Schedule 4e

Educational Facilities and Infrastructure

DRAFT - WITHOUT PREJUDICE

1. Educational Facilities and Infrastructure

1.1 The ability to deliver educational programmes within Service Provider Organisations is linked to the availability of facilities and infrastructure which must be adequate to deliver the curriculum. The standards for these facilities are identified within PMETB Generic Training Standards and Skills for Health Quality Assurance Framework requirements.

2. The Service Provider Organisation, in partnership with any educational providers, shall ensure that :

2.1 General Educational Facilities

2.1.1 A range of facilities and resources is available to all trainers and learners. These may take the form of a dedicated education centre, or a range of facilities which serve the same purpose (e.g. clinical skills centres, seminar rooms).

2.1.2 That the staffing levels within the facilities will be regularly reviewed and maintained at a level that ensures appropriate and timely educational activities are delivered.

2.1.3 A Disability Discrimination Act audit has been undertaken and the actions identified reported to the Board.

2.1.4 The environment, facilities and equipment ensure safe, efficient and effective provision of the service.

2.1.5 There is a quality management programme in place which includes setting, reviewing and revising service delivery standards and data collection and analysis.

2.1.6 A policy and supporting processes are in place to promote the development and implementation of Interprofessional learning within the healthcare setting.

2.2 Income Generation

2.2.1 Any surplus income generated from educational provision/facilities associated with the Learning Development Agreement is used to enhance local education provision. All financial transactions associated with the activity must be managed via the Service Provider Organisation's finance directorate, and recorded in the Service Provider Organisation's annual accounts. Budget holders and centre managers should be fully conversant and comply with their Service Provider Organisation's standing financial instructions. These accounts must be available with associated investment plan, if appropriate, at least annually.

2.3 Libraries

2.3.1 There is access to library/knowledge services for all staff and students working in the service provider organisation and all organisations with which a Service Level Agreement exists.

2.3.2 There is a designated Board member accountable for the library/ knowledge service.

2.3.3 There is a dated, documented strategy for the provision of library/ knowledge services, which is reviewed on an annual basis. The strategy is formally approved by the parent organisation. Relevant staff are aware of the strategy and there is evidence of implementation.

2.3.4 An annual budget is set for the library/knowledge service in accordance with the aims and objectives of the organisation. Library/knowledge service staff are involved in the annual budget setting, using information gathered from service activity and costs.

2.3.5 The director/manager of the library/knowledge service is involved in the preparation and monitoring of the budget for the service.

2.3.6 There is a system in place to monitor library/knowledge service provision.

2.3.7 Local and national performance indicators are reviewed at defined periods, with national performance indicators annually reported to the Strategic Health Authority.

2.3.8 There is evidence of action taken from the review of performance indicators.

2.3.9 There is a documented plan for user and stakeholder engagement. The plan is reviewed annually.

2.3.10 There is a dated, documented procedure to ensure that stock and electronic resources are selected and updated in consultation with users and stakeholders. There is a process for annual review of this procedure.

2.3.11 The library/knowledge service has a dated, documented induction programme for new users, including trainees and students.

2.3.12 There is a dated, documented educational programme that library/ knowledge service staff use to train users to ensure that they have information skills.

2.3.13 Library/knowledge service staff work directly with clinical teams, educators and managers to support their knowledge needs and requirements.

2.3.14 The number of qualified competent personnel and support staff required to ensure efficient operation of the library/knowledge service is

determined by using a skill mix review to assess staffing levels. This is reviewed at defined intervals and whenever there are changes to the service.

2.3.15 The library/knowledge service, its branches and its web presence are readily accessible for all users and potential users.

