The National Health and Social Care Professions Quality Framework for Sustainable Practice Education

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Summary

This is the first *National Health and Social Care Quality Framework for Sustainable Practice Education* in Ireland. This framework provides a cohesive structure to support consistent processes for measurable transformation in practice education across health and social care professions (HSCPs).

The *National Health and Social Care Quality Framework for Sustainable Practice Education* aims to provide a structure to facilitate the partnership between Higher Education Institutions (HEI's) and the Health Services Executive (HSE) and other practice education providers. This partnership acknowledges the collective responsibility for quality practice education. The ultimate goal of practice education is to produce HSCP graduates that deliver quality patient care. While quality in practice education is multifactorial, the *National Health and Social Care Quality Framework for Sustainable Practice Education* uses common language to deliver, measure, and report on both quality and sustainability in practice education. This common language helps to bridge professional divides and unites health and social care professionals in the drive for continuous quality improvements in the delivery of a sustainable practice education system.

Background: Research projects

This work originated from two projects, commissioned by the HSE National Health and Social Care Professions Office in 2018. These two project were:

Project A: To recommend a national framework for incentivising and credentialing health and social care professional managers, practice tutors, regional placement facilitators and practice educators. Awarded to Dr Sinead McMahon, Physiotherapy, University College Dublin and an interprofessional, interuniversity team.

Project B: To develop a national quality framework for practice education systems for health and social care professionals. Awarded to Dr Caroline Hills, Occupational Therapy, National University of Ireland, Galway and an interprofessional, interuniversity team.

Early in the research and framework development process, it became apparent that the two projects were inextricably linked. The two projects were therefore combined to developing this national quality framework.

The Research Process

The *National Health and Social Care Quality Framework for Sustainable Practice Education* has been co-produced by stakeholders in practice education. Stakeholders include service users, university practice education coordinators, health and social care professionals, professional association representatives, managers, practice tutors, regional placement facilitators, practice educators and students. This collaboration has resulted in a shared vision and understanding of quality and sustainability in practice education. The resulting co-designed framework therefore encapsulates the quality processes of educating students in practice settings, the governance required to deliver quality practice education and the processes required to ensure sustainable student placement provision. This new national structure is the first system wide improvement aimed at both the quality and sustainability of practice education. Figure 1 summarises the research process applied in the development of the framework.

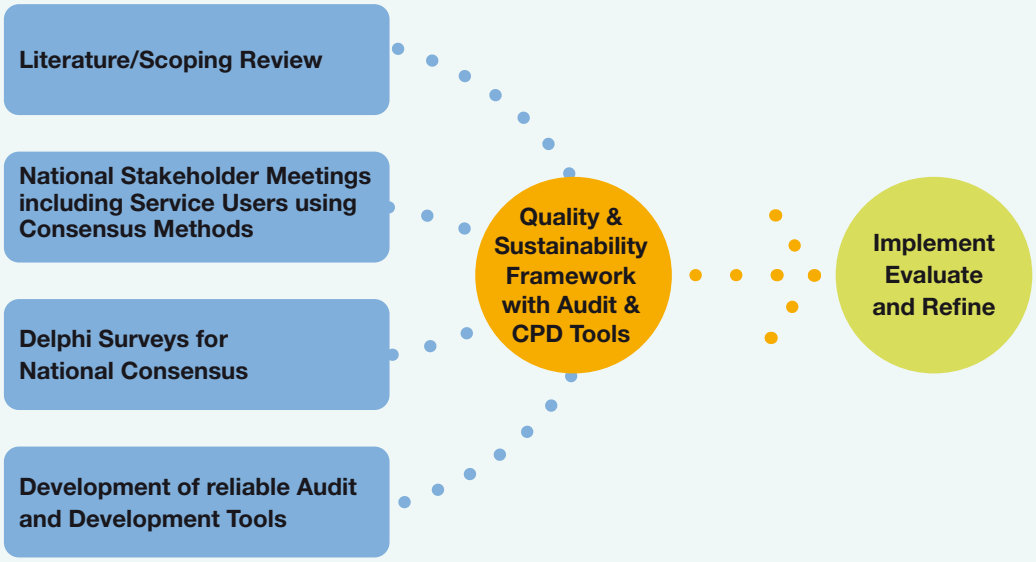

Figure 1: The research process

The components of quality in practice education

The National Health and Social Care Professions Quality Framework for Sustainable Practice Education identifies that the practice education is a complex multifactorial system across Health and Social Care Services and Higher Education providers. While individual professions define their own practice education requirements and the national regulators for example CORU set out the criteria for practice education for each registered profession, the process of educating and assessing a student in the work setting is common across health and social care professions. The practice education system for all health and social professions consists of three separate but interdependent components. Figure 2 summarises the practice education system

Figure 2: The practice education system

The Scope Structure and Purpose of the Quality Framework

Sustainable quality practice education across health and social care services in Ireland requires cross system collaboration between Higher Education Institutions (HEI's) and health and social care providers. The National Health and Social Care Professions Quality Framework for Sustainable Practice Education has therefore been co-developed using rigorous consensus approaches with all stakeholders. Stakeholders include service users, university practice education staff, professional associations, managers of services facilitating student placements, work site practice education staff, practice educators, and students. The framework aims to be applicable to all health and social care professional placements, in various work settings and can encompass innovative and new models of practice education.

The National Health and Social Care Professions Quality Framework for Sustainable Practice Education constitutes six domains. Each domain has associated standards. Figure 3 provides a summary of the six domains.

