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Author: Michelle Chappell (SCSA)
Introduction

These guidelines aimed at all clinical skills and simulation training providers across the region explain the processes and evidence required to demonstrate that high quality training is provided by proficient trainers, leading to quality assurance status authorised by Health Education Yorkshire and the Humber Clinical Skills Executive (YHCSE). Skilful training delivered by expert trainers which focuses on clinical situations, leads to improvements in performance and safety of care (Morley et al, 2002). Essential factors required to deliver excellent training and ensure patient safety are; education, training, equipment, resources, research, stronger regulation, cultural change, financial contribution, time and attention (Wachter, 2004). In times of uncertainty, controversial reforms and change it is vital that the NHS guarantees that all learning needs of the health and social workforce are addressed, as improving patient safety, outcomes and experience is paramount (DH, 2011). The development of a workforce which aspires to excellence in training enables a better educational experience for trainees and the quality of care the patient receives.

In 2008 NHS Yorkshire and the Humber (NHSY&H) commissioned a unique review into clinical skills and simulation education in the region which identified that whilst there were many areas of good practice there was clear evidence that there was a lack of consistency in relation to:

- The standards of clinical skills education across service & higher education institutions
- The training standards of trainers of clinical skills
- The investment in clinical skills resources – training facilities, equipment & staff
- The provision, standards & maintenance of equipment (NHSY&H, 2008)

In response to the review and national and regional drivers (DH, 2003; DH, 2008a; DH, 2008b; DH, 2008c; DH, 2008d; DH, 2008e; DH, 2011; NHS Y&H, 2008) a Clinical Skills and Simulation Strategy was formulated (NHS Y&H, 2010). The strategy includes measurable actions and a clear vision for clinical skills and simulation education training and helps address some inconsistencies and lack of structures. The strategies aim was “To provide direction for the NHS Y&H healthcare workforce to perform all clinical skills procedures safely through simulated techniques that allow patients to be cared for safely by fully trained and competent professionals” (NHSY&H, 2010 p.6).

In relation to the lack of quality measures highlighted in the NHS Y&H strategy (2010) the first edition of quality assurance guidelines were produced (NHS Y&H, 2011) – this is the revised version (NHS Y&H, 2013). The views of the Quality Assurance Working Group (QAWG) affiliated to the Y&H Clinical Skills Network (Y&HCSN) are represented in these guidelines. After careful consideration the group, commissioned by the YHCSE concurred with the content and evidence presented in this document. This guidance emphasises the importance of safe practice and that all stakeholders either commissioning or delivering clinical skills and simulation training consider adopting the regional Quality Management System (QMS) - which profiles and audits clinical skills and simulation training. This guidance does not, however, override the individual responsibility of healthcare professionals to make decisions appropriate to the circumstances of the individual patient, in consultation with the patient and/or guardian or carer, when carrying out clinical procedures.
Evidence and Rationale

Constant media exposure of high profile serious incidents, including deaths of patients, implies that the general public are increasingly aware of the deficits in health care education and training (Wardrop, 2010). Nationally, the financial penalties for the NHS are reflected in the cost of clinical negligence claims. These are increasing yearly from £651million in 2009/10 to £719million in 2010/11 (NHS Litigation Authority, 2011). Continuous clinical training using simulation techniques and establishing quality processes which aspires to excellence in training with agreed standards for trainers and assessors should reduce serious untoward clinical incidents. Furthermore a better experience for patients, students and trainees contributes to the delivery of safe, optimum public care, whilst reducing litigation costs – suggest that a more highly skilled workforce contributes to increased patient safety (NHS Y&H, 2011; DH, 2012).

The Framework for Technology Enhanced Learning (DH, 2011) indicates the need to evidence educational outcomes and endorses the necessity for a quality process that aims to reduce clinical incidents, provide optimum healthcare that drives continuous improvements in training. Francis (2010, p.398) independent inquiry concurs that “while structures are an important and necessary part of governance, what is really important is that they deliver the desired outcome, namely safe and good quality care.” Furthermore the independent inquiry conveyed some concerns and recommendations relatable to education and training including:

- “staff should be encouraged to attend externally arranged educational and training events” (Recommendation 3: p.406)
- “nurses are supported by training, mentoring and professional development to enhance their skills and knowledge” (Recommendation 9: p.412)
- “staffing must be adequate to ensure a proper level of basic care; training, support, supervision and leadership must be strong enough to mean that there is no excuse for members of staff to behave as some have in this hospital” (Recommendation 13: p.414)
- there were “perceived staff and skills shortages” (p.398) (Francis, 2010)

Implementation of a robust quality management system which approves trainers and training programmes, checks their quality and includes standards which are fit for purpose is paramount (Francis, 2013, p.1226) and will be instrumental when addressing some of the report’s recommendation.

Quality in training is already well recognised nationally; Lord Darzi’s review (DH, 2008b) promoted quality improvement, and recommended that all NHS staff have ‘consistent and equitable opportunities to update and develop their skills’. A more highly skilled workforce can make a contribution to increasing patient safety and it has been highlighted nationally that there is a need for an increase in the use of simulation and clinical skills development – Safer Medical Practice: Machines, Manikins and Polo Mints (DH, 2008e) recommended a wider availability of simulation based clinical skills training.

The NHS Future Forum Report (DH, 2012) identified widespread concerns about the quality of education including training programmes and the individuals who are trained. People who work in the health services, whatever the sector, need to be well supported to attain the right professional and clinical skills, as well as providing care with compassion, kindness, and respect for people (DH, 2012). Healthcare, social care and education providers should demonstrate equity of access and provision across all relevant student, trainee and staff groups and quality of education, training and development should not differ according to factors such as geography (DH, 2011).

Donaldson (DH, 2008e) recognised a need to nationally address these issues, highlighting a need for an increase in simulation and clinical skills training and adequate resources to achieve this vision. As we embrace new technologies and refine existing approaches, the current concept is that trainees must not practice unfamiliar clinical skills and techniques for the first time on patients when there are simulated alternatives available (DH 2011). However this is only achievable with an adequate number of appropriately qualified and experienced trainers in place to deliver an effective educational programme (GMC, 2010) and trainers will need to prove educational outcomes by meeting and, wherever possible, exceed agreed standards (DH, 2011).
Defining Quality Management

It is difficult to define quality as a single concept; in general quality can be defined as a degree of excellence - the extent to which something is applicable to its purpose (Jones et al, 2007).

