# Education Quality Framework



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## Introduction

At NHS England, we work with our partners to plan, recruit, educate and train the future health workforce to produce the highest quality new clinical professionals ever in the right number. The Care Act 2014 also outlines our responsibility for securing continuous improvement in the quality of education and training and, via this, continuous improvement in the quality of health services. The NHS England Education Quality Strategy sets out our national and local priorities, principles and overarching processes to achieve this.

The Education Quality Strategy is underpinned by the NHS England Education Quality Framework, which makes clear the quality standards we expect of clinical learning environments, safeguarded through the NHS Education Funding Agreement. Through these standards, placement providers are required to work with us and other stakeholders to support learners in their career pathways and transition from healthcare education programmes to employment, while also working collaboratively with system partners to maintain and improve practice placement capacity and capability. By working together in this way, we can ensure training is responsive to new care delivery models and supports workforce transformation and a sustainable workforce supply.

First published in 2016 by Health Education England (HEE), the Education Quality Framework was developed to provide an overarching set of multi-professional quality standards for the clinical learning environment. During 2020 and early 2021, the Education Quality Framework was refreshed to reflect the ever-changing landscape of healthcare education and the wider context within which it takes place. This was achieved through a process of co-production with system partners and stakeholders.

This 2024 update of the Education Quality Framework reflects the creation of the new NHS England in 2023, into which HEE has transitioned. It reinforces the quality principles set out in the Education Quality Strategy. In particular, the framework:

* has patient safety and learner wellbeing at its core.
* promotes quality improvement.
* is multi-professional.
* promotes Equality, Diversity and Inclusion (EDI).
* promotes consistency and a common language.
* encourages innovation.
* facilitates a cross-system approach to quality and encourages partnership working.
* reflects the shared responsibility we all have for quality.

## The NHS England Education Quality Framework

## Scope, structure and purpose

The Education Quality Framework applies to the quality of all healthcare education and training, funded through the NHS Education Funding Agreement, of all learners and across all clinical learning environments within which they are placed (including an increasing variety of settings in the primary, secondary, community, and independent sectors).

NHS England exists within a wider system, working in partnership with, and across, healthcare and professional regulators, service and education providers, arms-length bodies, and key stakeholders. We occupy a unique space where we can view quality through a multi-professional and cross-disciplinary lens and have an overview and understanding of the clinical education and training landscape, which reaches across sectors and organisations. Therefore, our Education Quality Framework articulates NHS England’s expectations of the quality of the clinical learning environment as a whole system, complementing other regulatory and professional frameworks and requirements (relating, for example, to clinical safety, curricula, and programmes). It does this across six core domains, reflecting key components of quality in all clinical learning environments for all learner groups and our commitment to developing a sustainable workforce.

1. **Learning environment and culture** relates to the settings within which learners are located and where the activity of education and training takes place.
2. **Educational governance and commitment to quality** describes the organisational ethos, priorities, structures, rules and policies in place to support learning.
3. **Developing and supporting learners** sets out the resources, support and tools learners need to succeed.
4. **Developing and supporting educators** covers the resources and support required by those guiding and overseeing the clinical and educational development and progression of learners.
5. **Delivering programmes and curricula** articulates how organisations can provide for learners’ education and training needs, including placement providers’ collaboration with the wider system to achieve this.
6. **Developing a sustainable workforce** underpins the other 5 domains by aiming to significantly improve the retention, progression and development of the whole workforce.

Each domain has an overview of standards, and there are overlaps and interdependencies between them.

Each domain is supported by quality descriptors. These are intended to provide a guide to what quality may look like in practice, rather than acting as a checklist. A variety of evidence will be required to assess whether standards are being met, and NHS England recognises that standards and descriptors will relate to different types and size of provider in different ways. NHS England’s approach to quality data and evidence is outlined in our Education Quality Strategy.

In describing quality across the totality of a clinical learning environment, the quality domains and standards have relevance and utility for all stakeholders with an interest in healthcare education and training. The quality standards are useful for:

* **Patients, service users and the public**, by being transparent about the standards that placement providers are held to.
* **Learners**, by setting expectations of learning environments, the contribution that learners can make, and how to raise concerns.
* **Educators**, by clarifying their role in supporting high quality clinical learning environments.
* **Placement providers**, by describing the standards through which their delivery of education and training will be assessed as part of the NHS Education Funding Agreement and enabling new and prospective providers to see the standards required of them (including global partners who wish to contribute to the education and training of NHS staff).
* **Education providers**, by working with placement providers to support the continuous improvement of practice placements.
* **Integrated Care Boards**, by supporting decisions on practice placement capacity, expansion, international recruitment and new placement providers, and enabling a system-wide understanding and overview of quality, and an approach to consistent quality control, quality management, and quality improvement.
* **Healthcare and professional regulators**, by highlighting the links between NHS England and regulator responsibilities in monitoring, maintaining, and sustaining quality, promoting closer working and avoiding duplication.