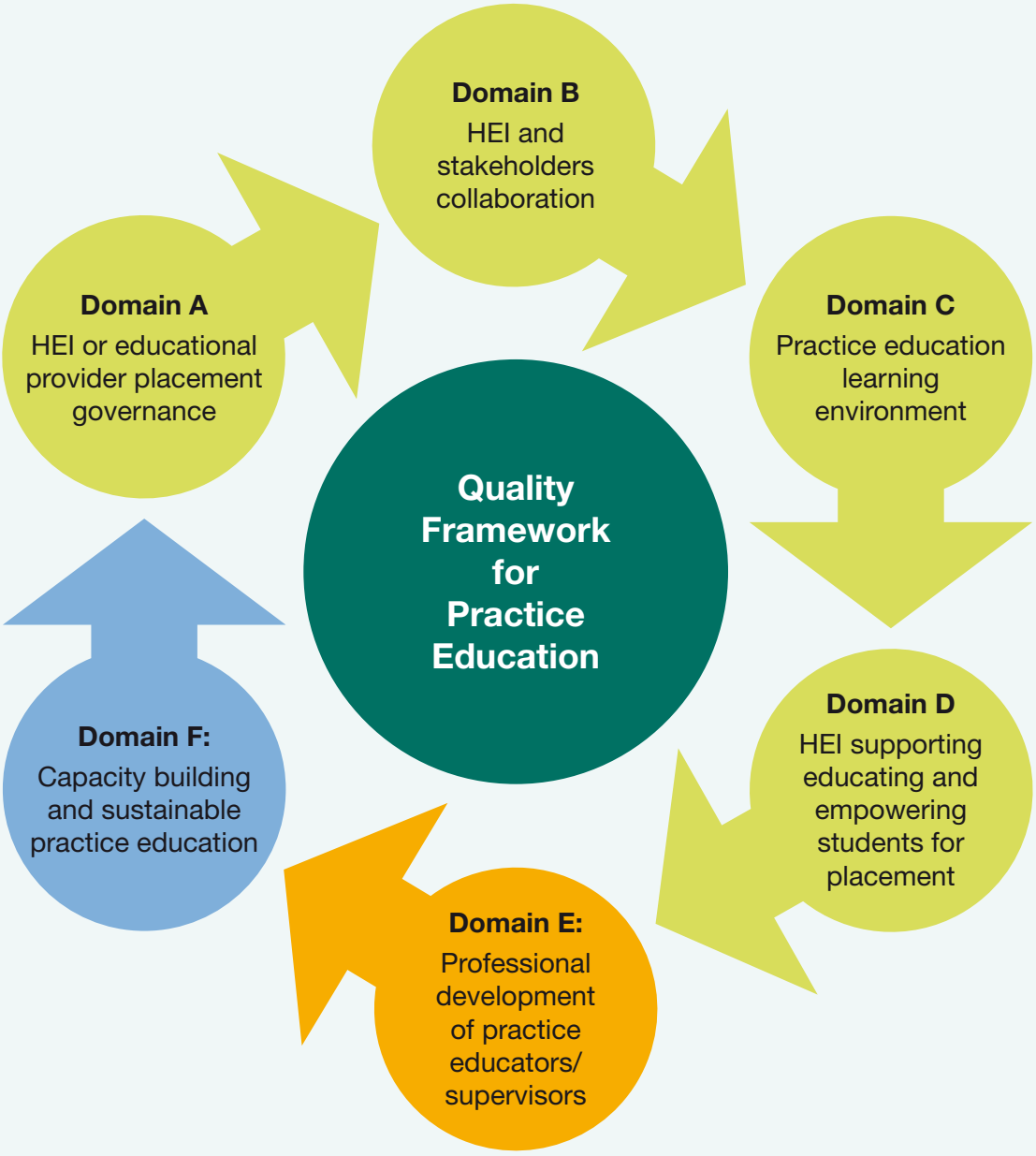

Figure 3: The National Health and Social Care Professions Quality Framework for Sustainable Practice Education Domains

Further information on each domain, the number of standards and the audit/CPD tools are summarised in Figure 4: Domains and Standards of National HSCP Quality Framework for Sustainable Practice Education

Domain A	**HEI or educational provider placement governance** • Standard: The Higher Education Institute (HEI) has policies and procedures in place that operationally manage the placement system. There are 10 indicators • Quality Indicator Evaluation Tool: National Interprofessional (NIPPET) HEI
Domain B	**HEI and stakeholder collaborations** • The Higher Education Institute (HEI) has a responsibility to lead on ongoing quality improvements and developments in practice education. There are two quality indicators • Quality Indicator Evaluation Tool : NIPPET – HEI
Domain C	**The practice education learning environment** • Placement providers have responsibility to provide a student-centred, safe learning environment where students develop and demonstrate professional behavior and practice competence to the expected standard. There are 18 quality indicators • Quality Indicator Evaluation Tool: NIPPET – Practice Educator. NIPPET student
Domain D	**HEI or educational provider supporting educating and empowering students for placement** • The Higher Education Institute (HEI) has the responsibility to ensure that the placement is appropriate and prepared for taking students on placement. There are nine indicators • Quality Indicator Evaluation Tool : NIPPET – Practice Educator • The student takes responsibility for their own learning while on placement. There are seven quality indicators • Quality Indicator Evaluation Tool : NIPPET – Student • The student communicates to services users to their expected standard. There are fifteen indicators • Quality Indicator Evaluation Tool : NIPPET – Service User
Domain E	**Professional Development of educators** • Practice Educators/Placement providers have access to resources that help identify their professional development needs and make a plan to address the necessary knowledge, skills and approaches they needs in their role as practice educators. There are three quality indicators • Quality Indicator Evaluation Tool : NIPPED
Domain F	**Capacity building and sustainable practice education** • Managers of services that provide practice placements ensure there is a quality review process in place to help build capacity and develop a sustainable model of practice placements in their service. There are four quality indicators • Quality Indicator Evaluation Tool : Draft NIPPECS

Figure 4: Domains and Standards of National HSCP Quality Framework for Sustainable Practice Education

The purpose of the National Health and Social Care Professions Quality Framework for Sustainable Practice Education is to provide a robust structure that champions and values student education in work settings as integral to future workforce development. The framework provides the mechanism to build and align a collaborative culture for all stakeholders involved in practice education, including service users. Details of how to apply and implement the Quality Framework NIPPET Tools are given on page 39, Table 9. The domains, standards, audit and CPD tools ensure that the framework has relevance and utility to all health and social care professions.

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Background

What is a health and social care professional?

There are 26 health and social care professions (HSCPs) in Ireland providing interventions in therapeutic, rehabilitative, re-enablement, health and social care, and diagnostic services. HSCPs work in all settings, including acute, community, disability, specialist, mental health, primary care, residential and services for older persons. HSCPs are highly qualified and skilled and play a significant role in the health, well-being and quality of life of the population across the life cycle.