Quality Management operates as part of the quality process and consists of 2 elements:

- Quality Control which aims to fulfil the quality requirements
- Quality Assurance striving to guarantee that all involved in the process to have confidence in the outcomes (ISO, 1995)

Rigorous and credible assessment is also an important aspect of the quality process and generally healthcare organizations' incorporate this into quality programs. The principals applied are assessing or measuring performance; determining whether performance conforms to standards; considering quality assurance principles to maintain a consistent approach and improving performance when standards are not met. Comparable the DH (2003) refers to quality assurance as an on-going continuous process of evaluating (assessing, monitoring, maintaining and improving) which includes accepted standards that are based on evidence and considers quality assurance principles to ensure a consistent approach. The primary purpose of evaluation is to determine if standards are met and identify actions necessary to drive improvement. In healthcare quality management could be described as a continuous effort by all members of an organization to meet the requirements and expectations of the patient and other customers. Specifically quality management elements can be clearly demonstrated in Figure 1 below encompassing quality assurance principles and on-going quality monitoring underpinned by benchmarks and quality standards as well as evidence base practice.

![Diagram of Quality Management: Continuous Improvement](image-url)
Regional Context

Background

In 2010 NHSY&H started a process to ensure the quality assurance of all clinical skills and simulation training in the region, throughout this process there has been extensive collaboration with the Y&HCSN, the YHCSE and the Strategic Clinical Skills Advisors (SCSA's). A unique web-based QMS is now fully operational and available for use in the NHSY&H region fully supported by the SCSA's. The process commenced when a Quality Framework was developed (Appendix 1) and a Quality Assurance Working Group established essential Quality Standards (Appendix 2) guided by three components; Course, Assessment, Standards for Assessors. The SCSA'S and NHSY&H Quality Assurance Systems Project Manager also identified what to include in the Quality Management Online System www.qaclinicalskills.co.uk developed to appraise clinical skills and simulation training delivery and resources.

Sustainability

The promotion of the QMS tool at a regional, national and international level has helped to raise the awareness of the need to quality manage all training in this area. The aim of the SCSA’s is to ensure 100% compliance with the tool and review each centre/trainer annually through the audit process. It is now recognised that quality management is a continuous process as we strive for continual improvement (DH, 2003). To guarantee the maintenance of this system, the regular reviews, ratification and evidence will provide a safeguard and validity for those using this approach to quality assure their training and for those commissioning training.

Contents
Future Vision

The QMS currently highlights areas of good practice which could be adopted regionally and nationally and is able to identify gaps in practice with systems in place to address these and improve all facilities to the accepted standard. The SCSA continue to present and publicise the work at conferences locally, nationally and internationally with interest to implement the tool from other organisations nationwide. This would ensure standardised quality assured clinical skills and simulation on a national scale. The plans at a regional level are to include Care Homes, Social Services and the Independent Providers of care and training within the QMS portfolio, and continue to audit annually.

Clinical Skills and Simulation Definitions

Clinical skills has been defined for this region as any action performed by staff involved in direct care of patients which impacts on clinical outcomes in a measurable way and includes:

- Cognitive or ‘thinking’ skills such as clinical reasoning and decision making
- Non-technical skills such as team working and communication
- Technical skills such as clinical examination and invasive procedures (referred to in NHS Y&H CS Strategy, 2010 and quoted by the Y&H CSN)

Simulation can be defined as: a person, device or set of conditions that tries to present problems authentically. The student or trainee is required to respond to the problems as he or she would, under natural circumstances (McGaghie,1999)
Health Education Yorkshire and the Humber Quality Management System

Quality Framework

The Quality Framework (NHS Y&H, 2010) Appendix 1 is an essential point of reference to assist all clinical skills and simulation training providers to use in their quality assurance process and is designed to enable the different training providers including single, peripatetic and larger centres to benchmark their training with an emphasis on 5 Core/Organisational and 6 Educational standards.

Web Based Quality Management System

The system www.qaclinicalskills.co.uk has been designed to assist regional stakeholders commissioning and those delivering clinical skills and simulation training to meet NHS Y&H clinical skills and simulation quality management requirements and provide and deliver credible quality assured clinical skills and simulation training. The focus is to ensure the standard of care across NHS Y&H is of high quality and all staff involved in clinical procedures across the region provides consistent safe patient care whilst minimizing risk. The system can be used by single and multi-professional training providers and has the potential to highlight poor practice which can be addressed and good practice which could be adopted regionally and nationally.

Functionality of the System

The system consists of two sections which require completion:

1. **Profile Section** containing details of the trainer or training centre e.g. equipment library, qualifications, training available and trainees details
2. **Audit Section** were trainers are benchmarked against a set criteria The requirements during audit is that participating clinical skills and simulation trainers/centre’s present a section of the requested evidence for all 9 applicable standards and the 2 non applicable if relevant. All evidence will be reviewed and quality assurance status will be authorised by the Y&H CSE if all required standards are achieved.

Trainers or centres interested in adopting and accessing this system will require a user name and password which your lead SCSA will set up for you contact details here. The SCSA’s are also available to assist trainers in their region with completing profiles and each SCSA’s is involved in auditing trainers (all certified as completing Auditing Management Systems Course - focused on BS EN ISO 9001:2008).

Standards for Trainers and Assessors for Clinical Skills

YHCSE tasked a small stakeholder sub group to examine essential standards for trainers and assessors of clinical skills within the Yorkshire and the Humber region. Subsequent findings and recommendations form part of the content within these guidelines and are categorise in terms of assessors, assessment and teaching as demonstrated fully in Appendix 4.

Generic Training Assessment and Evaluation Templates

In order to fulfil the quality measures within the Quality Framework (Appendix 1) training providers (individual, small – including peripatetic or large clinical skills/simulation departments) are encouraged and will be expected to provide evidence of assessment and evaluation as part of the QMS audit process. As guidance there are examples of course evaluation, self-assessment and peer assessment of teaching practice in Appendices 4-6. A range of methods are used to assess competence of clinical procedural skills and there are multiple tools available regionally and nationally –some of which are generic and others are profession or curriculum specific. However whichever assessment method is chosen it is fundamental that the tool is reliable, valid and credible - further information regarding assessment and evaluation can be obtained by the SCSA’s.
SECTION 2

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## Glossary

The following terms in these quality management guidelines are intended to convey the meaning indicated unless the context makes it clear a different meaning is intended.