As a multi-professional document, the Education Quality Framework must use language that is generalisable across different professions and providers. We recognise that there are multiple ways in which similar roles and activities are typically described in different contexts (for example, the act of supervising learning in practice) and so a consistent terminology is employed throughout to aid clarity and avoid confusion. Where appropriate, terms and definitions are aligned to the NHS Education Funding Agreement. A glossary is provided within this document to set-out what we mean by the terms used.

## Domain 1. Learning environment and culture

Overview

This domain ensures that the learning environment and its culture of education and training meets learners’ needs, is safe and open, and provides high quality care and experience for patients and service users. It ensures that the learning environment is multi-professional, with a culture that is fair, promotes EDI, and values and facilitates learning opportunities and support for all learner groups. It also ensures that the culture within the learning environment is one which models positive behaviours, both in terms of clinical practice and a proactive, self-directed approach to learning.

### Quality standards

The learning environment is one in which education and training is valued and championed.

The learning environment is inclusive and supportive for learners of all backgrounds and from all professional groups.

The organisational culture is one in which all staff, including learners, are treated fairly, with equity, consistency, dignity and respect.

There is a culture of continuous learning, where giving and receiving constructive feedback is encouraged and routine.

Learners are in an environment that delivers safe, effective, compassionate care and prioritises a positive experience for patients and service users.

The environment is one that ensures the safety of all staff, including learners on placement.

All staff, including learners, can speak up if they have any concerns, without fear of negative consequences.

The environment is sensitive to both the diversity of learners and the population the organisation serves.

There are opportunities for learners to take an active role in quality improvement initiatives, including participation in evidence-led practice improvement activities and research and innovation.

There are opportunities to learn constructively from the experience and outcomes of patients and service users, whether positive or negative.

The learning environment provides suitable educational facilities for both learners and educators, including space and IT facilities, and access to library and knowledge services and specialists.

The learning environment promotes multi-professional learning opportunities.

The learning environment encourages learners to be proactive and take a lead in accessing learning opportunities and take responsibility for their own learning.

### Quality descriptors

* The placement provider is explicit in the importance it places on learning, including recognising, promoting, and supporting the vital role all staff can play in creating and supporting a positive learning environment (for example, through role-modelling and both formal and informal supervision). There is a supportive environment within which learners are developed, encouraged and challenged to become reflective practitioners and lifelong learners, and where a deep rather than surface approach to learning is fostered.
* Policies and processes are in place to promote EDI (and challenge exclusion) within the learning environment and ensure impartiality. Relationships between diverse groups are fostered.
* There is a clear commitment to create an environment of psychological and cultural safety for all learners, with no denial of their identity, to encourage a sense of belonging.
* All staff, including learners and educators, have access to the necessary resources, facilities and equipment to ensure their safety within the workplace and to deliver safe clinical care.
* There is a culture, system, and process to enable all staff, including learners and educators, to raise concerns about clinical safety and the standard of care, and about education and training, openly and safely without fear of adverse consequences. Learners feel secure and able to raise concerns about bullying and undermining.
* Any known clinical patient safety concerns, or concerns about the safety of staff, including learners, are dealt with rapidly and effectively and in compliance with any regulatory requirements. The volume and nature of concerns raised is monitored.
* Mistakes are investigated and learning identified, with reflection on incidents and near misses. Learning is facilitated through effective reporting mechanisms, feedback to individuals and teams, sharing learning across the organisation and local clinical governance activities.
* Opportunities for learners and educators to undertake activity and learning that drives quality improvement in service and education and training, to the benefit of the wider health and care service, are supported.
* Learners have access to WiFi and IT equipment to support educational activities (such as technology enhanced learning, research, assessment, and completion of electronic portfolios). Educators also have access to suitable IT facilities to enable fulfilment of their roles.
* Learners and educators have access to quality assured knowledge and library services to support education, research, and decision making in line with the Knowledge for Healthcare Strategic Framework 2021-2026.
* Every learner is supported to be an effective member of the multi-professional team through the promotion of a positive culture of learning and collaboration between all learner groups (across professions, disciplines and specialties).