There are 18,350 HSCPs employed by the HSE, representing twenty five percent of the clinical workforce working across the all services and all stages on the continuum of care and 14% of the overall health services workforce (HSE, 2019). HSCPs include:

1. Audiologists
2. Clinical Biochemists
3. Clinical Engineers
4. Clinical Measurement Physiologists*
5. Clinical Perfusion Scientists
6. Counsellors and Psychotherapists
7. Dietitians
8. Medical Physicists
9. Medical Scientists
10. Occupational Therapists
11. Optometrists
12. Orthoptists
13. Phlebotomist
14. Physiotherapists
15. Play Therapists
16. Podiatrists
17. Psychologists
18. Radiation Therapists
19. Radiographers
20. Social Care Workers
21. Social Workers
22. Speech and Language Therapists

* Clinical Measurement Physiology is an umbrella term for five disciplines (Cardiac, Gastrointestinal, Neurophysiology, Respiratory and Vascular).

HSCP Practice education

Practice education is a central component to the pre-registration curricula of health and social care professionals (HSCP). The structure of practice education and available supports including remuneration varies across professions. In 2005/6, in response to the Bacon, workforce planning report, university places were increased for three therapy professions (physiotherapy, occupational therapy and speech and language therapy). As a result the Department of Health provided funding of over €4 million to the HSE to support the provision of practice placements for the increasing numbers of students. Forty-three whole time equivalent posts were created across 56 sites (HSE, 2011).

Three types of post were created:

(i) Practice Education Coordinators (PEC) funded by the HSE, but employed and based in the Higher Education Institutions. This senior grade therapist is responsible for overall coordination of placements for the university and allocation of student placements, and the integration of theory to practice across entire programme.

(ii) Practice Tutors (PT) funded by the HSE and majority based in practice education (clinical-hospital) sites with some in Higher Education Institutions. This senior grade post supports practice educators (managers, seniors or basic grade staff) who directly supervise students and is involved in hands on teaching and supervision of a group of students in one or two sites.

(iii) Regional Placement Facilitators (RPF) – funded by the HSE and the majority based in the HSE covering geographical areas with some based in Higher Education Institutions. This senior grade therapist offers a supporting role to practice educators (HSE, 2011).

The creation of these posts was a welcome addition to the three target professions. During the recession in 2008, many posts were lost and have not been replaced, resulting in an inequitable distribution across the country. Therefore, not all locations or services within these three professions currently have placement support staff.

Additionally, these supportive structures are not universally available across all HSCP disciplines, which impacts on placement availability and quality assurance. Placement provision for HSCP remains a challenge with most education providers relying on historical arrangements and goodwill for placement capacity (Reed, Walsh & Lyons, 2014). There is, therefore, a long-standing history of practice placements for HSCP students being provided on an ad-hoc basis, where HSCP practitioners opt-in or opt-out of practice placement provision.

The origin of the National Health and Social Care Professions Quality Framework for Sustainable Practice Education

Today, practice education coordinator posts are in various health and social care programmes in universities and are funded by both the HSE and HEIs, with most working to HSE developed job descriptions, with different pay scales and some on short-term contracts. This position is a challenging one as the role involves sourcing and coordinating placements within an ad-hoc system (Reed et al., 2014). In universities, the role is unique, with many working with an absence of peers and no defined career structure within the university setting. Following on from the creation of these posts in 2012 the Practice Education Coordinators Network (PECNET) was formed as a link to the then established National Implementation Group (NIG). The NIG was established to oversee the new national structure for practice education, and was chaired by the National Lead of the National Health and Social Care Professions Office and attended by university representatives. The NIG has since been disbanded.

The PECNET continues to provide a forum for sharing, support, collaboration and CPD for members, who are all practice education coordinators in universities, in the management and delivery of practice education (Reed et al. 2014). The purpose of the group is to work as a community of practice towards the advancement of practice education. PECNET members share developments and innovations in practice education, most of which are created to ensure the quality and capacity of placements are maintained to meet regulatory requirements. PECNET members acknowledged that the issue of lack of placement capacity should not override the issue of quality of placements. PECNET members, as an interprofessional, interuniversity group recognised the potential value that a shared approach to quality and sustainability could bring to practice education. In 2017, the PECNET completed a report to the HSE National Health and Social Care Professions Office requesting consideration of development work on quality of placements. PECNET proposed two projects, one to address sustainability and professional development of practice educators and the other to address the quality in practice placements. In response to this report the HSE National Health and Social Care Professions Office awarded two projects – Project A and Project B to develop a framework and associated tools.

Project A: *To recommend a national framework for incentivising and credentialing health and social care professional managers, practice tutors, regional placement facilitators and practice educators.* Awarded to Dr Sinead McMahon (Principal Investigator), Physiotherapy University College Dublin.

Project B: *To develop a national quality framework for practice education systems for health and social care professionals.* Awarded to Dr Caroline Hills (Principal Investigator), Occupational Therapy National University of Ireland Galway.

Both projects were developed using similar methodologies and multiple stakeholders were involved in both studies. Early in the research process it became apparent that the two projects were interlinked. The research team with the support of the National HSCP office, therefore made the decision to use the findings from both projects to develop one framework – the first *National Health and Social Care Framework for Quality and Sustainable Practice Education* in Ireland.

The practice education system

The education of future health and social care professions for the future workforce is a priority. The practice education system is a complex multifactorial system across Health and Social Care Services and Higher Education Institutions. Practice placements for HSCP must align with the HEI education programme curricula, regulatory requirements or, where applicable, professional body accreditation criteria. Any structure or process that is to ensure quality and sustainability must be system wide. Commonality across the practice education system for all HSCP includes

(i) students working with service users in the placement learning environment,

(ii) the professional development of those staff that facilitate, educate and assess students in the workplace structures

(iii) processes that ensure effective leadership, governance and delivery of a sustainable practice education system

A multi-professional approach to practice education therefore constitutes three interrelated components. Figure 5 defines the practice education system.

