/courses/2024/11660/bmidwif-midwifery/>
- Speech & Language Therapy <https://www.manchester.ac.uk/study/undergraduate/courses/2024/11331/bsc-speech-and-language-therapy/>

### UNIVERSITY OF SALFORD

- Physiotherapy - <https://www.salford.ac.uk/courses/undergraduate/physiotherapy>
- Occupational Therapy – <https://www.salford.ac.uk/courses/undergraduate/occupational-therapy>
- Podiatry - <https://www.salford.ac.uk/courses/undergraduate/podiatry>
- Prosthetics & Orthotics [BSc \(Hons\) Prosthetics and Orthotics | University of Salford](#)
- Diagnostic Radiography [BSc \(Hons\) Diagnostic Radiography | University of Salford](#)
- Adult Nursing BSc - <https://www.salford.ac.uk/courses/undergraduate/nursing-rn-adult>
- Adult Nursing MA - <https://www.salford.ac.uk/courses/postgraduate/nursing-adult>
- Children & Young people BSc <https://www.salford.ac.uk/courses/undergraduate/nursing-rn-children-and-young-people>
- BSc (Hons)/MA Mental Health Nursing - <https://www.salford.ac.uk/courses/undergraduate/nursing-rn-mental-health>
- BSc (Hons) Midwifery (156 Weeks) - <https://www.salford.ac.uk/courses/undergraduate/midwifery>
- MSc Midwifery (Post-RN) – [MSc Midwifery Post RN \(pre-registration\) | University of Salford](#)
- BSc (Hons) Integrated Practice in Learning Disabilities Nursing and Social Work - <https://www.salford.ac.uk/courses/undergraduate/learning-disabilities-nursing-and-social-work-integrated-practice>
- MSc Clinical Exercise Physiology [MSc/PgDip/PgCert Clinical Exercise Physiology | University of Salford](#)

### Manchester Metropolitan University

BSc (Hons) Adult Nursing [BSc \(Hons\) Adult Nursing · Manchester Metropolitan University \(mmu.ac.uk\)](#)

BSc (Hons) Mental Health Nursing [BSc \(Hons\) Mental Health Nursing · Manchester Metropolitan University \(mmu.ac.uk\)](#)

MSc (Pre-registration) Adult Nursing [MSc Adult Nursing \(Pre-registration\) · Manchester Metropolitan University \(mmu.ac.uk\)](#)

MSc (Pre-registration) Mental Health Nursing [MSc Mental Health Nursing \(Pre-registration\) · Manchester Metropolitan University \(mmu.ac.uk\)](#)

FdSc Health and Care Practice (Nursing Associate) [FdSc Health and Care Practice \(Nursing Associate\) · Manchester Metropolitan University \(mmu.ac.uk\)](#)

BSc (Hons) Physiotherapy [BSc \(Hons\) Physiotherapy · Manchester Metropolitan University \(mmu.ac.uk\)](#)

MSc (Pre-registration) Physiotherapy [MSc Physiotherapy \(Pre-registration\) · Manchester Metropolitan University \(mmu.ac.uk\)](#)

BSc (Hons) Speech and Language Therapy [BSc \(Hons\) Speech and Language Therapy · Manchester Metropolitan University \(mmu.ac.uk\)](#)

MSc (Pre-registration) Speech and Language Therapy [MSc Speech and Language Therapy \(Pre-registration\) · Manchester Metropolitan University \(mmu.ac.uk\)](#)

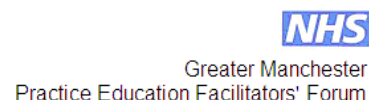
MSc (Pre-registration) Dietetics [MSc Dietetics \(Pre-registration\) · Manchester Metropolitan University \(mmu.ac.uk\)](#)

MSc (Pre-registration) Occupational Therapy [MSc Occupational Therapy \(Pre-registration\) · Manchester Metropolitan University \(mmu.ac.uk\)](#)

#### UNIVERSITY OF BOLTON

- BSc (Hons) Adult Nursing - <https://www.bolton.ac.uk/course/NRS003-F-UOB-SX/2025-2026>
- M(Nurs) Nursing (Adult) (Integrated Master's) - <https://www.bolton.ac.uk/course/NRS033-F-UOB-IX>
- Bsc (Hons) Children & Young People Nursing - <https://www.bolton.ac.uk/course/NRS009-F-UOB-SX>
- Bsc (Hons) Midwifery - <https://www.bolton.ac.uk/course/NRS011-F-UOB-SX>
- Bsc (Hons) Physiotherapy - <https://www.bolton.ac.uk/course/SPT008-F-UOB-MX>
- Msc Physiotherapy - <https://www.bolton.ac.uk/course/SPT008-F-UOB-MX>
- Bsc (Hons) Operating Department Practitioner - <https://www.bolton.ac.uk/course/HLT049-F-UOB-SX>
- Bsc (Hons) ODP (Degree Apprenticeship) - <https://www.bolton.ac.uk/course/HLT049-F-UOB-SS>
- BSc (Hons) Sport Rehabilitation - <https://www.bolton.ac.uk/course/SRB002-F-UOB-SX>
- BSc (Hons) Mental Health Registered Nurse Degree Apprenticeship - <https://www.bolton.ac.uk/course/NRS010-F-UOB-SS>
- FdSc Nursing Associate (Higher Apprenticeship Route) - <https://www.bolton.ac.uk/course/NRS029-F-UOB-AS>
- FdSc Nursing Associate - <https://www.bolton.ac.uk/course/NRS029-F-UOB-AX>

# GREATER MANCHESTER APPROVED POLICIES



# Health, Safety and Risk Management Policy for all NMAHP/PSRB Approved Programmes:

## Learner's Responsibilities on Practice Placement

**IT IS IMPORTANT TO READ THIS DOCUMENT IN CONJUNCTION WITH ALL HEI AND PLACEMENT POLICIES**

GM Practice Education Centre of Excellence  
Version 7: May 2024 Review Date: May 2027

The Health and Safety at Work Act (1974) sets out the statutory duties of employers and employees\* to ensure, improve and promote, as far as it is reasonably practicable, health and safety at work. The Health and Safety Executive (2003) has outlined an Approved Code of Conduct as guidance on the implementation of the Health and Safety at Work Act. The Equality Act (2010) requires reasonable adjustments to be made in the workplace for people with identified needs.