## Domain 2. Educational governance and commitment to quality

Overview

This domain promotes a commitment to quality and ensures that all placement providers have effective arrangements for educational governance and leadership to manage and improve the quality of education and training. It also requires providers to work collaboratively with NHS England and other stakeholders in this endeavour.

### Quality standards



There is clear, visible, and inclusive senior educational leadership, with responsibility for all relevant learner groups, which is joined up and promotes team-working and both a multi-professional and, where appropriate, inter-professional approach to education and training.

There is active engagement and ownership of EDI in education and training at a senior level.

The governance arrangements promote fairness in education and training and challenge discrimination.

Education and training issues are fed into, considered, and represented at the most senior level of decision making.

The provider can demonstrate how educational resources (including financial) are allocated and used.

Educational governance arrangements enable organisational self-assessment of performance against the quality standards, an active response when standards are not being met, as well as continuous quality improvement of education and training.

There is proactive and collaborative working with other partner and stakeholder organisations to support effective delivery of healthcare education and training and spread good practice.

Consideration is given to the potential impact on education and training of services changes (i.e., service re-design and service reconfiguration), taking into account the views of learners, educators, and key stakeholders (including NHS England and education providers).

### Quality descriptors

* Effective, transparent and clearly understood educational governance arrangements and processes are in place to effectively evaluate, manage, and improve the quality of education and training.
* There are named senior leaders with responsibility and accountability for education and training quality. The educational leadership is joined-up to ensure a multi-professional oversight of the learning environment and to promote and facilitate multi-professional and inter-professional learning where appropriate.
* The governance arrangements promote and support the development and sharing of EDI good practice in education and training and there are named senior leaders with responsibility and accountability for EDI in education and training.
* There is an explicit and clear line of accountability to the board of the organisation or equivalent senior decision-making body, with a process for regular reporting.
* The appropriate use of educational resources for the purposes they are intended (including financial allocations via the NHS Education Funding Agreement and other sources) can be clearly demonstrated.
* Learners and educators can raise specific concerns about education and training (such as fairness and discrimination), including via regular forums or other routine feedback mechanisms. Learners and educators are supported if they do raise concerns. Any concerns are investigated and responded to, with feedback given to the individuals who raised the concerns outlining what action has been taken.
* Governance arrangements support the delivery of appropriate educational and clinical supervision, ensuring an integrated approach and so that information can be shared to maximise learning opportunities and meet learner portfolio and assessment needs. The arrangements ensure that educational and training needs and personal goals discussed during supervision sessions are documented.
* The provider actively and positively engages with NHS England’s quality management processes (in line with NHS England’s reporting requirements and agreed timelines), including participating and cooperating with quality interventions, improvement planning and, where appropriate, working in partnership with NHS England and other stakeholders in sharing evidence and delivering improvements.
* The appropriate allocation and use of educational resources can be demonstrated, including support for educator roles (such as allocated time in job plans), learning infrastructure, and learning resources.

## Domain 3. Developing and supporting learners

Overview

This domain ensures that learners receive appropriate supervision and support, clinically and educationally, to enable them to gain the knowledge, skills and behaviour required by their curriculum / programme. It also requires providers to promote and support EDI.

### Quality standards

Learners are encouraged to access resources to support their physical and mental health and wellbeing as a critical foundation for effective learning.

There is parity of access to learning opportunities for all learners, with providers making reasonable adjustments where required.

The potential for differences in educational attainment is recognised and learners are supported to ensure that any differences do not relate to protected characteristics.

Supervision arrangements enable learners in difficulty to be identified and supported at the earliest opportunity.

Learners receive clinical supervision appropriate to their level of experience, competence, and confidence, and according to their scope of practice.

Learners receive the educational supervision and support to be able to demonstrate what is expected in their curriculum or professional standards to achieve the learning outcomes required.

Learners are supported to complete appropriate summative and formative assessments to evidence that they are meeting their curriculum, professional and regulatory standards, and learning outcomes.

Learners are valued members of the healthcare teams within which they are placed and enabled to contribute to the work of those teams.

Learners receive an appropriate, effective, and timely induction and introduction into the clinical learning environment.

Learners understand their role and the context of their placement in relation to care pathways, journeys, and expected outcomes of patients and service users.

Learners are supported and developed to undertake educator and supervision responsibilities with more junior staff as appropriate.