Figure 5. The practice education system

(i) Sustainable practice education

Sustainable practice education is the bedrock of establishing student placements within services. This foundation supports and enables the other two components of the practice education system. Placement capacity building in practice education is a partnership between placement site managers and universities to plan and deliver placements. Sustainable practice education results in work-ready graduates; therefore investment in sustainable partnership planning is required to meet the current and future workforce demands for HSCP graduates.

(ii) Practice educator professional development

Practice educator development signifies the important need for a robust professional development pathway to ensure that those who are responsible for both the education and assessment of student competency in the work place are adequately prepared and supported in their role.

(iii) The placement-learning environment

The placement-learning environment encompasses the roles and responsibilities of all the stakeholders in the planning, delivery and evaluation of practice placements.

These three components are universal and multi-professional, and relevant to all placement models including inter professional placements. Combined, the three components embed shared responsibility to deliver quality placements across health and social care services Higher Education Institutions (HEIs) (Figure 5). This investment in a quality practice education system is an investment in quality graduates that will positively impact on quality patient care.

Quality and Practice Education HSCP Literature Review

The aim of practice education "is the development of students' knowledge, skills and behaviours essential to competence as new professionals" (Jette, Nelson, Palaima, & Wetherbee, 2014, p. 6). Many studies define quality from the student perspective within individual professions. In occupational therapy, students report on the importance of their supervising clinician/practice educator. Practice educator attributes include providing a positive welcoming learning environment, facilitating student learning through graded experiences, being a good role model and good provider of feedback (Mulholland, Derdall, & Roy, 2006; Rodger et al., 2014). In physiotherapy, Milanese, Gordon & Pellatt (2013) reported students prefer a student-centred approach, valuing individual patient centred learning activities, with discussion and feedback. A national study of student speech and language therapists' perspectives reported that students wanted a welcoming and supportive learning environment, provided with regular student-centred feedback, and that their challenges and stresses were acknowledged (Quigley, Loftus, McGuire & O'Grady, 2020). Student perspectives are well summarised in a study of radiography, nuclear medicine, nutrition and dietetics, occupational therapy, radiation therapy and physiotherapy students that reported that students valued educators that are non-judgemental, have clarity, provide regular feedback, are respectful, inspirational and supportive (Perram et al., 2016). A similar study of practice educators from these professions had the same findings with added comments for listening and respecting students' autonomy (Francis et al., 2016). Such studies confirm the similarities between health and social care professions regarding a quality practice education-learning environment.

Quality, however, is more than the attributes or characteristics of the practice educator. Radiation therapy students considered another factor is the culture of the department to take students, if taking students is part of the culture a more positive student experience is possible (Fenton, 2005). Physiotherapy students reported that a good placement experience is dependent on the students' preparedness by the university for that placement, a view echoed by social work students (Frantz & Rhoda, 2007; Kanno & Koeske, 2010). In Ireland, speech and language therapy students concur but add that site managers as well as university personnel have a role in ensuring quality of experiences (Quigley, Loftus, McGuire, & O'Grady, 2020). The issue of governance, the management of the placement process, was also raised by dietetics students as important to a quality placement (Markaki, Spyridaki, Chatzi, Joosens, & de Looy, 2015).

The literature is clear that quality practice education comprises of three distinct yet interdependent components that address sustainability, governance, and the practice-learning environment including the skills of the practice educator.

Despite these various views of the components of a quality placement Brown et al., (2011) in an interprofessional study of student perspectives reported that the student's perception of their 'actual' clinical learning environment significantly differed from their 'ideal' clinical learning environment. This indicates the need to develop set standards and a system to monitor, evaluate and report on the quality of practice education, as a basis for a quality improvement system.

While one way forward is to develop discipline-specific consensus or university specific framework on quality, it is recognised that there are significant similarities between Health and Social Care Professions on what constitutes a quality placement. The exploration of quality is therefore more appropriately completed at a national and inter-professional level. This is particularly relevant in light of the contemporary healthcare agenda to improve inter-professional learning and working (WHO, 2010).

Interprofessional quality frameworks have been developed in other countries. For example, Health Education England (HEE) have developed a quality strategy (2021), with an associated multi-professional quality framework, for all learners within the National Health Service (NHS) in the UK, with a website and associated tools. The HEE strategy's guiding principle is that there is an established link between the quality of work-based education and training for HSCPs and quality outcomes for service users. It aims "to ensure high quality work-based learning environments in order to ensure that the current and future workforce are equipped to deliver new and innovative models of care, work across new and integrated care settings and support the ambitions of the Five Year Forward View, whilst ensuring high quality services in partnership with patients" (p.3). However, the quality framework and associated resources were developed by HEE Postgraduate Deans. They were completed under the auspice that the NHS has a statutory duty to ensure continuous quality improvements in education and training, to ensure that graduates have the knowledge, skills, and attributes required to uphold the NHS constitution. The framework has a robust structure, auditing and reporting on quality, but these are embedded in UK national structures and policies which would not readily transfer to the Irish context. These structures include a university paid tariff for health and social care professionals to sites to take students on placement (Department of Health and Social Care UK, 2021).

NHS Education for Scotland has taken a different approach, implementing a quality framework and audit tool for practice education between allied health professionals and nursing and midwifery (Quality standards for practice placements, 2018). These standards were created by NHS Scotland to ensure that students and those supporting students on placement, understand the processes in place to support quality practice education. This framework is accompanied by a self-audit tool for settings to evaluate their procedures and processes, and to provide evidence of the improving quality of the learning environment. This may be reflective of robust NHS Scotland placement capacity structure including a NHS wide staff support structure.

The Strategic Context

In Ireland, there is a track record of interprofessional working on practice education issues, to include two HSE Therapy Project Office publications: Practice Educator Competencies and Guidelines for Good Practice in Practice Education (Therapy Project Office, 2008a, 2008b). The National Health and Social Care Professions Office also completed 'A Review of the Practice Education System in Ireland' (HSE, 2011). Practice education is a feature of the Health and Social Care Professions HSCP 'Deliver, A Strategic Guidance Framework 2021-2026' (HSE, 2021). Practice education was also included in the earlier Health and Social Care Professions Education and Development Strategy (HSE, 2016). This recognition to advance and change contributed to the development of this National Health and Social Care Professions Quality Framework for Sustainable Practice Education.