<table>
<thead>
<tr>
<th>Term</th>
<th>Definition</th>
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<tbody>
<tr>
<td>AHPs</td>
<td>Allied Health Professionals - are involved with the delivery of health or related services pertaining to the identification, evaluation and prevention of diseases and disorders; dietary and nutrition services; rehabilitation and health systems management, among others. Allied health professionals, to name a few, include dental hygienists, diagnostic medical sonographers, dieticians, medical technologists, occupational therapists, physical therapists, radiographers, respiratory therapists, and speech language pathologists.</td>
</tr>
<tr>
<td>ASME</td>
<td>Association for the Study of Medical Education – it has a function as a forum for debate and exchange of information, and is building on its contacts in medicine and teaching among all networks, to promote knowledge and expertise in medical education</td>
</tr>
<tr>
<td>ASPiH</td>
<td>Association for Simulation in Healthcare – formed as a merger of the National Clinical Skills Network and National Association of Medical Simulation in 2009 - their overarching goal is to enable wider sharing of knowledge, expertise, and educational innovation related to simulated practice across the healthcare professions</td>
</tr>
<tr>
<td>CS</td>
<td>Clinical Skills – see definition in this document</td>
</tr>
<tr>
<td>CSE</td>
<td>Clinical Skills Executive - The Yorkshire and the Humber Clinical Skills Executive group exist to consider and advise the SHA on the issues impacting on clinical skills provision and commissioning within the Yorkshire and Humber Region</td>
</tr>
<tr>
<td>CPD</td>
<td>Continued Professional Development (Provision) - is the mechanism through which high quality patient and client care is identified, maintained and developed. Qualified practitioners must meet their own regulatory bodies CPD requirements</td>
</tr>
<tr>
<td>CQC</td>
<td>Care Quality Commission - independent regulator of health and social care in England. They register and licence providers of care services if they meet standards of quality and safety and monitor to make sure they continue to meet these standards</td>
</tr>
<tr>
<td>DH</td>
<td>Department of Health - provides strategic leadership for public health, the NHS and social care in England</td>
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<tr>
<td>DOPS</td>
<td>Directly Observed Procedural Skills - a structured checklist for assessing the foundation doctor’s interaction with the patient when performing a practical procedure</td>
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<tr>
<td>Acronym</td>
<td>Description</td>
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<tr>
<td>GDC</td>
<td>General Dental Council – the organisation which regulates dental professions in the UK</td>
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<tr>
<td>GMC</td>
<td>General Medical Council - purpose is to protect, promote and maintain the health and safety of the public by ensuring proper standards in the practice of medicine</td>
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<tr>
<td>HCAs</td>
<td>Health Care Assistants - &quot;Those who provide a direct service – that is they have a direct influence/effect on care and treatment to patients and members of the public and are supervised by and/or undertake health care duties delegated to them by NMC registrants.&quot;</td>
</tr>
<tr>
<td>HEI</td>
<td>Higher Education Institutions - education at a university or college.</td>
</tr>
<tr>
<td>HPC</td>
<td>Health Professions Council - Now the HCPC Health and Care Professions Council</td>
</tr>
<tr>
<td>IPL</td>
<td>Inter-professional Learning - when two or more different professionals, students and qualified staff learn with, from and about each other meaningfully to work together in the delivery of quality Health and Social care</td>
</tr>
<tr>
<td>LETB</td>
<td>Local Education and Training Boards – see core functions [<a href="http://www.letb.nhslocal.nhs.uk/understanding-letbs/about-a-letb/core-functions-of-a-letb/">http://www.letb.nhslocal.nhs.uk/understanding-letbs/about-a-letb/core-functions-of-a-letb/</a>]</td>
</tr>
<tr>
<td>NMC</td>
<td>Nursing and Midwifery Council - exists to safeguard the health and wellbeing of the public. Our remit is set out in the Nursing and Midwifery Order 2001 (the order). The work of the NMC is governed by this and other associated legislation.</td>
</tr>
<tr>
<td>NHS</td>
<td>National Health Service – function see [<a href="http://www.nhshistory.net/a_guide_to_the_nhs.htm">http://www.nhshistory.net/a_guide_to_the_nhs.htm</a>]</td>
</tr>
<tr>
<td>NHSLA</td>
<td>The National Health Service Litigation Authority - handles negligence claims and works to improve risk management practice in the NHS</td>
</tr>
<tr>
<td>NHSY&amp;H</td>
<td>NHS Yorkshire and Humber - act as the regional body for the NHS</td>
</tr>
<tr>
<td>NPSA</td>
<td>National Patient Safety Agency - The National Patient Safety Agency leads and contributes to improved, safe patient care by informing, supporting and influencing the health sector</td>
</tr>
<tr>
<td>PDP/R</td>
<td>Personal Development Plan or Review - a structured and supported process undertaken by an individual to reflect upon their own learning, performance and/or achievement and to plan for their personal, educational and career development</td>
</tr>
<tr>
<td>PDRs</td>
<td>Personal Development Reviews - a structured and supported process undertaken by an individual to reflect upon their own learning, performance and/or achievement and to plan for their personal, educational and career development</td>
</tr>
<tr>
<td>PGME</td>
<td>Postgraduate Manager Education - manages operational, strategic, financial, business and marketing matters in postgraduate medical education</td>
</tr>
<tr>
<td>PRSB</td>
<td>National, Professional Regulatory and Statutory Bodies - Regulatory standards are those standards produced by individual statutory regulatory bodies for entry onto their particular professional registers</td>
</tr>
<tr>
<td>QAWG</td>
<td>Quality Assurance Working Group – mentioned in these guidelines p.1</td>
</tr>
<tr>
<td>Abbreviation</td>
<td>Description</td>
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<tr>
<td>QM</td>
<td>Quality Management – see p. 5 in these guidelines</td>
</tr>
<tr>
<td>QMS</td>
<td>Quality Management System – see p.5 these guidelines</td>
</tr>
<tr>
<td>SCSA's</td>
<td>Strategic Clinical Skills Advisors - aim is to ensure that sustainable processes and resources are in place to continually improve patient safety through clinical skills and simulation training. All relevant documents and products of the Team are downloadable from the website</td>
</tr>
<tr>
<td>SESAM</td>
<td>Society in Europe for Simulation Applied to Medicine - encourage and support the use of simulation in health care for the purpose of training and research</td>
</tr>
<tr>
<td>SHA</td>
<td>Strategic Health Authority (soon to become LETB) - NHS strategic health authorities (SHA) are part of the structure of the National Health Service in England.[1][2] Each SHA is responsible for enacting the directives and implementing fiscal policy as dictated by the Department of Health at a regional level. In turn each SHA area contains various NHS trusts which take responsibility for running or commissioning local NHS services. The SHA is responsible for strategic supervision of these services</td>
</tr>
<tr>
<td>Y&amp;H</td>
<td>Yorkshire and the Humber - Yorkshire and the Humber is one of nine official regions of England</td>
</tr>
<tr>
<td>Y&amp;HCSN</td>
<td>The Yorkshire and the Humber Clinical Skills Network Forum is an open meeting for those involved in Clinical Skills training in this region to share expertise and good practice, to network with other educators from around the region and to address areas of concern and provide a support network for all those involved in the teaching of clinical skills. The Yorkshire and the Humber Clinical Skills Network exist to consider and advise the Executive Group on the issues impacting on clinical skills provision and commissioning within the Yorkshire and Humber Region</td>
</tr>
</tbody>
</table>
Appendices