The Academic Educational Institute (AEI) and partnership Organisations recognise their responsibility to provide effective health and safety management systems. It is equally the responsibility of each learner to operate within those safe systems of work that have been put in place within the practice setting.

**As a learner you are required to:**

- Locate and familiarise yourself with the health, safety, and risk management policy documents, including completed risk assessments, in each placement area in accordance with your Practice Assessment Document, by discussion of local policies at the placement initial interview.
- Report any breaches of health, safety and other risk management issues that may affect yourself or others in the practice setting, in accordance with the relevant partnership organisation and HEI policies and procedures.
- Ensure you are aware of the risk assessment system in place and control measures required to reduce or eliminate identified risks.
- Inform the following people when an additional risk assessment is required because of a change in circumstances, such as pregnancy, illness, or injury:
  - The Programme Lead (University of Salford and Manchester Metropolitan University, University of Bolton) or Unit Lead (The University of Manchester).
  - The Personal Tutor (University of Salford, Manchester Metropolitan University, and University of Bolton) or Academic Advisor (The University of Manchester).
  - The Practice Education Facilitator (PEF) / Clinical Educator (CE) / Clinical Education Specialist (CES) / Practice Education Practitioner (PEP) and Placement Manager.
  - Practice Assessor and/or Practice Supervisor.

You are required to notify the Practice Supervisor/Assessor as soon as possible, who will work with the PEF / CE to ensure that the appropriate risk assessment is completed and implemented to ensure your health, safety, and well-being within the workplace.

- Attend and complete mandatory inductions and health and safety updates within the partnership organisation and the HEI in which you are undertaking your studies.
- Follow the correct local reporting mechanisms and forward copies of the completed incident report to the HEI should you become involved in an adverse incident whilst on placement. If you are required to complete a statement, advice and support should be sought from your Personal Tutor (University of Salford, Manchester Metropolitan University, and University of Bolton) or Academic Advisor (The University of Manchester).

**\*For the purposes of this policy document learners will be classed as employees on placement, whilst remaining supernumerar**



Greater Manchester  
Practice Education Facilitators' Forum



# Hub and Spoke

**Hub and spoke learning experiences for all professional and statutory regulatory body (PSRB) approved programmes**

GM Practice Education Centre of Excellence  
Version 7: May 2024 Review Date: May 2027

## 1.0 Introduction

### Background

The development of the hub and spoke learning experiences embraces the goals and aspirations embedded within the Greater Manchester (GM) Health and Care Learning Environment (HCLE) Strategy (2021-2024) and earlier policy/research including RePAIR (Health Education England (HEE), 2018) and Raising the Bar (Health Education England, 2015)

There are many benefits to adopting this approach to practice education. Spoke learning offers the opportunity to enhance the practice learning experience. Learning across services and sectors and witnessing first-hand, integrated interprofessional person-centred practice, will help remove a binary view of health and social care and widen the lens by which learners come to understand the complex and multifaceted nature of health care within the neighbourhoods they serve.

Greater Manchester is a vibrant metropolitan area rich in culture, diversity, and history. It also has acute differences in health and wealth across the region, with high levels of deprivation and poverty and systemic differences between the health outcomes for different groups. Understanding that healthcare happens in multiple places and domains will transform learner's 'know-how' and help scaffold their learning to develop their professional competence and confidence. The future practitioner must be prepared for the changing landscape of healthcare, one in which they will practice across sectors and services and forge strong partnerships in the delivery of care.

This spoke model does have some challenges. It requires an open-mindedness about where healthcare takes place and it relies on partnerships forged between provider organisations, approved education institutions (AEIs – universities) and the community.

The Hub and Spoke model involves:

- New and innovative ways of learning
- Overcoming barriers to primary and social care in practice learning
- Positive learning experiences impacting on the quality and delivery of person-centred care
- Emergent role experiences

### Regulatory requirements

Many factors need to be considered and managed when utilising the hub and spoke model, not least the requirements of regulatory bodies.

The Nursing and Midwifery Council (NMC) (2018) Standards for Student Supervision and Assessment state that students, though supernumerary, must be actively involved in midwifery / nursing care as part of the

team and should be supervised by suitably prepared practice supervisors, a nominated practice assessor and academic assessor. The responsibilities within this model of learning are detailed below.

The Health and Care Professions Council (HCPC) (2017) Standards of Education and Training state that “Practice-based learning must take place in an environment that is safe and supportive for learners and service users” and “There must be an adequate number of appropriately qualified and experienced staff involved in practice-based learning.”

### **Quality Assurance (QA) for Hub and Spoke learning environments**

All learning environments need to demonstrate the QA principles set out in the HEE Quality Framework and the Northwest quality assurance and enhancement framework (NWQAEF) (2021). Hub learning environments are quality assured and compliant against education standards (NMC 2018b), HEE Quality Framework (2019-2020) and the NWQAEF (2021).

Spoke learning environments are routinely identified as part of the quality assurance framework for the hub learning environment. Any spoke learning environment which is not identified as part of the hub environment must be agreed by the educator, Practice Education Facilitator, and the AEI (Practice Learning Lead / Academic). The learning environment will be required to complete a risk assessment to be included within the hub quality assurance / audit documentation.

Spoke learning environments are normally identified by the hub learning environment and appropriate support and practice supervision must always be available for learners. Hub supervisors and assessors retain oversight of student learning during spoke experiences – in spoke learning environments without registered health professionals, any agreed GM guidance for supervision and assessment should be followed.

## **2.0 Aims of the Hub and Spoke Model for Learning Environments**

- Provide opportunities for learning across service, sector and organisational boundaries within healthcare settings that also transcend traditional professional boundaries to enrich the learner experience and enable future practitioners to be prepared for new challenges in healthcare provision e.g., telemedicine, digital health technologies and working in partnership to meet the needs of the community.
- Support the expansion of learning environments by fostering open-mindedness about care settings, embracing flexible learning opportunities. By adopting this model of learning across communities of practice, there is a predictable and sustainable approach to expanding the capacity of practice learning environments across Greater Manchester.