### Quality descriptors

* Learners have access to, and are encouraged to utilise, resources to support their physical and mental health and wellbeing, including confidential counselling services, careers advice and support, and occupational health services. There are also opportunities and encouragement to enable them to lead healthy lives.
* Strategies are in place to reduce the potential for differential attainment (based on protected characteristics) through excellent and inclusive education and training, including:
  + tailored training resources that help respond to local EDI issues;
  + enhanced induction for international learners and those new to the NHS;
  + enhanced supervision to identify support needs early;
  + coordinated enhanced support, including resources/ training in communication, portfolios and exam preparation;
  + awareness building and promotion of local networks, buddying and mentoring schemes, and EDI champions;
  + educator development and training to support EDI themes and the response to differences in attainment.
* Learners receive adequate and appropriate clinical supervision and are informed who is responsible for their supervision and who (and how) to ask for help should they feel that they need it. Supervision should comply with the respective regulatory and professional requirements.
* Learners’ active roles within, and contribution to, teams is recognised and utilised, with appropriate responsibility, autonomy, and exposure to risk.
* Every learner must have access to a named individual responsible for overseeing their educational progression during their placement. In cases where the named individual providing this support is external to the organisation, learners are supported to access this resource.
* The first educator contact, frequency of meetings, and duration of the education and supervision relationship are sufficient to provide a sound basis for learning, delivery of safe, high-quality care, understanding of roles, and learner wellbeing.
* Supervision takes place according to agreed ground rules and boundaries (with clarity around roles, purpose, duration, preparation required, feedback, record keeping, confidentiality, and escalation of concerns).
* Learners are supported to take study leave appropriate to their curriculum or training programme.
* Learners can access timetabled education and training sessions, including access and attend technology enhanced and simulation-based learning opportunities during their placement as required by their curriculum or professional standards.
* Learners receive regular, constructive, and meaningful feedback on their performance and are encouraged to seek and, where appropriate, give critical feedback.
* Learners are encouraged and supported, as adult learners, to take responsibility for their own learning.
* Learners receive a timely induction (in some cases this may involve both a corporate and departmental induction), which includes as a minimum:
  + their role in the team;
  + how to gain support from senior colleagues;
  + any clinical guidelines and policies they must follow;
  + how to access clinical and learning resources;
  + how to raise concerns about patient safety, standards of care, and education and training (including who the Freedom to Speak Up Guardian is (where applicable) and how they can be contacted);
  + the learner’s duties and supervision arrangements
* Learners are supported and developed to supervise more junior staff where appropriate. This may include supervision, teaching and assessing others.

## Domain 4. Developing and supporting educators

Overview

This domain ensures that educators are selected, trained, appraised, and receive the support, resources and time they need to deliver effective education, training, and clinical oversight, including support for their professional development.

### Quality standards

Educators can easily access resources to support their physical and mental health and wellbeing.

Formally recognised educators are appropriately supported, with allocated time in job plans and job descriptions, to undertake their roles.

Those undertaking formal supervision roles are appropriately trained as defined by the relevant regulator and professional body and in line with any other standards and expectations of partner organisations (for example, education providers and NHS England).

Clinical supervisors understand the scope of practice and expected competence of those they are supervising.

Educational supervisors are familiar with, understand, and are up to date with the curricula of the learners they are supporting. They also understand their role in the context of leaners’ programmes and career pathways, enhancing their ability to support learners’ progression.

Clinical supervisors are supported to understand the education, training and any other support needs of their learners.

Educator performance is assessed through appraisals or other appropriate mechanisms, with constructive feedback and support provided for continued professional development and role progression and/or when they may be experiencing difficulties and challenges.

### Quality descriptors

* The importance of educator wellbeing for delivering high quality education and supervision is recognised. Educators have access to resources to support their health and wellbeing, including opportunities and encouragement to enable them to lead healthy lives, confidential counselling services, careers advice and support, and occupational health services.
* Educators have appropriate allocated time to meet their responsibilities within job plans and job descriptions (for example, undertaking summative and formative assessments of learners) so that they can carry out their role in a way that promotes safe and effective care and a positive learning experience.
* There is a clear pathway and process for staff considering pursuing a formal educator role. Where appropriate, this should be actively encouraged (including for internationally recruited staff).
* Educators with a formal role are selected against suitable criteria, receive an appropriate induction to their role, and have access to appropriate professional development and training.
* Educators are formally and meaningfully appraised against their education and supervision responsibilities (for example, via 360-degree feedback from their learners) and encouraged to take responsibility for ensuring that this takes place.
* Up-to-date and relevant details of all educators are recorded.
* Educators are supported to be familiar with the learners’ programmes and curricula, and their scope of practice, and have the ability to select and support a range of appropriate learning opportunities commensurate with the learners’ needs. Where appropriate, additional forms of education and supervision should be offered, for example, group sessions, Balint groups and Schwartz Rounds.
* Clinical supervisors are supported to know the scope of practice and expected competence of those under their supervision.
* Educators’ concerns, or difficulties they face as part of their education, training, and clinical supervision responsibilities, are effectively dealt with in a timely manner.
* Educators are supported to liaise with each other to make sure they have a consistent approach to education and training, both locally and across specialties, professions, and all learner groups, and that there is shared understanding of learners’ education, training, and any other support needs.