The following appendices are available by clicking on the titles below:

Appendix 1 Quality Framework
Appendix 2 Standards for Trainers and Assessors for Clinical Skills
Appendix 3 Quality Framework Mapping/ Cross Reference Grid
Appendix 4 Example of Course Evaluation Template
Appendix 5 Example of Self-Assessment Template which can be used by Training Providers
Appendix 6 Example of Peer Assessment Template which can be used by Training Providers
Appendix 1

Quality Framework

For use by Simulation and Clinical Skills Training Providers

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## Introduction

## 1. Core Standards

1. Mission statement and governance
2. Organisation and management
3. Resources and equipment
4. Evaluation and development
5. Ethics

## 2. Education Standards

1. Educational performance
2. Trainer / faculty / facilitator qualities
3. Course purpose
4. Continual course review
5. Research
6. Continual Professional Development (CPD) provision

Produced by Montagu Clinical Simulation Centre

Authors: Barrott J  
Graham A  
McKenzie Smith M  
Strachan A
Introduction to the Framework

This document is designed to be a framework for use by Clinical Skills (CS) and Simulation training providers as a tool to demonstrate evidence that the training establishment adheres to quality standards. The framework is intended to aid training providers and departments of all types and sizes, including single practitioner trainers as well as larger multi-professional CS or simulation centres. The document offers examples of evidence that can be used, but is not exhaustive or limited to these examples only.

The evidence required for this framework can be stored to suit the individual training provider; either in a separate file or as part of the general information, such as within the existing policies and procedures. It is also important to recognise that the information necessary to evidence the criteria may be from external sources to the department, such as an organisations Health and Safety policy, or from managers in charge of finances, budgets and funding arrangements.

It is felt that much of this information will already be on file within an organization, for example, within a Personal Development Review there could be details of the course reviews.

It is also hoped that the majority of training providers will already be achieving these quality standard principles. Any individual or group requiring support to identify these within their own organisation may benefit from the assistance of the Montagu Clinical Simulation Centre or the Clinical Skills Project Team.
1. Core Standards

<table>
<thead>
<tr>
<th>1. Mission Statement &amp; Governance</th>
<th>There is a clear mission statement that addresses the purpose and activities which are provided by the training provider</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Policy criteria</td>
<td>a) What education activities are provided There is a mission statement that should be made available and that has a statement of purpose to include: ✓ What education activities are provided ✓ Target population ✓ Expected results</td>
</tr>
<tr>
<td></td>
<td>b) Mission statement reviewed annually if / where necessary</td>
</tr>
<tr>
<td></td>
<td>c) All staff actively participate in the process of governance and have the opportunity to contribute to decisions made regarding the training</td>
</tr>
<tr>
<td>1. Evidence</td>
<td>a) Provision and public display of mission statement</td>
</tr>
<tr>
<td></td>
<td>b) Attendance record and minutes of annual meeting or review</td>
</tr>
<tr>
<td></td>
<td>c) Attendance records and minutes of all meetings to reflect the active participation of individuals in this process of governance</td>
</tr>
<tr>
<td></td>
<td>• For example these issues may be discussed at individual Personal Development Reviews (PDRs) with managers</td>
</tr>
</tbody>
</table>

Quality Framework Contents
## 2. Organisation and Management

- Organisational structure in place to ensure adequate finance, personnel and material to support the delivery of the training, this includes a strategic plan every 3 years.

The training provider complies with local / regional NHS guidelines and policies in order to meet its service commitments.

### Policy criteria

- a) There is a management structure that clearly shows lines of authority and areas of accountability.
- b) There is a process in place for setting and managing a responsible and realistic budget.
- c) There is an appropriately qualified individual who has overall responsibility for management of the educational facilities and provision of services.
- d) Adequate and appropriately trained staff are available to deliver the training.
- e) Policies and procedures are in place for:
  - Quality monitoring
  - Confidentiality
  - Contingency plans for unexpected events

Uses resources effectively & efficiently.

### Evidence

- a) Organisational chart and individual job description, for example:
  - Human Resources Directorate / Training and Development / Manager / Trainer
- b) Yearly financial statement and / or a strategic 3 year plan:
  - This could be supplied by management.
- c) The individuals are clearly identified with job descriptions outlining their roles and responsibilities and accountability:
  - This could include managers such as PGME manager or head of education.
  - Consider – is the trainer performing this role / task.
- d) Job descriptions, job planner and rotas:
  - Of the team or individual trainer.
  - Particularly relevant for part-time staff delivering training at different times / days / holidays etc.
- e) Able to provide copies of policies and procedures:
  - Such as quality standards.
  - Confidentiality of attendees, pass / fail.
  - For example if courses are cancelled due to staff sickness – particularly relevant for trainers working in isolation.
### 3. Resources and Equipment