## 3.0 Learning Environments

### 3.1. Hub Learning Environments

This is the principal learning environment to which learners are allocated. This can be in a variety of settings, including, inpatient, outward facing primary and community settings, private, independent, voluntary, and other sectors. The hub learning environment will:

- Provide learning opportunities to ensure that the appropriate programme learning outcomes and proficiencies are achieved.
- Provide the opportunity for learners to experience full aspects of the patient / service user / carer journey
- Integrate theory and practice so that learners can learn, develop, and apply the fundamentals of practice required in all PSRB approved programmes.

#### Supervision and Assessment in the Hub Learning Environment

The hub learning environment will:

- Provide each learner with a nominated and appropriately qualified Practice Educator.
- Provide the opportunity for learners to engage in practice supported by a range of appropriate educators, and other members of the healthcare team.
- Provide continuity of assessment in practice, completed at the appropriate times. The hub educators are responsible for the assessment process.
- Provide direction and support for the learner in developing goal-orientated outcomes/learning log prior to their spoke experience. These should be linked to achievement of the learners' learning outcomes
- Ensure open communication between educators in the hub learning environment and the spoke learning environment to unify each experience.
- Monitor progression and where there is concern regarding a learners' ability to achieve their relevant programme learning outcomes, the use of spoke learning experiences should be discussed with the

educator team to ensure the summative assessment takes priority. In this situation the hub educator may decide spoke experiences are not a priority at this time.

### **3.2. Spoke Learning Environment**

A spoke learning environment is one which offers learning opportunities through the healthcare system that are connected to the hub provision and reflects the service user's journey.

- Spoke experiences add to the learners learning and create learning opportunities that are not available within the hub learning environment. They provide a person-centred holistic view of health care.
- Some of these spoke experiences will occur within the provider organisation of the hub learning environment and others will be outside of this, in the wider health and care landscape.
- The combined length of spoke learning experiences can vary and should be negotiated with the hub educator. This should depend on the learning opportunities afforded and level of supervision and support available in order to achieve the learning outcomes.

#### **Supervision & Assessment in the Spoke Learning Environments**

- Spoke learning environments are identified by the hub learning environment and appropriate support and practice supervision must be available for learners.
- Learning will be guided using learning log/goals which have been developed by the learner supported by their educator in the hub learning environment. The goals identified will help the learner meet the learning outcomes they are working towards within their hub environment.
- The learner must reflect on and discuss their experience with their educator on return to the hub learning environment. Learners may demonstrate the following:
- How they have developed their appreciation of other roles and services and their contribution to the health and wellbeing of service users
- How they will apply this knowledge to their own practice
- How they will disseminate this knowledge to service users, carers, and peers
- Learning will be continually assessed throughout the learning experience, and valuable feedback from educators in the spoke learning environments will inform the overall assessment process.

## References

Greater Manchester Health Care Learning Environment Strategy 2021-2024

Health and Care Professions Council (2017) Standards of Education and Training. [online]. Available at <https://www.hcpc-uk.org/globalassets/resources/standards/standards-of-education-and-training.pdf?v=637106330780000000>

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<https://www.nmc.org.uk/globalassets/sitedocuments/education-standards/print-friendly-education-framework.pdf>

Nursing and Midwifery Council (2018b) Future Nurse: Standards of proficiency for registered nurses  
<https://www.nmc.org.uk/standards/standards-for-nurses/standards-of-proficiency-for-registered-nurses/>

Nursing and Midwifery Council (2018c) Part 2: Standards for student supervision and assessment  
<https://www.nmc.org.uk/standards-for-education-and-training/standards-for-student-supervision-and-assessment/>

Nursing and Midwifery Council (2019a) The Quality Assurance Framework for nursing, midwifery and nursing associate education. <https://www.nmc.org.uk/globalassets/sitedocuments/edandqa/nmc-quality-assurance-framework.pdf>

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<https://www.nmc.org.uk/standards/standards-for-midwives/standards-of-proficiency-for-midwives/>

Health Education England (2015) Raising the bar; Shape of caring: A review of the future education and training of registered nurses and care assistants [online] Available at:  
<https://www.hee.nhs.uk/sites/default/files/documents/2348-Shape-of-caring-review-FINAL.pdf>

Health Education England (2018) Reducing pre-registration attrition and improving retention RePAIR  
<https://www.hee.nhs.uk/our-work/reducing-pre-registration-attrition-improving-retention>

Health Education England (2021) Quality Framework  
[Health Education England \(HEE\) Quality Framework from 2021 — Publications](https://www.hee.nhs.uk/our-work/quality-framework)



# Policy relating to Informed Consent for Pre-Registration Healthcare Learners Involvement in Care Applicable to all PSRB/NMAHP Approved Programmes

***NB: this document is to be read in relation to relevant HEI and Organisation policies.***

GM Practice Education Centre of Excellence  
Version 7: May 2024 Review Date: May 202

Consent is an important aspect of providing care and treatment. To safeguard service users' valid consent must be obtained before commencing an examination, starting treatment or physical investigation, or providing care. It is a legal requirement. This principle reflects the rights of a person to determine what happens to the care they receive.

Both the Health Care Professional Council (HCPC) standards of conduct, performance and ethics and The Nursing and Midwifery Council (NMC) Standards for professional behaviour professional practice for nurses, midwives and nursing associates (2018), state you should have the consent of their service users (or other appropriate authority) before you carry out any care, treatment or other services.

**NMC** Public safety includes making sure that people are informed and empowered to be a partner in their care. They should be given the opportunity to give and if required, withdraw, their informed consent to students being involved in their care. Open communication is essential to ensure that people feel they have adequate choice around consent on both general and specific aspects of their care by students.

**HCPC** Define consent as when someone has all the information, they need to make a decision about receiving care or services. The HCPC recognise that some students do not have direct interaction with service users; and would instead rely on another professional connected with the service user's care to receive appropriate consent.

**The Higher Education Institutions (HEIs)** and partnership organisations recognise their responsibility to ensure learners have a good knowledge of guidance, protocols related to issues of consent to safeguard service users.