In planning the development of the National Health and Social Care Professions Quality Framework for Sustainable Practice Education, consideration was given to the HSE *Framework for Improving Quality* (HSE, 2016). This document defines quality of health care as services being person-centred, effective, safe, and providing better health and wellbeing for service users. Quality is therefore defined in this framework as a partnership between all stakeholders in describing, measuring, recognising, and improving placement delivery through the combined ambition for better outcomes for all stakeholders, but particularly students, through leadership, commitment, and governance procedures that fulfill the goal towards better service user care (Figure 6). This premise is echoed by NHS Scotland (2008, p.1) who stated that "quality practice placement experiences, within a positive learning environment, support the development of healthcare professionals to deliver safe and effective person-centred care".

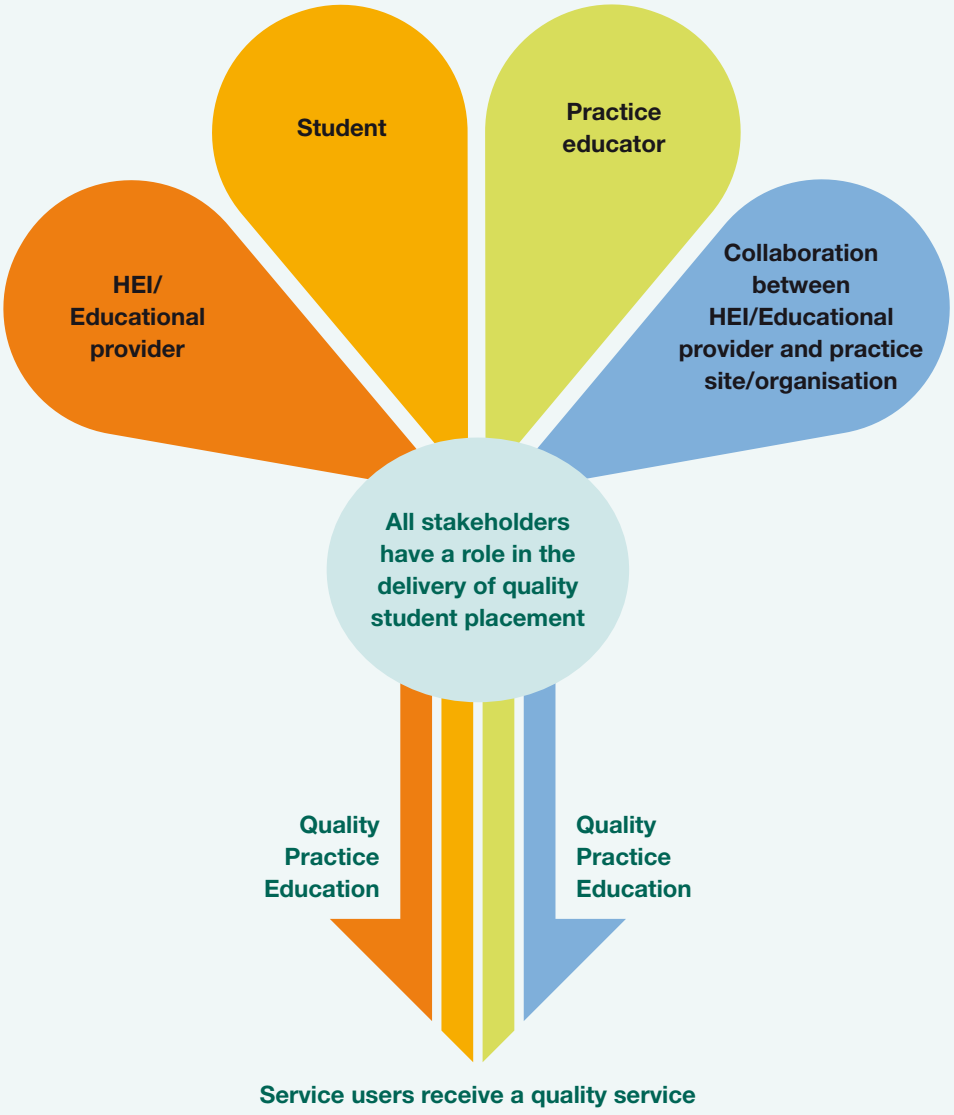

Figure 6: Stakeholders in quality practice education

The development of the National Health and Social Care Professions Quality Framework for Sustainable Practice Education follows guiding principles of the HSE 'By all, with all, for all: a strategic approach to improving quality 2020-2024'. This document identifies "the need to work in partnership to lead innovation and lasting quality improvement to achieve better and safer care" (HSE, 2020, p.1). Whilst the National Health and Social Care Professions Quality Framework for Sustainable Practice Education was not commissioned as part of a specific quality programme under this strategy, the methodology applied mirrors the 10 elements of a quality-focused service. These elements are described in Table 1.

Table 1: The relationship of the interprofessional framework to the HSE Quality strategy

Core element of a quality improvement. (HSE, A strategic approach to improving quality 20-24)	**The National Health and Social Care Professions Quality Framework for Sustainable Practice Education**
1. Develop real partnerships with people	This interprofessional framework was developed with national stakeholder consultation, and rigorous consensus methodologies resulting in a co-designed framework
2. Collaborate and share learning across our system	This interprofessional framework provides a robust structure and resources to support staff across professions who engage in practice education (Refer to NIPPET, NIPPED, NIPPEC tools)
3. Invest in QI and create QI posts in all our organisations	All stakeholders have a role in this framework in assessing quality and ensuring quality improvements
4. Commit to QI learning and development for all staff	This interprofessional framework provides a structure for supporting the ongoing learning and development for practice education (Refer to NIPPED tools)
5. Work on relationships and culture so that staff feel valued and their input is encouraged	This interprofessional framework provides a structure to create a sustainable quality culture in practice education for all HSCPs (Refer to NIPPET audit tools)
6. Work with our leaders and managers to create a work environment where staff are enabled to work on improving care	This interprofessional framework provides a structure for managers to build capacity and ensure that practice education is on their staff development agenda (Refer to NIPPECS tool)
7. Use measurement for improvement approaches to understand our data better	This interprofessional framework provides a range of audit tools, some that are reliable (Refer to NIPPET, NIPPED, NIPPECS tools)
8. Ensure we have quality at the centre of our management and governance of health care	This interprofessional framework provides a national transparent and comparable system for the measuring and reporting of quality in practice education across health and social care professions (Refer to NIPPET, NIPPED, NIPPECS tools)
9. Work to integrate services	As the first interprofessional framework, this is the first step in integration of practice education across all health and social care professions
10. Partner with communities so that we contribute to improving the social issues that profoundly affect health outcomes	Uniquely, this practice education interprofessional quality framework included service users in its development. This contribution has defined their voice that quality care stems from good communication and this is audited via the NIPPET tools.