- Facilities and equipment are fit for purpose

<table>
<thead>
<tr>
<th>Policy criteria</th>
</tr>
</thead>
<tbody>
<tr>
<td>a) The training provider undertakes a needs analysis to ensure that the technology is appropriate to achieve the educational objectives</td>
</tr>
<tr>
<td>b) Provides an educationally supportive environment which is clinically credible</td>
</tr>
<tr>
<td>c) Keep records of all equipment and maintenance schedules</td>
</tr>
<tr>
<td>d) Clearly defined areas for running practical training sessions (clinical skills facilities), scenarios, debriefing and equipment storage</td>
</tr>
<tr>
<td>e) Adheres to organisational Health and Safety policies and procedures</td>
</tr>
<tr>
<td>f) The training provider uses appropriate equipment / level of fidelity for each course</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Evidence</th>
</tr>
</thead>
<tbody>
<tr>
<td>a) Can provide data detailing courses offered, target audience and equipment required</td>
</tr>
<tr>
<td>b) Provides feedback from users, provide clinical profile for all educators / believable environment for delegates</td>
</tr>
<tr>
<td>c) Provision of equipment list / library and schedule</td>
</tr>
<tr>
<td>d) All areas clearly identifiable and floor plan as per fire regulations</td>
</tr>
<tr>
<td>e) Health and safety policies &amp; procedures clearly available for all staff, with a nominated individual to maintain these and ensure all staff up to date with changes</td>
</tr>
<tr>
<td>f) Equipment / environment matches the training needs</td>
</tr>
</tbody>
</table>
### 4. Evaluation and Development

- Process in place to evaluate individual courses as well as overall functioning of the facilities (see evidence (a))
- Use of feedback to guide development

#### Policy criteria

| a) | The training provider commits to evaluate performance – to demonstrate improvements |
| b) | Demonstrates that it can identify areas for the improvements and document how and when these improvements have been made |

#### Evidence

| a) | Can provide copies of evaluation results to evidence why changes are made |
| b) | Identify how improvements are made and where these are documented |

- This could include evaluation of the numbers of staff / students trained and overall evaluation of the facilities i.e. was the environment / facility suitable for the course
- Can be included in minutes of meetings / PDRs / locality meetings or annual course reviews
- Evidence of all improvements made could be filed with each course / course material for ease of demonstration

### 5. Ethics

- The training staff all demonstrate a commitment to highest ethical and professional standards

#### Policy criteria

| a) | All training staff are honest, open and provide accurate material |
| b) | Adherence to complaints policy |
| c) | Adheres to organisational environmental policy |

#### Evidence

| a) | Easy access to facility and educational activity |
| b) | Able to provide complaints procedures |
| c) | Recycles appropriate materials |

- Such as Evidence Based Practice and / or use of standards
- As per organisational policies
- As per organisational policies
## 2. Education Standards

### 1. Educational Performance

<table>
<thead>
<tr>
<th>Principle</th>
<th>Evidence</th>
</tr>
</thead>
<tbody>
<tr>
<td>a) Training sessions utilise simulation and / or clinical skills practice in the learning environment</td>
<td>a) The training provider is able to produce the training programme</td>
</tr>
<tr>
<td>b) Trainers should be supported by a recognised educational lead or can access development programmes. Simulation or clinical skills training experts to supervise training programmes</td>
<td>• Such as the medical students timetable</td>
</tr>
<tr>
<td>c) Yearly review of education aims and objectives of training, updating where necessary, in line with current guidelines / curriculum where necessary</td>
<td>b) The training provider is able to produce a training profile including experience of all trainers (1 page maximum)</td>
</tr>
<tr>
<td></td>
<td>• For example from job descriptions / curriculum vitae</td>
</tr>
<tr>
<td></td>
<td>c) The training provider can provide evidence of training reviews and updates</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

- The training provider ensures clinical skills and / or simulation activities and expert faculty / facilitators using simulation or educational theories to support the student learning
- Reliable and valid education materials are evidence / curriculum based
### 2. Trainer / faculty / facilitator qualities

- Courses are supervised by appropriately experienced / trained faculty / facilitators / trainers

### Principle

- **a)** Training and faculty (external and internal training staff) members and facilitators are experts in their specialist areas and/or simulation experts, for example:
  - Can provide evidence of the successful completion of a ‘Faculty Development Course’
  - Consultant or senior speciality trainee or senior nurse

- **b)** Experts in simulation, clinical skills or specialist practitioners are available to deliver courses appropriate to their skills

- **c)** The training provider can either access or provide faculty development programmes (or train the trainer) available for its trainers to ensure appropriate use of skills

- **d)** Faculty members / facilitators / trainers are encouraged to attend on-going education in this field

- **e)** Informal feedback available for all staff

### Evidence

- **a)** The training provider is able to provide evidence of the educational attainment of all faculty / trainers
  - For example kept on file in form of curriculum vitae or personal educational records

- **b)** Each course has a nominated expert in simulation or the specialist area
  - For example the clinical skills trainer or an external trainer such as a urology nurse as a specialist

- **c)** The training provider delivers or can access faculty development programmes
  - For example delivered at specialist training providers such as Montagu Clinical Simulation Centre

- **d)** Each faculty member / trainer is responsible for maintaining their professional development such as:
  - Courses
  - Conferences – ASPiH / ASME / SESAM
  - Personal Development Plans
  - Continuous Professional Development (courses available on the NHS Y&H website)

- **e)** The training provider uses own internal mechanisms such as
  - Annual review
  - Personal Development Reviews
  - Appraisals
### 3. Course Purpose

- Training outline is based on current clinical skills guidelines and theories (Clinical Skills Facilities), and/or simulation based theory

### Principle

a) Training is based on current clinical skills guidelines (Clinical Skills Facilities) and/or simulation education based theory, systematically devised to meet the learners needs and to include patient safety at all times

b) Patient safety, communication (and team working - Simulation centres) principles are at the core of all training

### Evidence

a) Training providers are able to provide documentation which supports the development of the training, and the links to patient safety such as:
   - Royal Marsden
   - Regional quality standards
   - Trust Policies

b) Evidence of training objectives with reference to patient safety and communication (and team working - Simulation centres); available in course material such as:
   - Hand hygiene / infection control

[Quality Framework Contents](#)
4. Continual Course Review

<table>
<thead>
<tr>
<th>Principle</th>
<th>Evidence</th>
</tr>
</thead>
<tbody>
<tr>
<td>a) The training provider has processes in place for evaluation and outcome measures</td>
<td>a) The training provider is able to provide evidence that processes are in place for obtaining training evaluation and appropriate follow up surveys such as:</td>
</tr>
<tr>
<td>• Long and short term</td>
<td>• Annual review / PDR</td>
</tr>
<tr>
<td>• Trainers and learners</td>
<td>• Trainer feedback can be immediate or part of an annual review in the shape of evaluation forms</td>
</tr>
<tr>
<td>b) Training rationale, evaluations and research relevant to the course available, such as:</td>
<td>• Or 6 monthly follow up of a selection of candidates to evidence outcome measures and improvements made in practice (where possible)</td>
</tr>
<tr>
<td>• Post training evaluations</td>
<td>b) The training provider is able to provide records of training evaluation</td>
</tr>
<tr>
<td>• Trainee evaluations</td>
<td>c) The training provider can provide evidence of this</td>
</tr>
<tr>
<td>• Focus groups</td>
<td>• In the form of attendance lists</td>
</tr>
<tr>
<td>• Follow up questionnaires</td>
<td>c) The training provider maintains up to date records on candidate demographics for audit purposes to identify who accesses the training with reference to interprofessional learning and the Equality and Diversity Act (2010).</td>
</tr>
</tbody>
</table>
5. Research (where applicable)