## Domain 5. Delivering programmes and curricula

Overview

This domain ensures that programmes and curricula (including assessments) are developed and delivered in accordance with professional regulator, college and/or education provider requirements, and respond to the emerging models of care and service transformation. Placement providers have the freedom and flexibility to deliver curricula in innovative and creative ways.

### Quality standards

Practice placements must enable the delivery of relevant parts of curricula and contribute as expected to training programmes.

Placement providers work in partnership with programme leads in planning and delivery of curricula and assessments.

Placement providers collaborate with professional bodies, curriculum and programme leads, and key stakeholders, to help to shape curricula, assessments, and programmes. This ensures their content is responsive to changes in treatments, technologies, and care delivery models, as well as having a focus on health promotion and disease prevention.

Placement providers proactively seek to develop new and innovative methods of education delivery, including multi-professional approaches.

The involvement of patients and service users, and also learners, in the development of education delivery is encouraged.

Timetables, rotas, and workload enable learners to attend planned, timetabled education sessions needed to meet curricula requirements.

### Quality descriptors

* Notwithstanding exceptional circumstances (which would be highlighted to relevant stakeholders such as NHS England or an education provider through established channels), practice placements contribute as expected to the experience required for curriculum/ programme delivery. Clinical work undertaken by learners provides learning opportunities and feedback on performance and gives an appropriate breadth and depth of experience to meet individual learner needs. This requires a suitable balance between education and service provision, adequate staffing levels, and education and supervision capacity.
* Placement providers must work with programme leads to ensure that learning opportunities of placements continue to meet curricula needs.
* Curricula and assessments are delivered so that all learners are enabled to achieve the learning outcomes required by their curriculum or professional standards.
* Placement providers should proactively develop and implement new and innovative ways of delivering teaching and learning to enhance the curricula and learner experience.
* Learners receive sufficient, protected time to attend education sessions and those facilitating these sessions have the support and resources to plan and ensure their delivery.

## Domain 6. Developing a sustainable workforce

Overview

Underpins the other five domains by acknowledging that to in order to realise our collective endeavour to support and improve the quality of education and training, we must also significantly improve the retention, progression, and development of the whole workforce.

### Quality standards

Placement providers work with other organisations to mitigate avoidable learner attrition from programmes.

There are opportunities for learners to receive appropriate careers advice from colleagues within the learning environment, including understanding other roles and career pathway opportunities.

The provider engages in local workforce planning to ensure it supports the development of learners who have the skills, knowledge, and behaviours to meet the changing needs of patients and service.

Transitions from a healthcare education programmes to employment, and/or, where appropriate, career progression, is underpinned by a clear process of support, developed and delivered in partnership with the learner.

### Quality descriptors

* Providers must ensure the safety and wellbeing of patients and service users with whom learners work, including formal processes for ensuring that all necessary legal checks for protecting vulnerable groups (for example, DBS checks) meet all statutory, regulatory, and professional requirements.
* The provider works and engages proactively and collaboratively with other partner and stakeholder organisations to ensure sufficient placement capacity and capability, and the effective management of supervision resources.
* The provider must jointly collect and analyse data to evaluate improvements to attrition levels and the impact on potential workforce supply.
* Providers must ensure that all members of staff are provided with opportunities and resources to support their wellbeing and, where appropriate, improve resilience, including confidential counselling and occupational health services.
* Providers have in place the infrastructure and resources to provide information and advice to support career planning decisions and enable learners to appreciate the range of career opportunities available, which may support new and innovative ways of working.
* Providers must ensure appropriate rotational programmes for all learners that provide opportunities for learning experiences across service, sector and organisational boundaries for health and social care where this is appropriate and add value to the learning experience.
* Providers should work collaboratively with partners at a system level and across geographical footprints and networks to ensure the availability of placements can meet the breadth and depth of curricula requirements.
* Providers engage in workforce planning and development in partnership with wider health and care partners. Planned educational provision and investment reflects the outcomes of shared workforce planning.
* Providers must proactively develop and implement activities that will support individual learners to successfully transition from their education programme to employment. Feedback from learners needs to be utilised to develop activities and outcomes evaluated to assess the impact on retention levels and spread good practice.