The drivers for quality in practice education

1. The HSE Health Services People Strategy 2019-2024 (HSE, 2019), recommended that service managers and the Higher Education Institutions (HEIs) need to take a strategic approach to graduate supply, education and practice placements, to ensure robust governance arrangements are in place in line with health service requirements (HSE, 2015). The HSE National HSCP Office *HSCP Deliver, A Strategic Guidance Framework for Health and Social Care Professions 2021-2026* recommends that "all relevant stakeholders to support and promote student practice placement to nurture and develop the next generation and ensure future workforce supply" (HSE 2021 p.33). The drivers for this National Health and Social Care Professions Quality Framework for Sustainable Practice Education were as follows

   (i) The need to develop a system through stakeholder collaboration to address insufficient capacity to meet the demand for student placements.

   (ii) The need to develop a robust pathway for the professional development of practice educators

   (iii) The need to develop quality standards and processes to support and demonstrate quality in practice education

The unique aspect of the National Health and Social Care Professions Quality Framework for Sustainable Practice Education is the inclusion of the point 1 above, the need to drive the agenda of a national conversation regarding capacity building and sustainability of practice education for HSCPs in Ireland through stakeholder consultation and consensus. These drivers echo the HSE Quality improvement team's mission of "We work in partnership with people who use and deliver our health services to lead innovation and sustainable Quality Improvements to achieve measurably better and safer care" National QI Team Mission (HSE, 2020, p.3)

The guiding principles of the quality framework for practice education

Five guiding principles were developed using the underlying philosophy that investment in quality student education is an investment in the quality of the future workforce, thereby positively impacting on the quality of patient care.

"The underlying philosophy is that investment in quality student education is an investment in the quality of the future workforce, thereby positively impacting on the standard of care provided to all service users."

The five guiding principles of the National Health and Social Care Professions Quality Framework for Sustainable Practice Education

1. The framework applies a universal definition of quality with robust governance procedures for practice education
2. The framework is applicable to health and social care professionals across practice settings
3. The framework is applicable to any placement model.
4. All stakeholders (service users, students, university staff, managers, practice education staff and practice educators) have an essential collaborative role in the delivery, evaluation and sustainability of quality of practice education through the application of the framework.
5. The framework provides resources and mechanisms for both universities and practice for quality planning and evaluation of practice education as quality is a shared responsibility.

Based on these five guiding principles, this National Health and Social Care Professionals Quality Framework for Sustainable Practice Education is the first of its kind in Ireland, setting the standards of a quality placement in the Irish context and guiding service users, managers, practice educators, students and university staff.

Stakeholders in the National Health and Social Care Professions Quality Framework for Sustainable Practice Education

Seven groups of stakeholders helped to design and develop the National Health and Social Care Professions Quality Framework for Sustainable Practice Education (Table 2). This co-production approach aimed to develop the quality and sustainability framework by using an innovative bottom-up research-informed consensus approach. Of note, stakeholder engagement in this work uniquely included service users in the development of the national quality practice education framework.

A full breakdown of the number and types of HSCP discipline in each stakeholder group is provided in Appendix 1 and 2.

Table 2. Stakeholders in the National Health and Social Care Professionals Quality Framework for Sustainable Practice Education

Stakeholder	Role
Service Users	All persons who receive a service in a health and social care setting, and who students have direct contact with whilst on placement
Students	Complete placements in relevant health and social care settings to apply theory to practice through evidence-based and client-centred care
Practice Tutors Regional Placement Facilitators (RPFs)	Senior clinicians who work in specific locations or HSE services to: • Provide placements • Support staff and students • Link with the practice education coordinator
Practice Education Coordinators	Senior clinicians who work in university, posts funded by the HSE and job descriptions HSE • Liaise with all stakeholders to source relevant and operationally manage placements relevant to their profession • Ensure governance arrangements are in place to meet university and accreditation standards between university and placement providers • Develop new models of placement • Prepare students for the workplace and manage underperforming student pathways
Placement Providers/Managers	Work with practice education coordinators, Practice Tutors, and RPFs to: • Support the delivery of placements
Practice Educators	• Supervise and educate students • Facilitate a positive learning environment • Assess competency attainment
Professional Associations	Maintain oversight of practice education from a professional or regulatory perspective

Development of the National Health and Social Care Professionals Quality Framework for Sustainable Practice Education

The development of the project involved the application of robust consensus research methods and multiple stakeholder consultation. Both University College Dublin (UCD) and the National University of Ireland, Galway (NUI Galway) Human Research Ethics Committee approved each stage of the projects. There were three phases to the development of National Health and Social Care Professions Quality Framework for Sustainable Practice Education reported in Figure 7.