2.3.16 An annual report, based on these standards, is submitted to the SHA annually.

3. Access to Information Technology

3.1 All Learners have access within the workplace to appropriate networks to support both their learning and their contribution to care delivery. This includes, but is not limited to, appropriate access to local networks, clinical information systems, PAS, electronic patient records, educational resources and the Internet. This provision should be appropriate to the size and scope for the Practice Learning Environment. Such provision should be available for the entire duration of any placement or the Service Provider Organisation should be able to demonstrate how it is working towards achieving this.

4. Clinical Skills Facilities

4.1 The Service Provider Organisation recognises that Practice Learning is delivered in a range of healthcare environments as well as within clinical skills facilities. The Service Provider Organisation should also recognise that clinical skills facilities are used by the full range of staff, not only Learners, and that such facilities can underpin the development and maintenance of competencies within the entirety of the employed workforce.

4.2 Where clinical skills facilities exist, a strategy for the continuous development of multi-disciplinary facilities, teaching and support staff, equipment and training space is developed, implemented and monitored. It is expected that an annual report be provided outlining the above in respect of Learners encompassed by this Agreement.

4.3 There is evidence of clinical skills facilities included in the Service Provider Organisation's annual business planning cycle to ensure that such facilities can deliver outcomes required.

5. Recruitment

5.1 The East Midlands Healthcare Workforce Deanery, on behalf of the SHA, is conducting an options appraisal to determine the future delivery of the postgraduate medical specialty recruitment process. This will assist us in preparing for the separation of the Commissioner/Provider functions of the SHA in April 2010. Currently the postgraduate medical specialty recruitment process is managed in partnership with 6 lead recruiting Trusts.

It is intended that the options appraisal will be completed by end March 2010 and this will inform how recruitment is undertaken from December 2010 onwards. If this appraisal concludes that recruitment is to remain within the responsibility of the lead recruiting Trusts then payment for any further activity will be reinstated within the LDA and supported by a detailed schedule of activity.

5.2 The Service Provider Organisation will be expected to participate as appropriate in recruitment processes for locum appointments, including LAT posts, to medical specialties. A payment to acknowledge such participation will be allocated to the Service Provider Organisation as a contribution towards these costs. This payment is shown in Schedule 2e of this Agreement. This payment will be reviewed annually.

6 Primary Care Training Scheme Administration

6.1 Where primary care administration support is provided by Service Provider organisations, this is now shown separately on the finance schedules and is funded in addition to the local post tariffs. This is to facilitate performance management by the SHA for the devolved service arrangements in these areas.

6.2 The administrative posts identified in Schedule 2D are essential to ensuring that the level of service of the Programme Office is maintained. The post holders are employees of the Service Provider Organisation that hold their contracts and the Service Provider Organisation are responsible for all employment terms and conditions.

6.3 It is expected that all vacancies shall be recruited to in a timely manner.
Six monthly reports, from the commencement date of this Agreement shall be produced and returned to the EMHWD that evidence that these administration posts are filled.

6.4 Vacancies should be reported to the EMHWD as soon as they arise.
The EMHWD shall continue to fund vacant posts for up to a period of 6 months provided that the Service Provider Organisation evidences that they are actively recruiting to the vacancy.

6.5 Should a post remain vacant for over 6 months the EMHWD reserve the right to review the funding arrangements.

6.6 The role of the GP Training Programme is to manage and co-ordinate all administrative, financial and development aspects of the training programmes to ensure the educational and pastoral needs of doctors in training to be GPs are met according to national and SHA requirements. This will be in collaboration with GP Programme Directors.

6.7 The GP Training Programme Manager will have day to day management responsibilities for other staff members which will include acting as an appointment panel member, ensuring that training is delivered, reviewing work performance and progress, work allocation and checking and initial stages of

grievance and discipline. The other staff members will provide administrative support to the Training Programme Manager and Programme Directors.

7. Employment Status of Doctors in Training

7.1 The Service Provider Organisation will comply with the requirements of Tier 2 and Tier 4 reporting in relation to trainee doctors, as detailed in the Service Level Agreement, or equivalent arrangement, negotiated with the EMHWD.