## Glossary of key terms

##### Clinical supervisor

Clinical supervisors (also known in some contexts as practice supervisors or practice educators) are named experienced clinicians and educators, who are selected and appropriately trained to be responsible for overseeing learners’ work and providing developmental feedback during a practice placement.

A clinical supervisor has responsibilities, which include being available in the placement learning environment to support guided learning, monitor progress, and provide direction and feedback on matters professional, educational, and personal in the context of a clinical role in the care of patients or working within a team. They may be required to gather information about an individual learner’s performance and progress from others within a multi-disciplinary team.

A clinical supervisor may also be a named educational supervisor, sometimes for the same learner (either concurrently or at different times) depending on the placement.

##### Clinical supervision

Clinical supervision defines the relationship between a clinical supervisor and learner with the aim of improving and maintaining the learner’s clinical practice. This includes, but is not limited to, supporting guided learning, monitoring progress, and providing direction and feedback on matters professional, educational, and personal in the context of a clinical role in the care of patients or working within a team.

##### Clinical learning environment

A practice placement environment in which learners acquire knowledge, information, comprehension, and skills in healthcare relevant to their programme of study or training.

It is also the physical, contextual, and cultural location in which learning takes place between educators and learners.

##### Education Provider

The contracted provider, which undertakes educational provision services, and which is an education provider of academic studies, including but not limited to a higher education institution, faculty, school, further education provider, or an education and training organisation.

##### Educational supervisor

An educational supervisor is a named individual who is selected and appropriately trained to be responsible for the overall supervision and management of a learner’s educational progress during a placement or series of placements. The educational supervisor will have responsibility for the individual learner’s progression and may be required to sign off their competencies and/or progress.

The educational supervisor and clinical supervisor may be the same or different individuals depending on the placement.

Educational supervision

The activities defining the relationship between an educational supervisor and a learner, which focus on the learning trajectory and ensure educational progress during a placement or series of placements, and include the provision of direction, support and guidance to ensure that curricula aims and objectives are being met. Educational supervision usually involves making summative judgments of the learner’s competence to meet their professional regulatory standards.

**Learner**

An individual who is undertaking a programme of study, leading to a health or social care qualification, and normally where that programme of study leads to professional registration with their regulatory body. This includes medical school graduates in formal training programmes leading to a certificate of completion of training.

A learner refers to both students and trainees, undergraduate and postgraduate (and internationally or domestically recruited).

##### Practice placement

(Sometimes known in different contexts as a clinical placement, work-based placement or training post). Any suitable supervised clinical, practical, or other learning experience in a workplace environment provided, conducted or arranged by the placement provider for learners; usually but not limited to an NHS trust, NHS foundation trust, GP surgery, dental practice, and other organisations that form part of the NHS or who deliver placement learning funded by the NHS, which for the purposes of the NHS Education Funding Agreement includes the independent and voluntary sectors (but only placements which are funded and/or managed by NHS England).

##### Programme

Any of the pre-qualification programmes, undergraduate medical and dental programmes, postgraduate medical and dental training programmes, and all other clinical programmes at undergraduate and postgraduate level, as may be applicable to the particular context, whether funded or not by NHS England.

**Placement provider**

An organisation within which a learner undertakes a practice placement, and which delivers the practical, clinical element of an education and training programme. Placement providers are usually but not limited to NHS trusts, NHS foundation trusts, GP surgeries, dental practices, opticians, pharmacies, and other organisations that form part of the NHS or who deliver placement learning funded by the NHS, which for the purposes of the NHS Education Funding Agreement includes the independent and voluntary sectors (but only placements which are funded and/or managed by NHS England). They may also include the local authority sector (for example, for public health training)

##### Educator

A generic term to refer to educational supervisors, clinical supervisors, and all others directly involved in the supervision, education, and training of learners within the clinical learning environment. In some cases, an individual may be acting in more than one role; for example, as both the named clinical supervisor and educational supervisor for the same learner at the same time, and for some professions the duties of both may be combined in one education and supervisory role.

##### Supervision

A generic term to cover both clinical and educational supervision activities and relationships. Supervision can happen in a single episode or on a regular basis, and on a one-to-one basis or in a group.