Provider organisations will ensure service users are informed through verbal and or written formats that learners are present for the purposes of learning. This will also include information about the patient's right to withdraw their consent to learner being involved.

It is the responsibility of each learner to ensure they understand their role when gaining informed consent and the delivery of patient care within the practice setting.

**As a learner you are required to:**

- Locate and familiarise yourself with the Organisation specific consent management policy documents for each placement in accordance with your Practice Assessment Document. This can be done through discussion of local policies at the placement initial interview.
- Report any breaches of consent which may affect yourself or others in the practice setting, within the relevant partnership organisation and HEI policies and procedures.
- Ensure you are aware of the process for informed consent when you are delivering patient care.
- To gain valid consent before you deliver care.
- If another health or social care professional has sought and received consent on your behalf, you must be assured that valid consent has been provided and documented.
- Respect the service user's choice if they do not want a learner to be involved in their care.

**Resources**

[Safe learning experiences - The Nursing and Midwifery Council \(nmc.org.uk\)](https://www.nmc.org.uk/safe-learning-experiences/)    [Consent and confidentiality | \(hcpc-uk.org\)](https://www.hcpc-uk.org/consent-and-confidentiality/)  
[The Code \(nmc.org.uk\)](https://www.nmc.org.uk/the-code/)



# Pre-Registration Learning Disability Students Visiting Clients in the Community:

## Guidance for Learning Disability students only

GM Practice Education Centre of Excellence

**This guidance is to be read in conjunction with local lone working policies.**

Version 7: May 2024 Review Date: May 2027

Lone working is a serious consideration for staff and client safety in all settings throughout health, social care, private Organisations, and charity settings. For learners there are additional things that need to be considered for the best decision to be made about the work that the learner might be safely expected to carry out. This document is designed for general guidance only as it is imperative that learners read and clearly understand the **local lone working policy for the area in which they are on placement as this will give specific details about local procedures**. These local procedures must be given as part of the learner's induction (and wherever possible also made available on the Placement Environment Profile / welcome pack and they need to demonstrate that they have read and understood these policies.

### **What do we mean when we say, 'lone worker'?**

"Lone Worker" can be defined as:

- Lone workers are people who work by themselves without close or direct supervision from members of staff / members of the wider team. They may be the only person working on the premises; maybe working separately from other members of staff; maybe working outside of normal working hours where their isolation is increased with fewer colleagues working nearby.
- Learners carry out placements in a wide variety of settings and may carry out work which would require them to work independently of their Practice Educator (PE) or other members of the team) and therefore they would be considered 'lone workers' at these times. Some of the areas in which this situation may arise are (this is not an exhaustive list).
  - Residential / nursing home, day care, patient / client / service user home visits.
  - Hospital (acute / community)
  - Schools
  - Pre-schools
  - Charity settings
  - Commercial / council buildings

Considering the lone working challenge this means that the PE (or colleague) needs to consider some of the following points and make a judgement as to whether:

1. Is the Learner safe to see someone independently? It is down to the PE assessment of each individual learner.
2. Is the learner competent to see someone and carry out the work they are being asked to do independently?
3. Is the learner fully aware of the lone working policy for the setting and knows what to do in an emergency?
4. Is the service user happy to work with the learner independently?

5. Is the service user known to the PE (and / or colleagues) and as far as possible is deemed to be 'safe' for a student to visit independently (this may mean taking into consideration pets and possible relatives or friends of the service user who could pose a risk even if the service user does not)?
6. Has the situation been appropriately risk assessed?
7. Can the learner contact you?
  - a. Have they got a mobile for emergencies only?
  - b. Can they borrow a mobile?
  - c. Do they have a hands-free kit? Is this acceptable to use in your setting (some areas' policies do not allow hands free / Bluetooth to be used whilst driving for work)?
  - d. What is the phone signal like in the area they are going to (some rural areas may have particularly poor signal)?
  - e. If you are not going to be available, does the student have another person they know they can contact?
8. If you have a student who you have assessed as suitable, ready and safe to do independent working ensure that you are still having enough opportunities to fully assess the student's work and progress; if they are working on their own all the time they might feel anxious that you are not seeing what they are achieving and you will want to feel confident that you are giving them a fair assessment and that you can give regular and accurate feedback on their performance.
9. Briefing and de-briefing sessions – whilst many people who work in the community may pay a visit on their way to work or on their way home, we would not advise this for a student. If they are doing a visit in the morning you (or a colleague) might want to talk through things with them briefly before they go to ensure they have the right things with them
10. The PPE and learner must also ensure they abide by their professional body legislation.

### **Nursing and Midwifery Council**

As far as the NMC is concerned, registered practitioners are accountable for learner acts and omissions. Learners are, however, responsible for their practice and can be called to account by university or the law.

The implications of this in clinical placements are:

- The registered practitioner has responsibility for client care delivered by a learner.
- Pre-registration learners should always work under the supervision of a registered practitioner.
- When delegating duties to learners, registered practitioners must ensure that they are competent to undertake the practice.
- Learners must inform practice supervisors, and /or practice assessors and registrants if an aspect of care is beyond their present competency. The NMC also states that the rights of patients supersede learners' learning needs.
- The implications of this in practice placements are:

- Learners must make it quite clear that they are not a registered practitioner when introducing themselves to clients or talking on the phone.
- Learners should respect client wishes if they refuse or withdraw consent for their involvement in care.
- Confidentiality of client's private and personal information must be ensured.

Students may visit client's homes on their own under indirect supervision to deliver care if the following process and criteria are adhered to and they are deemed competent by practice assessor or practice supervisors.

1. Specific Trust Lone working policies are adhered to.
2. Students should not be undertaking any activity on their own that requires a registered practitioner, legally or because of local trust policy.
3. Before visiting any client independently students must be adequately prepared by their mentor, practice supervisor and/or practice assessor or registrant.
4. Following a visit to a client the student must report to the registered practitioner.

The following guideline stages are recommended to prepare students for visiting clients on their own:

**OBSERVE** – firsthand observation of care given to the client by the mentor, practice supervisor, and/or practice assessor / registrant.

**LEARN** - Student independent study of theory, principles & protocols, registered practitioner teaches new skills adapts existing skills.

