

# Health Coaching – Quality Framework Summary



Drawing on research evidence and best practice, this summary framework provides a set of quality standards for those seeking to establish programmes of health coaching training and development. For a full version of the framework please [click here](#)\*.

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This summary is a condensed version of a quality framework synthesising the available research evidence and best practice findings from a number of health coaching training programmes around the country. The framework aims to be of use to all those seeking to commission health coaching training and development programmes within their organisation or locality. In addition to the standards found here, the full version also includes an overview of the policy context, examples of strategies and best practice and a useful list of references and further resources.

**The framework is divided into the four following sections:**

## **1. Programme Design**

This concerns the background work on which a training and development programme is based, including the curriculum design, the identification of appropriate participants and the fit with other self-management programmes and pathways

## **2. Programme Delivery**

This concerns the practical aspects of delivery: the timing, length and accessibility of training sessions

## **3. Monitoring and Evaluation**

This concerns the effectiveness of the training and development programme. Has it achieved its aims?

## **4. Sustainability**

This concerns the ongoing usefulness of coaching skills within the healthcare workforce and their embedding into the 'culture' of healthcare in a given area.

To see the full version of the Quality Framework please [click here](#)\*

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# 1. Programme Design

The programme:	Associated strategies and approaches
Draws on available evidence and patient experience	Training providers have either a strong track record with available evidence of successful past delivery available, or draw on previous research and case studies of what works
Is integrated into the needs of local systems and care pathways	Clear objectives are set with regards to the intended outcomes for patients, practitioners and the system, and these are linked to learning objectives and evaluation
Targets the right people	Health professional workforce audiences are prioritised based on time and continuity working with patients with long term conditions (LTCs), willingness to get involved, and time and space to practice and embed the skills to maximise value for money
Allows sufficient time for practice and reflection	A minimum of one and normally two days training is provided initially as part of the core offer, which is integrated with ongoing activities
Provides follow up sessions for ongoing practice	Appropriate reflection and ongoing training activities are provided, based on the local setting and participant needs, and participants engage with them on an ongoing basis

To see further strategies and approaches, along with examples with references and web-links, please [click here](#)\*

## 2. Programme Delivery

The training:	Associated strategies and approaches
Is well-planned, with consideration given to availability of audience	Long-lead times (minimum of six weeks) are provided to maximise communications and enable participants to organise cover where necessary
Provides demonstrations and enables opportunities for each participant to discuss and reflect	Experiential learning is the foundation of all training, to be able to challenge existing conceptions, and raise awareness of how important and difficult it can be to place the person at the centre of the conversation
Is delivered by experts – high quality trainers with appropriate qualifications and experience	High quality trainers are recruited and consideration should also be given to the presence of health and social care professionals as trainers
Covers common principles and a core set of competencies developed	Irrespective of methodologies, a core set of principles are covered and competencies addressed, potentially linking to wider competency frameworks (see <a href="#">Framework</a> for examples)
Is immersive and safe, providing an opportunity to challenge existing practice	Trainers create safety with ground rules, encourage active participation from the start and provide sufficient time for participants to 'open-up' about their own practice and challenges

To see further strategies and approaches, along with examples with references and web-links, please [click here](#)\*

# 3. Monitoring and Evaluation

The programme:	Associated strategies and approaches
Is systematically assessed using clear criteria by peers or independent reviewers	Assessment is made of the training delivery to ensure that the recruitment of participants and content is aligned with original design. Feedback is sought from participants on the quality of the training material and course delivery
Seeks feedback from participants to establish immediate and intermediate outcomes	Qualitative feedback is sought on the training delivered (wherever possible this data is comparative). Feedback is sought at baseline, end point and at a follow up stage to check it has been embedded
Is evaluated using proxy measures to assess that the training is being implemented effectively	Use supervision and shadowing to give participants opportunities to reflect upon and assess the quality of their resulting conversations with patients, and monitor the quality of shared-decision making outputs, such as care-plans
Draws on measures that are in use across the healthcare system to establish long term outcomes	Relevant clinical measures are identified, collected and analysed for service improvement. Systematic patient feedback is collected using a validated tool. Staff measures are collected to assess how embedded training approaches have become and to note any changes in staff wellbeing

To see further strategies and approaches, along with examples with references and web-links, please [click here](#)\*

## 4. Sustainability

The programme:	Associated strategies and approaches
Develops local capacity, including champions and trainers	Develop 'champions' (advocates for the approach) and support them to raise its profile in the local area. Build the skills in existing professionals, and support them to run ongoing training and reflection activities to embed the skills among colleagues
Supports leaders and connects them into relevant networks	Provides leadership development activities to upskill leaders, connecting them with others locally to share experience and good practice, and also into the numerous networks that exist across the country and are pursuing this approach
Use existing systems to maximise complementarity	Consideration is given to existing system frameworks such as care planning, and to how synergies can be created to maximise mutual benefits
Explores longer term funding	To provide training programmes with time to be embedded into practice so as to yield demonstrable impacts

To see further strategies and approaches, along with examples with references and web-links, please [click here](https://hee.nhs.uk/hee-your-area/north-central-east-london/our-work/attracting-developing-our-workforce/multi-professional-workforce/health-coaching)\*

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