- The training provider is committed to embedding research activities into its educational programme

<table>
<thead>
<tr>
<th>Principle</th>
<th>Evidence</th>
</tr>
</thead>
<tbody>
<tr>
<td>a) Where appropriate the training provider is able to support formal research studies into simulation based educational methods or outcomes</td>
<td>a) There is documentary evidence of research proposals, funding applications where applicable and local research ethics committee approval</td>
</tr>
<tr>
<td>b) Maintain records of all research presentations and / or publications of research</td>
<td>b) The training provider is able to provide a list of presentations and / or publications</td>
</tr>
</tbody>
</table>

6. Continual Professional Development (CPD) Provision (where applicable)

- The training provider has a mechanism to offer CPD where appropriate to candidates and faculty

<table>
<thead>
<tr>
<th>Principle</th>
<th>Evidence</th>
</tr>
</thead>
<tbody>
<tr>
<td>a) The training provider is able to offer CPD where appropriate to candidates and faculty</td>
<td>a) The training provider is able to provide evidence of its authority to provide CPD credits</td>
</tr>
</tbody>
</table>

Quality Framework Contents
Clinical skills can be defined as:

Any action performed by all staff involved in direct patient care, which impacts on clinical outcome in a measurable way, these include

- Cognitive or 'thinking' skills (such as clinical reasoning and decision making)
- Non-technical skills (such as team working and communication)
- Technical skills (such as clinical examination and invasive procedures)

1. Introduction

   The national drivers for patient safety measures include the Department of Health;

   Safer Medical Practice, Chief Medical Officer, 2009 – Machines, manikins and polo mints. Here it states: 'Simulation offers an important route to safer care for patients and needs to be more fully integrated into the health service.' comparing healthcare with the airline industry, where this type of training is fully embedded into practice;

   Darzi, High Quality Care for all, (2008) places quality firmly at the heart of the health service, and when taking into consideration education Darzi identifies that modern techniques, such as simulation, need to be taken into account.

   These documents link to patient safety, and following an evaluation of the National Patient Safety Agency, we can also recommend that the healthcare community share and learn from patient safety incidents. The importance of improving patient safety and the financial cost of litigation are increasing year on year with an annual cost £769 million paid nationally (2009) in connection with clinical negligence claims (NPSA 2009).

   Headline news stories such as the BBC; ‘failings’ over diabetic, who died at Stafford Hospital; highlight the need for improvements into clinical skills training and encourage the NHS to learn from the mistakes of others. This nationally reported case of a patient with diabetes dying due to poor communication and poor training also demonstrates the importance of ensuring that standards for trainers and assessors are available and implemented.

2. Background

   In 2008 Yorkshire and the Humber Strategic Health Authority (SHA) commissioned a review into clinical skills and simulation education in the region (Clinical Skills & Simulation in Yorkshire and the Humber, The current situation 2008 – 2009). This extensive scoping exercise examined the available resources for all healthcare staff working in the NHS and all undergraduate healthcare and medical students in Higher Education Institutions (HEI).
Whilst there were many areas of good practice there was clear evidence that there was a lack of consistency in relation to:

- The standards of clinical skills education across Service and Higher Education Institutions
- The training standards of trainers of clinical skills
- The investment in clinical skills resources – training facilities, equipment & staff
- The access to training provision - both geographically and across disciplines
- The adoption of a multi-disciplinary approach where relevant
- The co-ordination of training provision across providers resulting in duplication, under and overuse of facilities.
- The provision, standards and maintenance of equipment

These findings formed the basis of the regional clinical skills and simulation strategy.

In response to the issues identified the Regional Clinical Skills Executive tasked a small stakeholder sub group to examine standards for trainers and assessors of clinical skills within the Yorkshire and the Humber region. The group reviewed current practice and consulted widely. This paper outlines their findings and subsequent recommendations.

3. Regional Context - Yorkshire and the Humber

Throughout the Y&H region there are variations between disciplines and organisations, these include the acknowledgement that the training of clinical skills in the hospital setting is better resourced than the primary healthcare community, HEIs demonstrate the most resourced facilities, with medical students benefiting primarily. This investment in medical personnel continues post registration in the form of post graduate medical education centres; with the nursing and allied health professionals having fewer facilities available to them on a regular basis. The nursing staff and AHPs, on the whole, manage the delivery of this type of training in the clinical setting with fewer assets and limited budgets.

The discrepancies described above, are identified at a regional level, however the national, professional regulatory and statutory (PRSB) bodies all agree with the need to monitor, evaluate and review the educators and verify the quality of the training taking place. This can only be achieved with rigorous standards and procedures to regulate the staff undertaking this type of training, and should be cognizant of the requirements of healthcare PRSBs bodies as demonstrated below:

**Allied Health Professionals**

Health Professions Council (HPC) - The HPC Standards of Education and Training; (HPC, 2009) page 7; 5.8 states that:

- Practice placement educators must undertake appropriate practice placement educator training, have relevant qualifications and experience, and must be appropriately registered (unless other arrangements are agreed)

**Nurses and Midwives**

Nursing and Midwifery Council (NMC) - The NMC Standards to support learning and assessment in practice (NMC, 2008) section, Local registers of mentors and practice teachers states that:
• Each mentor or practice teacher is reviewed every 3 years (triennial review) to ensure that only those who continue to meet the mentor/practice teacher requirements remain on the local register, in addition to their yearly update.

**Doctors**

General Medical Council (GMC) - The GMC in their publication which sets out the standards and requirements that medical Royal Colleges, Faculties and Specialty Associations must apply when developing curricula and assessment system; *Standards for Curricula and Assessment Systems* (2010) state:

- **Standard 2**
  - The overall purpose of the assessment system must be documented and in the public domain.