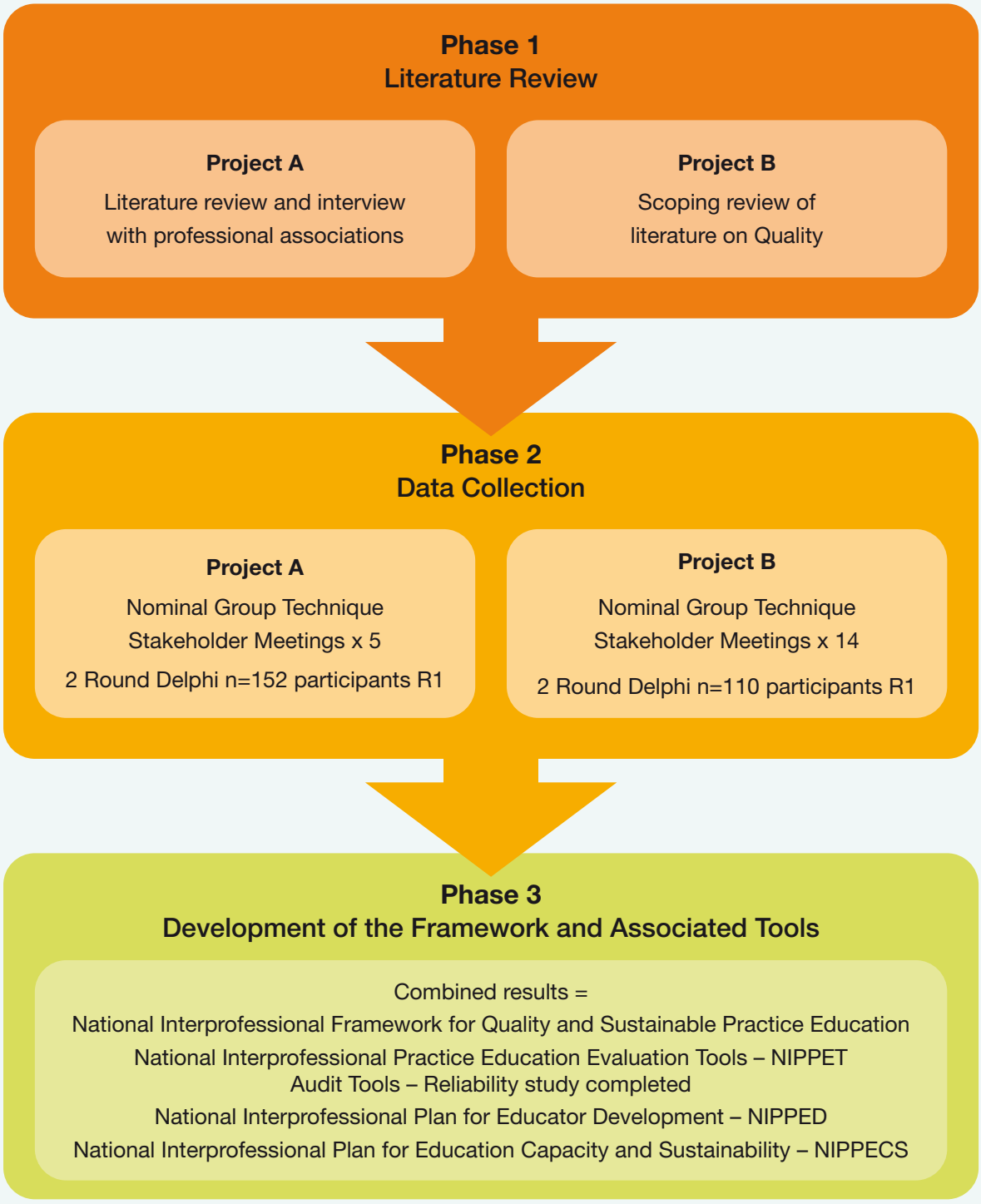

Figure 7: Three phase development of the framework

Phase One: Literature Review and Interviews

A scoping review is a form of evidence synthesis that reviews and maps published literature using a rigorous and systematic process. Scoping Reviews clarify concepts and definitions, provide contextual background on phenomena and identify knowledge gaps on practice, policy or research (Pollock et al., 2021).

Project A: Scoping Review

A scoping review of the literature was conducted for Project A on incentives and barriers for placement provision.

Findings

The most cited perceived barriers to providing placements, include therapist or practice educator stress due to being time poor and a perceived sense that clinical education is not valued as part of their role. Practice educators reported increasing pressure in the health care environment, with leaner staffing models in patient care environments (including short staffing), increased complexity of patients, and quicker turnover of patients through the health care system. Other findings indicated that factors that influence decisions not to take students on placements include workplace productivity, the student evaluation/assessment instrument, student preparation, and the lack of supervisor preparation/training. Studies that included services in private sectors identify challenges specific to loss of income and the ethics of charging for student services in private practice.

Key enablers for the sustainability of placement provision have been reported as: collaboration and communication between university and health sectors; continuation of management support for dedicated clinical education staff; outcome data reporting and profession-specific governance; leadership and regular provision of free training for practice educators; provision of structured learning expectations and roles for students and supervisors in addition to providing criteria to assess student performance. Other suggestions that have been proposed are to limit some clinical/practice experiences/ placements sites to students who are in a second or third rotation/in later stages of their programmes.

Project A: Review of Grey literature and Interviews

A review of the grey literature identified several international professional associations that provide or have provided a credentialing system for clinical instructors/practice educators. To gain further details these providers a number agreed to be interviewed by phone (Occupational Therapy, UK Physiotherapy, UK and USA, and Pharmacy, Ireland).

Findings

Credentialing provides a system which aims to recognise, through certification the skills of practice educators within individual professions, with the consequence of evidencing quality of their student supervision. Most credentialing systems are or have been managed by professional associations. Challenges in managing credentialing systems included that there was a lack of benchmarking across professions, systems were time consuming and costly to operate. Some programmes have ceased, as there was a lack of uptake by association members after an initial surge of interest. Influencing factors on the decision to cease was that the attainment of practice education credentials did not relate to promotion or payment. In the USA, the system remains operational for physiotherapy as remuneration for placements is provided and educators must be credentialed/accredited to receive the payment.

Literature from the USA suggested that practice educators who are credentialed perceive that they have improved knowledge, confidence and effectiveness in their role. Students have however reported no significant differences on the teaching effectiveness between credentialed and non-credentialed practice educators.

There is one credentialing system for practice educators in Ireland. The APPEL (Affiliation for Pharmacy Practice Experiential Learning) is unique in Ireland and was developed and is resourced by the Schools of Pharmacy UCC, TCD and RCSI. From 2015, all students complete an integrated programme of pharmacy in Ireland which introduced experiential learning placements into years 2, 4 and 5. The APPEL system provides self-directed online and face-to-face training for educators to become accredited supervisors and/or senior preceptors. Not only does the APPEL system provide the structure for credentialing pharmacists as supervisors it provides a centralised system of management and support for practice education. The APPEL team support over one thousand pharmacy placements each year and provide a single point of contact for all pharmacy educators, HEIs and students to manage all placement activities and training for educators.