**PRACTICE** – Student delivers care, under direct supervision, until registered practitioner is assured that they have the knowledge, skills, and attitude necessary to competently deliver the care.

**Practice supervisors, and/or Practice assessors or registrants will make the final decision to delegate patients to students based on the following considerations:**

### **Suitability of clients**

- Students must have been involved in the care of the client under the direct supervision of a registered practitioner.
- Intervention or situation must be predictable.
- There are no legal or trust policy restrictions to students delivering care.
- There is an agreement between the student and PE regarding the suitability of the client.
- The practice supervisor, and/or practice assessor or registrants must obtain the consent of the clients.

### **Risk management**

1. A written risk assessment must be completed prior to the agreement of the students visiting on their own.
2. Students must be made aware of action to take in case of unforeseen events.
3. Practice supervisor, and/or practice assessor or registrants must ensure students understand the local lone worker policy.
4. Students must be aware of trust protocols relating to the aspect of care being delivered.
5. Practice supervisor, and/or practice assessor or registrant assesses the household / neighbourhood as safe.

### **Support**

- Practice supervisor, and/or practice assessor or registrant must ensure that students can be fully briefed prior to the client visit.
- Students must have immediate access to a registered practitioner's mobile phone. (If the student does not have a mobile phone, visits should be restricted to houses with a phone).
- After the visit, on the same day the student must give a report / reflect upon care given to each registered practitioner/s responsible for client care.
- Students must discuss their practice with their practice supervisor, and/or practice assessor or registrant in regular supervision sessions.

### **Transportation**

The geographical location of visits must be considered – within 'safe' walking distance and students need to be made aware of the route(s).

Students may use their own cars for visits if the student holds a full driving license; the car is roadworthy and is appropriately insured (See local policies).

The car insurance policy must contain the words “in connection with the businesses of the policyholder.” If the student is not the policyholder, they should check with the insurance company that they are covered for travelling between client houses/clinics.

Students must produce a copy of their car insurance certificate for the HEI if requested and as appropriate, before commencing placement.

Neither the University nor the NHS Trust accepts any liability relating to, or from the use of students' vehicles.

Students must not carry patients as passengers.



University of  
**Salford**  
MANCHESTER



# GM Learner Pregnancy, Maternity, New Parenthood and Adoption Policy

This policy has been developed collaboratively with all four Greater Manchester Universities in consultation with practice partners. This policy sets out to standardise, where possible, the approach to supporting learners in relation to pregnancy, maternity, adoption, and new parenthood, including surrogacy arrangements, specifically within practice settings. This policy should be read in conjunction with specific policies relating to the university that the learner is aligned to as well as trust specific policies in the specific areas of practice that they are allocated to.

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## Introduction

The Equality Act 2010 extended the protection from discrimination on the grounds of pregnancy and maternity outside the workplace and now includes learners. Under the Act it is unlawful to discriminate against applicants and learners in relation to admissions; the provision of education; access to benefits, facility, or service; and disciplinary proceedings if:

- the learner is treated unfavourably due to being pregnant
- within 26 weeks of the day of giving birth the learner is treated unfavourably (applies in cases of birth, miscarriage, still birth and neonatal death)
- the learner is treated unfavourably whilst breastfeeding, and the child is less than 26 weeks old; if the child is more than 26 weeks old, unfavourable treatment because of breastfeeding is likely to constitute sex discrimination

## Scope

This policy covers any learner who is or becomes pregnant, or takes maternity absence during their studies, and learners who are about to become parents. It also covers any learner who is the partner of someone who is pregnant and expects to be responsible for the child, and any person becoming a parent of a child, for example through adoption or surrogacy. Within this policy, the birthing person includes females whose gender identity might differ from that at birth or who may be transitioning.

This policy focuses specifically on the **practice placement elements** of a learner's programme of study and should be considered alongside specific university guidance on pregnancy and parental leave during academic study. Each practice placement area will also have specific guidance and risk assessments that must be adhered to and completed. Whilst in practice, learners are expected to comply with the policies and procedures that apply to pregnant and postnatal staff in practice.

## Policy statement

The GM Universities believe that becoming pregnant or caring for a child should not prevent any learner from succeeding in their studies and completing their practice elements of the programme. We are committed to supporting pregnant learners and providing flexibility, wherever possible, in making sure that the learner is not disadvantaged, whilst ensuring academic and practice standards are not compromised.

The health and safety of a pregnant learner is paramount, and all universities and placement providers should manage all learners covered by this policy in a sensitive, non-judgemental, inclusive and confidential manner. Information concerning a learner's pregnancy will be treated

sensitively and be passed on only with the learner's consent and in line with HEI policies and reasonable adjustment plans.

*In a situation where a learner seeks advice from a member of staff, either within the university or in practice, on any aspect of the pregnancy, members of staff who are not qualified to counsel women during pregnancy should refer the learner to appropriately qualified personnel and must not attempt to advise her themselves. A list of specific support is available within each University Learner pregnancy and maternity policies*

### For learners who become pregnant during their studies: confirming the pregnancy

A learner who suspects they are pregnant should see their GP or local midwifery service to access appropriate care and support. If a decision to terminate the pregnancy or the individual miscarries, disclosure to the University or practice is not required. If the learner is subsequently unable to complete or attend placements due to the termination or miscarriage and is required to make an application for mitigating circumstances, written evidence of the pregnancy will need to be submitted which could be either a letter from a GP, midwife or from a doctor based in a pregnancy counselling organisation. **NB: this will differ for each university. Please edit to reflect your own policies and procedures around mitigation.**

### Contacting the University and advising practice placement

If the learner plans to continue with the pregnancy, the university should be informed as soon as possible. Programme leads/directors or a designated lead should be informed in writing as in the event of an examination or assessment being missed and if the learner is unable/unwilling to provide evidence, the designated lead can confirm that they have seen evidence to cover the absence. If the learner is in practice when the pregnancy is confirmed, then the practice supervisor/assessor/educator should be informed with the learners consent to enable an appropriate risk assessment to be completed and any reasonable adjustments to be put in place.

If the learner subsequently miscarries after notifying the university and/or practice of the pregnancy, it is advisable for the learner to disclose the miscarriage to facilitate appropriate support and any further reasonable adjustments.