- **Standard 10**
  - Assessors/examiners will be recruited against criteria for performing the tasks they undertake - Mandatory requirements:
    - 10.2 Assessors or examiners must demonstrate their ability to undertake the role.
    - 10.3 Assessors/examiners should only assess in areas where they have competence.

The GMC Teaching and training, appraising and assessing document states (GMC, 2009):

- **Page 14** - If you are involved in teaching you must develop the skills, attitudes and practices of a competent teacher.

**Dentists**

General Dental Council (GDC) - The GDC in the document *How we check the quality of dental education and training; A Guide for Course Providers and Awarding Bodies* states that the quality assurance process involves: (GDC, 2009)

- Reviewing proposals for new courses and qualifications from course providers and awarding bodies
- Inspecting the course providers and awarding bodies
- Monitoring course providers and awarding bodies every year

The GDC *Standards for dental professionals* (GDC, 2008) states that all dental professionals work within their knowledge and competence and physical abilities.

*Therefore if we map across the disciplines we can demonstrate and determine the following set of standards for the registered workforce.*
## 4. Standards for the Registered Healthcare Workforce

**N.B. Unregistered staff** e.g. Health Care Assistants (HCAs) can input into the assessment of clinical skills but final ‘sign off’ of competency is the responsibility of a registered practitioner, who will be ultimately accountable.

- As a registered practitioner you are **professionally accountable** for maintaining your own clinical competence and are obligated by the codes of practice to self-assess and demonstrate /evidence of competence by the Nursing and Midwifery Council (NMC), Health Professions Council (HPC), General Medical Council (GMC) and General Dental Council (GDC), e.g. portfolio, PREP.

- As an assessor of clinical skills you will have **evidence** of a **current** recognised teaching /mentor qualification or **specific training on assessment** as per NMC / HPC / GMC / GDC requirements such as training for DOPS (Directly Observed Procedural Skills).

Monitoring and identification of additional training needs to support the above should be reviewed annually at appraisal / Personal Development Plan or Review (PDP/R).

Evidence of organisational compliance with the above should be verified through quality assurance metric requirements within contractual arrangements related to education and training between the Healthcare Organisation and the commissioner or quality assurance regulator e.g. The Learning and Development Agreement.

## 5. Recommendations

That the Clinical Skills Executive:

- Agree and support regional adoption the above standards
- Influence the adoption of monitoring arrangements to evidence organisational quality assurance standards.
<table>
<thead>
<tr>
<th>EDUCATIONAL STANDARD</th>
<th>PRINCIPLE</th>
<th>EVIDENCE</th>
<th>GMC</th>
<th>NMC</th>
<th>HPC</th>
<th>NHSLA</th>
<th>CQC</th>
<th>GDC</th>
<th>Y &amp; H DEANERY</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Educational Performance</td>
<td>Simulation/teaching theories used to support learning by experts</td>
<td>Educational Programme</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td></td>
<td>Yearly review of aims &amp; objectives</td>
<td>Educational Profile</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td></td>
<td>Yearly review of aims &amp; objectives</td>
<td>Course review updates/ Competency Frameworks</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>2. Course Purpose</td>
<td>Based on clinical skills guidelines</td>
<td>Links to Regional Quality Standards</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td></td>
<td>Communication/Patient Safety/Team Working core components of course content</td>
<td>Evidenced in course objectives</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>3. Trainer/ Faculty/Facilitator Qualities</td>
<td>Faculty members able to deliver courses appropriate to their skills</td>
<td>CV &amp; Personal education records kept</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td></td>
<td>Encouraged to attend ongoing education</td>
<td>Each course has a nominated expert</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td></td>
<td>Informal feedback available</td>
<td>Professional development maintained</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td></td>
<td></td>
<td>PDR/Appraisals/ review mechanisms</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>4. Continual Course Review</td>
<td>Processes for Evaluation/ Outcomes</td>
<td>Records of course evaluations</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td></td>
<td>Processes for Evaluation/ Outcomes</td>
<td>For trainers and learners</td>
<td>Annual reviews</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>5. Research (IF APPLICABLE)</td>
<td>Formal research supported</td>
<td>Documentary evidence</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td></td>
<td>Records of presentations and publications</td>
<td>List of publications/ presentations</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>6. Continuous Professional Development Provision (IF APPLICABLE)</td>
<td>CPD offered where appropriate</td>
<td>Evidence of its authority to provide CPD credits</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
</tbody>
</table>
APPENDIX 3: QUALITY FRAMEWORK MAPPING / CROSS REFERENCE GRID

This grid illustrates how the NHS Y&H Quality Assurance Framework, used by clinical skills and simulation training providers, can be crossed referenced against the quality assurance criteria set out by other healthcare professional regulatory standards. The overall objective of this reference grid is to compare the regulatory standards that govern quality assurance in healthcare governing bodies to the standards set out in the Quality Assurance Framework.

The Quality Assurance Framework can therefore be used in conjunction with other healthcare professional quality assurance documentation to provide evidence of standards met and not just as a stand-alone document. It can therefore be included as additional evidence to support submitted reports or visits by regulatory bodies, including the Deanery or the Strategic Health Authority.

(Grid formatted by H.Ruck, 2011)
Appendix 4

Course Evaluation Questionnaire

(Please take a moment and complete all of the following before you leave – Thank you)
Course Attended ……………………….Town/Geographical place of work……………………
Date ………………. Job Title……………………. Speciality …………… Grade………………

Please answer each of the following statements by ticking one box to indicate your level of agreement.

ANSWER the 2 questions in the comment box below and add any further course feedback.

The course was enjoyable

The course was relevant to my work

The information I received before-hand was relevant

The trainers were helpful and supportive

I felt able to ask any questions I had

The venue/equipment assisted learning

The length of course was appropriate

The course was well organised

The course content and delivery pace was appropriate

The type of training should be repeated every 1–2 years

I found it easy to be released to attend the course

I would recommend this course to others

How will you evidence that this training has had direct benefit on care in practice?

_________________________________________________________________________________
_________________________________________________________________________________

If you have any other comments, please use this space
_________________________________________________________________________________
_________________________________________________________________________________

Can we contact you in 6 months, if so please add your email details here………………………………………

Yes  No
## APPENDIX 5

### Self-Assessment of Clinical Skills Teaching/Training

<table>
<thead>
<tr>
<th>Trainers Name:</th>
<th>Organisation/Training Centre:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

- Current activities & responsibilities (please list).
- Strengths when performing current activities (please list).
- Development needs to meet Standards (please list).