### Implications for practice placements

The university does not require proof when the learner declares a pregnancy, however the learner should be aware that any reasonable adjustment requests related to maternity will require the learner to submit supporting evidence of the pregnancy or maternity. Evidence required to support reasonable adjustments could be either a letter from the GP or midwife or a maternity certificate (MATB1 form which is issued after 20 weeks).

Time off might be needed for antenatal appointments. This may impact on attendance in practice and completion of hours. Learners must ask for time off to attend appointments, and this should be agreed with the practice area they are working within. If a university needs to take into consideration the impact of the learner pregnancy or maternity on placement attendance or attainment, evidence of appointments and letters from the learner's GP, midwife, or health worker will be needed. ***NB: this will differ for each university. Please edit to reflect your own policies and procedures around mitigation***

A learner should be allowed to decide when they start maternity-related absence in agreement with the university and is able to attend practice up to the due date, where safe to do so, or from starting maternity-related absence either at full term or a semester before the due date, unless it is impractical to do so. Local risk assessments in the specific practice area will inform whether this is practical and safe for the learner.

Where a learner is close to the due date and unable to attend practice as planned, the university in consultation with the learner may agree to allow maternity-related absence to start earlier than planned. If appropriate, other alternative methods can be explored in order for the learner to meet their practice requirements, such as alternative lower risk learning environments.

### Enabling time off

Whilst it is recognised that each request must be dealt with on an individual basis, there are several measures that can be used in order to enable the learner's continuation of study. These may include:

- Facilitating appropriate time out of study/placements for a period of time prior to and after the birth
- Agreeing periods of absence for antenatal and medical appointments
- Making arrangements for the learner to catch up on missed practice hours
- Showing a degree of flexibility regarding assignments for the learner's circumstances where it is difficult for deadlines to be met
- Allowing resit placements to be counted as first attempts where the pregnancy or birth prevents the learner from completing them at the usual first attempt
- Offering support to help the learner reintegrate to practice after any period of prolonged absence

In order to ensure that arrangements are put in place, the learner should notify the university, 15 weeks before the expected birth of their child, as to when they would like their maternity absence to commence. This will enable timely communication with practice placement providers.

Where specific arrangements are required to be put in place for a learner who already has special arrangements in place e.g., on grounds of disability, these should be kept separate to ensure that it is clear which arrangements are in place for the required amount of time.

## Learner support and reasonable adjustments

The university designated person will meet with the learner to discuss how the pregnancy is likely to impact on the programme of study which may include an interruption of study depending on when the baby is due. If an interruption of study is needed, the time period needs to be agreed between the learner and the designated person. If the learner continues to study during pregnancy, regular meetings with the designated person to assess the effectiveness of any special arrangements with consideration for further adjustments as appropriate. Specifically, the designated person should discuss any implications for practice placements and reasonable adjustments that may be required as well as ensuring that managing the demands of the programme do not impact on the pregnancy. It is essential that a full health and safety risk assessment is conducted for each area of practice placement undertaken by the staff within that area.

A plan should be devised detailing any special arrangements required by using the appropriate documentation for the specific university.

## Length of maternity-related absence

At a minimum, learners should be allowed to take one year out of study. Details of specific university support during maternity-related absence can be found within the specific university learner Pregnancy and Maternity Policies. Learners should be aware that the most appropriate point of return may not be exactly at the point in the programme that they interrupted their studies. Learners should have a discussion with the programme team about the factors that will need to be considered to facilitate a return, and the required timeframe, which will allow appropriate practice learning opportunities and assessment periods.

## Resuming Studies and practice placements

The learner must inform the university in writing of the intended return date and plan with the Personal Tutor an appropriate timescale for re-integration into the programme of study, including the practice placement elements. The learner is required to re-enrol online back onto their course. If the learner is not enrolled, they are not insured to attend practice placement.

- Following birth, the learner **must** not return to university or practice for a minimum of two weeks for health and safety reasons.
- If the learner has had a caesarean section they **must** not return to placement until a minimum of **six weeks** from giving birth unless they have a GP fit note. A full health and safety risk assessment must be undertaken within the practice area before the learner can re-commence practice placement and this should be facilitated by the learner with personal tutor/designated lead support. The practice area allocated to the learner should also take into account their specific postnatal circumstances.

## Health and Safety

There are health and safety considerations that arise during pregnancy and breastfeeding and the risks to which learners could be exposed need to be assessed.

The highest risk to the baby is during the first trimester of pregnancy. Consequently, learners should be encouraged to notify the University as early as possible of their pregnancy so that a health and safety assessment can be conducted in the practice placement area. This should be undertaken by a member of staff experienced in undertaking risk assessments. The level of risk to which a learner is exposed will depend on the requirements and nature of the specific placement area in which she/they are working. This will vary between placement areas and consequently, this risk should be re-assessed prior to the start of each placement experience.

## Financial implications

More detail about this can be found within the specific university Learner Pregnancy and maternity Policies. Additional information can be found from the relevant student loan company and from the NHS bursaries unit.

## Travel

Unless they are advised not to do so by their GP or midwife, learners should be able to travel to and from placement during pregnancy. If there are specific circumstances that limit this, the learner must highlight this via the reasonable adjustments process to ensure that their placement allocations are adjusted accordingly.

## Breastfeeding

Each university has facilities available to express milk. During practice placements, this requirement should be discussed with the practice supervisor/assessor/educator in order to identify the most appropriate place for this to occur.

## Miscarriage, stillbirths and neonatal death

Miscarriage is most likely to occur in the first three months of pregnancy. If a learner miscarries, time off to recover may be needed. Consideration should be given to the impact of a miscarriage on the learner's ability to meet deadlines and attend practice placements. Information on support for a learner who miscarries is available in each university's specific guidance documents.

A learner who has a stillbirth or whose baby dies shortly after birth is entitled to the same length of maternity leave, wellbeing and financial support. Information on support for a learner who has a

stillbirth or who experiences a neonatal death is available in university's specific guidance documents.

### Support for fathers and partners who have responsibility for raising the child.

Any learner discovering that they are to become a parent with responsibility for raising a child, will be entitled to request time out of study including practice placements.

A learner may want to attend their partner's antenatal appointments or may need time off if their partner has pregnancy complications or a serious pregnancy related illness.

If a learner wants to take paternity/partner related absence, they should inform their personal tutor at least 15 weeks before the baby is due, but a degree of flexibility may be needed, and this will be discussed on an individual basis.

Early notification to practice placement staff to request that they can attend antenatal appointments is expected to allow flexibility in making special arrangements.

### Monitoring and Review


This policy will be monitored annually to judge its effectiveness and updated in accordance with changes in the law. Overall governance for this policy sits with GM Practice Education Centre of Excellence.

Each of the GM universities will have local policies that support and accompany this policy. Learners are directed to their own study areas to ensure that they have considered this alongside the following policies within their own university (please note, policy names may vary between universities:

- Learner Pregnancy and Maternity Policy
- Health and Safety Policy
- Equal Opportunities Policy
- Mental Health Policy
- Learner Complaints Procedure
- Learner Disciplinary Procedure
- Confidentiality Policy
- Data Protection Policy
- Learner attendance Policy
- Fitness to Practice Policy
- Learner Appeals Policy

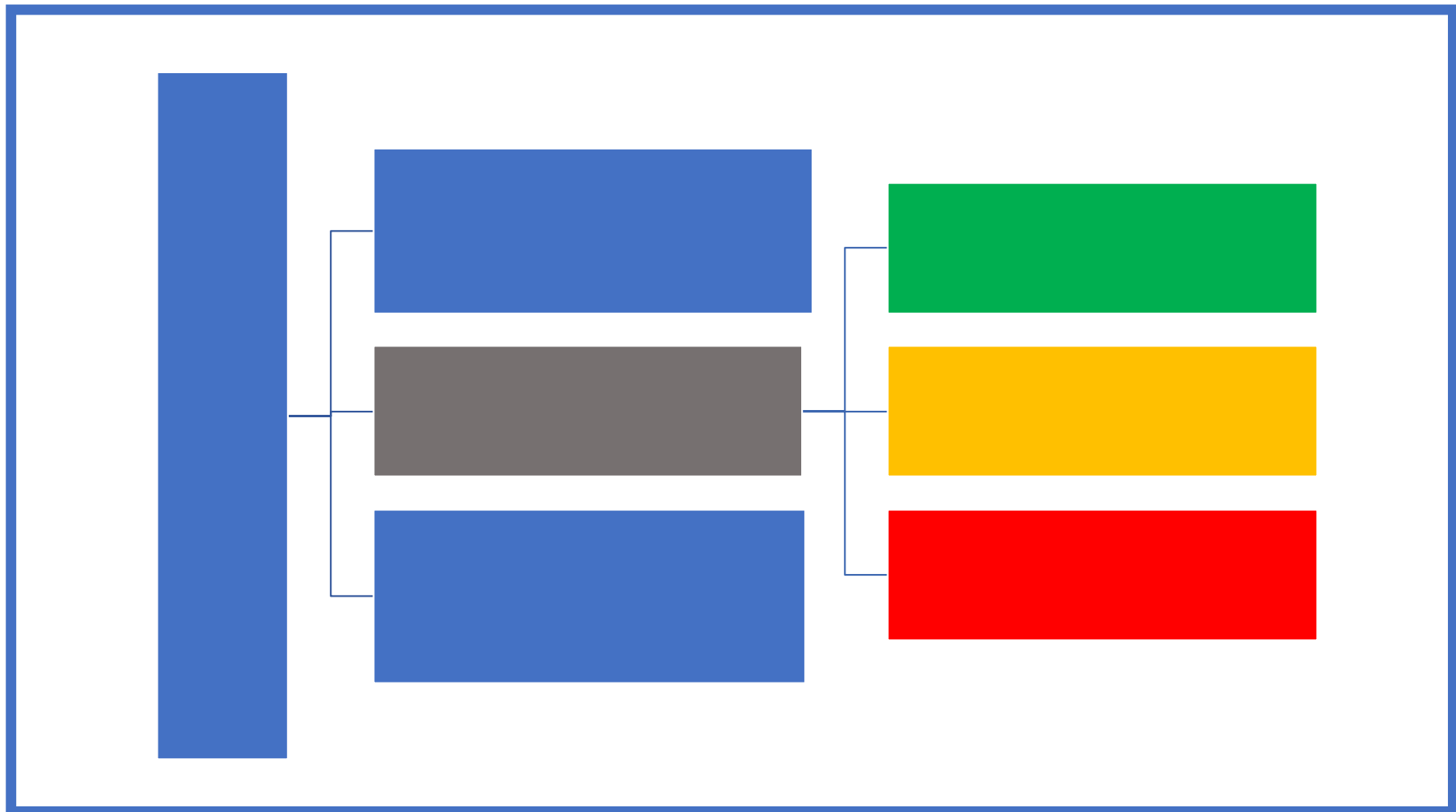
## Flowchart outlining process to be followed:





## **Process for the analysis of incidents in Practice (P) in Learners across recreational and other Provider organisations**

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Pro essiona ssues e raudu ent acti it na ro riate use o socia edia oncerns re ardin ro essiona a ues e a iours oundaries			
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# **Process for the Management of Incidents in Practice (IP) Involving Learners Across Greater Manchester Provider Organisations Notification Form**