**Action Plan.**

- Resources required to support action plan (please list).
- Additional support required;

**Review arrangement.**

**Review notes.**
### APPENDIX 6

**Peer Observation of Clinical Skills Teaching/Training Feedback Form**

<table>
<thead>
<tr>
<th>Name Clinical Skills Trainer</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Organisation/Department</td>
<td></td>
</tr>
<tr>
<td>Name Observer/Title</td>
<td></td>
</tr>
<tr>
<td>Observation Date</td>
<td></td>
</tr>
<tr>
<td>Observation Length</td>
<td></td>
</tr>
<tr>
<td>No of Learners &amp; Professions</td>
<td></td>
</tr>
<tr>
<td>Skill Taught</td>
<td></td>
</tr>
<tr>
<td>Venue Details</td>
<td></td>
</tr>
<tr>
<td>Teaching Method/s</td>
<td></td>
</tr>
<tr>
<td>Resources used</td>
<td></td>
</tr>
</tbody>
</table>

**Observers Summary of Session**
<table>
<thead>
<tr>
<th>Summary of:</th>
<th>Comments: e.g. Strengths &amp; Weaknesses</th>
</tr>
</thead>
<tbody>
<tr>
<td>Planning of Session</td>
<td></td>
</tr>
<tr>
<td>Organisation &amp; Approach</td>
<td></td>
</tr>
<tr>
<td>Delivery &amp; Pace</td>
<td></td>
</tr>
<tr>
<td>Appropriateness of Level</td>
<td></td>
</tr>
<tr>
<td>Currency of Content (e.g. incorporates local/regional policies).</td>
<td></td>
</tr>
<tr>
<td>Learners Participation</td>
<td></td>
</tr>
<tr>
<td>Use of Resources</td>
<td></td>
</tr>
<tr>
<td>Evaluation of Session</td>
<td></td>
</tr>
<tr>
<td>Assessment Procedure</td>
<td></td>
</tr>
</tbody>
</table>

**Evaluation of Training and Suggested Development Priorities**

Observers General Comments

Trainers General Comments

<table>
<thead>
<tr>
<th>Observer’s Signature</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Trainer/Educator’s Signature</td>
<td></td>
</tr>
<tr>
<td>Date:</td>
<td></td>
</tr>
</tbody>
</table>
Reference List


General Medical Council (2010): Standards for curricula and assessment systems. London: GMC


Useful Websites

Allied Health Professions Federation (AHPF)

Association for Simulated Practice in Healthcare (ASPiH)

Care Quality Commission (CQC)

Department of Health

European Consortium for Accreditation in higher education (ECA).

General Medical Council

General Dental Council

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Health Education England (HEE)

Health Education Yorkshire and the Humber

Healthy Ambitions

International Network for Quality Assurance Agencies in Higher Education (INQAAHE)

Learning and Skills Council

Mental Health Foundation

Monitor

National Patient Safety Agency

National Specialised Commissioning Group

NHS Commissioning Board (NHS CB)

NHS Yorkshire and the Humber Postgraduate Deanery

NHS Yorkshire and the Humber Quality Management System – Online Tool

Nursing and Midwifery Council

Simulated Patients

Skills for Care

Skills for Health

Society in Europe for Simulation Applied to Medicine (SESAM)

The Association of Schools of Allied Health Professions (ASAHP)

The Health and Social Care Information Centre (HSCIC)

Yorkshire and Humber Clinical Skills Network Forum

Yorkshire and Humber Health Innovation Education Cluster

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Strategic Clinical Skills Advisors

The six peripatetic SCSA’s and their Manager, hosted by Leeds Metropolitan University are responsible for implementing the clinical skills and simulation strategy (NHS Y&H, 2010). The Teams aim is to ensure that sustainable processes and resources are in place to continually improve patient safety through clinical skills and simulation training. All relevant documents and products of the Team will soon be downloadable from the website http://yh.hee.nhs.uk/. The ‘Health Education Yorkshire and the Humber’ site is still under development, so please bear with us while we continue to upload information and documents. In the meantime, if there is anything you need, please contact your local SCSA’s.

Each Strategic Clinical Skills Advisor has a well-informed and current knowledge of their areas, the stakeholders, equipment and facilities in addition to areas of expertise and relevant work streams.

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Joanne Barrott</strong></td>
<td>Manager to the Strategic Clinical Skills Advisors</td>
<td><a href="mailto:J.Barrott@leedsmet.ac.uk">J.Barrott@leedsmet.ac.uk</a> 07500816039</td>
</tr>
<tr>
<td><strong>Gary Jordan</strong></td>
<td>Hull, North Lincolnshire &amp; Goole</td>
<td>Physical health agenda for mental health and learning disabilities</td>
</tr>
<tr>
<td></td>
<td></td>
<td>CS Passport</td>
</tr>
<tr>
<td></td>
<td></td>
<td>RAMPPS Simulation for mental health</td>
</tr>
<tr>
<td><strong>Helen Ruck</strong></td>
<td>Bradford, Airedale, Calderdale &amp; Huddersfield</td>
<td>Obstetric Emergency training YMET</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Physiotherapy on call training</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Primary Care</td>
</tr>
<tr>
<td><strong>Jane Nicklin</strong></td>
<td>Leeds, Kirklees, South West Yorkshire &amp; Yorkshire Ambulance Service.</td>
<td>Allied Health Professionals (AHPs)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Y&amp;H Deanery Clinical Skills and Simulation Regional and National Technician's Network Skills and simulation equipment Learning from SUIs Acute Care (Theatres)</td>
</tr>
<tr>
<td><strong>Kay Ford</strong></td>
<td>North Yorkshire &amp; York</td>
<td>Primary and community care</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Clinical Commissioning groups (CCGs)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Support workers</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Independent organisations</td>
</tr>
<tr>
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<td>i.e. nursing homes</td>
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<tr>
<td><strong>Michelle Chappell</strong></td>
<td>Doncaster, Rotherham, Barnsley &amp; Mid Yorkshire</td>
<td><a href="mailto:M.C.Chappell@leedsmet.ac.uk">M.C.Chappell@leedsmet.ac.uk</a> 07769239605</td>
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<td>Quality Assurance (Quality Management Systems)</td>
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The SCSA’S convey our sincere thanks to all who have contributed to this document, especially Fiona Bates (Quality Assurance Systems Project Manager) for all her assistance in the development and management of www.qaclinicalskills.co.uk