**Section A** Notification / Learner Details / Risk Rating

**Section B** Minor Risk (Only)

**Section C** Moderate & Severe (Only)

Risk Level Descriptor/Management Pathway Risk Categories	Minor	Moderate	Severe
Clinical Incidents affecting Learner e.g. Needlestick Injury Slips, Trips & falls Witnessing stressful/traumatic events	The Learner witnessed a clinical incident but was not involved and may/may not have required some psychological support.	The Learner was involved in a clinical incident and were affected either physically or mentally and University/Organisation/Trust processes are followed and is reported via relevant systems.	The Learner was involved in a clinical incident and suffered life changing injuries and/or mental distress and the University/Organisation/Trust is required to complete relevant internal reporting systems.
Clinical Incident affecting patient / Client e.g. Errors in Nursing/Prescribed Care Working Outside of Scope of practice Near Misses	The Learner witnessed a patient clinical incident but was not involved and the patient did not require additional observation	The Learner was involved in a clinical incident and the patient required some additional prescribed observation	The Learner was involved in a clinical incident and the patient required medical intervention and/or resulted in life changing injuries
Health & Well Being of Learner e.g. Safeguarding issues such as Signs of neglect, verbal, and/or physical abuse Signs of deteriorating Mental Health	A health and wellbeing concern regarding a learner has been identified as an issue and this has been observed by a staff member but has been addressed with no further action required.	There has been increased concerns - being/mental health and/or this has been observed by a staff member and support was required.	The learner has been observed by a staff member that their health and well-being has been compromised and intervention /action was required or resulted in life changing injury and/or mental distress
Professional Issues e.g. Fraudulent activity Inappropriate use of social media Concerns regarding professional values/behaviours/boundaries	The learner has been observed/reported as minimally breaching their professional values/behaviours/boundaries	The learner was identified as breaching their professional values/behaviours/boundaries, this has been reported/observed and support was required	The learner was observed/reported as significantly breaching their professional values/behaviours/ boundaries and intervention /actions were required to prevent or address harm and/or mental distress
Learning Environment e.g. Concerns have been raised about the care delivery within the learning environment. Witnessing poor practice	There are some concerns with the learning environment which have been addressed internally.	The learner has witnessed some concerns with the learning environment and some support was required.	The learning environment has required intervention / action due to concerns raised and as a result may ultimately have required removal of learners.

## Section A – Learner Details / Notification / Risk Rating

<b>Learner's name</b>	<b>COHORT</b>	<b>HEI</b>	
<b>Date of Incident</b>	<b>TRUST</b>	<b>PERSONAL TUTOR</b>	
<b>Notification summary of the incident</b>			
<b>Incident Number /Datix Number</b>			
<b>Location of Incident</b>			
<b>Reported by</b>			
<b>Investigator Lead Name &amp; Title</b>		<b>Email Contact</b>	
<b>Assessed Risk level:</b>	<b>Date &amp; time Assessed.</b>	<b>Assessment of risk level completed by:</b>	
	<b>Risk Level</b>		
<b>Please Cross relevant:</b>			
<b>Minor</b> <input type="checkbox"/>	<b>Moderate</b> <input type="checkbox"/>	<b>Severe</b> <input type="checkbox"/>	
<b>Name of PEF</b>			
<b>Name of Service Manager/Head of Service</b>			
<b>Name of Academic Advisor / Academic Assessor</b>			
<b>Name of Programme Lead/Lead Midwife for Education</b>			
<b>Communication with &amp; name/date</b>			

## Summary of Actions

1	<u>Internal incident report completed.</u>  Date: Time:	<u>Incident recorded in organisation practice incident log.</u>  Date: Time:
2	<u>Summary of Action Taken by provider Organisation</u>	
3	<u>Summary of Action Taken by HEI</u>	
4		
5		

## Section B – Action & Assurances (Minor Risk only)

<u>Closure Of Actions (Minor Only)</u>		
Service Manager/Head of Service Assured by actions.	Yes <input type="checkbox"/> No <input type="checkbox"/>	<u>Signature &amp; Date</u>
HEI Assured by actions	Yes <input type="checkbox"/> No <input type="checkbox"/>	<u>Signature &amp; Date</u>
Incident closure date:		

## Section C – Action Plan & Assurances (Moderate / Severe Risk only)

Internal incident report completed.		Date:	Time:	Recorded in organisation incident log.		Date:	Time:
Summary of Immediate Actions				Date Agreed	Date to be Achieved	Responsibility of	
1							
2							
3							
4							

<b>Closure Of Actions (Moderate / Severe)</b>							
Service Manager/Head of Service Assured by actions	Yes <input type="checkbox"/>	No <input type="checkbox"/>	<u>Signature &amp; Date</u>	HEI Assured by actions	Yes <input type="checkbox"/>	No <input type="checkbox"/>	<u>Signature &amp; Date</u>
Incident closure date:							

**Please answer the questions in the square brackets as part of your statement and follow points 1-6 below.**

### Statement

Name:

Job title:

Professional address:

Subject of statement: **[for example, Patient/Resident X at what incident/location]**

I am employed by **[insert your employer]**. I qualified as **[profession]** in **[month/year of qualification]**. My previous experience includes **[please provide brief details]**. I have worked in my current job for **[months/years]**.

This statement is based on **[personal recollection/review of records – or a combination]**.

I have been involved in the care of Patient X since **[date]**. My last involvement in their care was on **[date]**.

I am responding to a request for this statement from **[include job title and full name]** in response to the following allegation/s **[write the allegation here, if there are several you could list them for ease of reference.]** **[Please provide us with the written request for the statement from your employer/ agency by email.]**

**[Insert the content of your statement here, following [the guidance on our website](#)**

Where possible, please provide the following:

1. **Give brief details of the work environment at the time, including your job role, area of responsibility and the number of patients in your care. For example, were you the nurse in charge? Details of staffing levels, skill mix and whether the shift was busier than usual for any specific reasons.**
2. **Details of dates and approximate times of significant events during the shift. Provide details in a chronological order, beginning with the start time and date of your shift.**
3. **Respond directly to the allegations being made against you.**
4. **Refer to patients/residents as Patient X/Resident X to ensure confidentiality but include full names and job titles of members of staff that you worked with.**
5. **Details of what any actions you took should be in the first person (i.e 'I')**
6. **You can't refer to yourself in the third person**

This statement is true to the best of my knowledge and belief, based on the information available to me at this time.

Name:

Job title:

Signature:

Date:

<b>Details of Witness</b>	
Name	
Programme & COHORT	
Contact Details(student Email)	
Department or Ward	
Location (e.g. placement)	
Division/Directorate	
<b>Details of Incident</b>	
Date and Time of Events / Incident	
Location of Events / Incident	
Location of Witness at Time of Incident	
Name of Person in Charge at Time of Incident	
Names of any other Witnesses	
<b>Statement Details:</b>	
*Please continue on another sheet as required	
I confirm that the facts in this statement are an accurate record of events.	
<b>Signature</b>	<b>Date:</b>