Project B: Scoping Review

A scoping review of the literature on what constitutes a quality placement was completed for Project B. This scoping review protocol was published *'Core indicators of quality in practice education placements in allied health and social care professions: a scoping review protocol'* (Hills, Quigley, Bennett, Haughey, & McMahon, 2019). The findings from this scoping review indicated that quality in practice education includes two interdependent components. The first and largest component was teaching and learning pedagogy and the practice education-learning environment. The second component was governance between the HEI, Teams/Service Managers, Practice educators and students. Table 3 provides an outline of the subthemes and topics in each theme.

Table 3: Findings of Scoping Review

Theme One: Teaching and Learning Pedagogy	
Subtheme	**Topics**
Welcoming learning environment	Welcome and orientation to workplace Know students learning needs and style Personalise placement to the student
Educator attributes that facilitate learning	Skilled and knowledgeable educator Educator is a good role model Enthusiastic, approachable, available and committed supervisor
Development of students practice thinking/clinical reasoning	Time to talk/discuss Development of students clinical reasoning and decision making Facilitates application of theory and evidence-based practice
Development of practice skills	Grade to autonomy Works with others/team Variety of learning opportunities

Theme One: Teaching and Learning Pedagogy	
Subtheme	**Topics**
Student empowered to be a self-directed learner	Expectations of performance made clear Encourages self-directed learning and directs students to resources Facilitates students' self-evaluation and reflection
Evaluation assessment and feedback	Fair formative feedback Fair final assessment and summative feedback Feedback from the team

Theme Two: Governance and Support for students and educators	
Subtheme	**Topics**
Higher Education Institution	Manual/standards in place Provides training for educators Student prepared and has learning resources
Practice Educators	Access to a named competent practitioner with time to see students Communicates to students prior to placement Seeks continual self-improvement as a teacher
Collaboration between HEI and placement providing organisation	Agreements in place between HEI and placement providing organisation Regular collaborative meetings Ongoing support throughout placement
Team/Service manager	Culture of commitment to students Key contact person Committed to capacity
Student	Professional, prepared and willing to learn Positive work ethic Ability to reflect and respond to feedback Maintains a good relationship with educator and the team

Phase Two: Data Collection

For Project A: 63 health and social care professional stakeholders participated in 5 meetings that took place in Dublin, Galway, Cork, Limerick.

For Project B: 143 stakeholders (69 students, 60 health and social care professionals and 14 service users) participated in 14 meetings that took place in Dublin, Galway, Cork, Limerick. Appendix One and Two, provides detailed on meetings and participants.

Data was collected from stakeholders through three stages.

Phase Two Stage 1: Nominal Group Technique

The Nominal Group Technique (NGT) is a structured, consensus group method that involves problem identification by the researchers, quick solution generation by a group, and decision making through individual group members ranking proposed solutions (Delbecq & VandeVen, 1971). The research team formulates the nominal question. The group facilitates participants' answer to the question; this is independent ranking of ideas. These are listed on a white board and participants then discuss meaning and delete or combine duplicates. Participants individually write their ranking on a paper sheet from the final agreed list providing the highest rank to their considered most important answer, reducing in rank to their lowest. In this case, 13 was the highest/most important and one was the lowest/least important. Some groups had more than 13 answers listed. Participants hand their anonymised ranked sheets to the researchers. Researchers then add the submitted participant ranked responses and have a consensus ranked list of answers to the question. The method reduces both researcher bias that a potential issue with focus groups and captures equal voice of each participant in answering the question.

For Project A: The nominal questions were "What incentivises clinicians to supervise students?" and "What training should educators receive and should a credentialing system be developed?".

Findings

Lists were themed by the researchers and seven themes and 37 statements were generated from the raw data collected during the nominal group technique. See Appendix Two for attendees/stakeholder contributors. Table 4 lists the findings.

Table 4: Themes and statements on incentives to take students

Incentive Theme	Statement relating to theme
Professional Development	• CPD points allowance system for clinicians whereby points are allocated based on number students and weeks of placement • Taking students should be a compulsory component of CPD requirements in CORU • Taking students is an opportunity to develop translational skills e.g. organisational/teaching and managerial skills • Protected spaces on practice education courses reserved for those who take students
Support from Clinical Site	• Number of students allocated to a clinical site should be determined by number of staff available • Time taken to supervise student is recognised by managers and there is a reduction in expected caseload for the clinician • Equity among staff in departments in terms of taking students throughout the year • Recognise that students impact caseload and waiting lists and this is not reflected in KPIs and it should be • Additional study leave granted to clinicians who take students – determined by number of students over number of weeks • Flexible working arrangements for those engaged in student placements

Incentive Theme	Statement relating to theme
Support from HEI	• HEI to provide support (by phone and/or face to face contact) pre during and after each placement. This support can be increased if necessary to support a struggling student • HEI to provide educational resources; e.g. library access for staff taking students • HEI to provide physical resources to clinical site or department; e.g. laptop/desks/lockers • HEI to ensure students are well prepared for placement prior to commencing at the site • Scholarships/fees concessions for post graduate courses in the HEI linked to numbers of students and weeks • HEI to create joint posts in clinical education to support students on placement and to contribute to academic teaching
Financial	• Remuneration in place for individual clinicians to get student allowance based on number of students and weeks of placement • Remuneration in place for departments to get student allowance based on number of students and weeks of placement • Membership fees waived or concessions for CORU or professional bodies based on number of students • It is our professional responsibility or duty to take students – this should be the main incentive – financial incentives should not be necessary
Special Recognition	• Educators acknowledged by the HEI for taking students • Educators acknowledged by the clinical site managers for taking students • League table generated to award high achieving sites in terms of numbers of students and quality • A 'National Recognition of Excellence in Practice Education' (annually awarded) – e.g. nominations would be made to the National HSCP office and could be made by students endorsed by their HEI – nominees could be any educator or tutor who displayed excellence in education for students on placement? • Practice tutor posts made available on sites in all HSCP professions where there are none • Career progression opportunities to be available in practice education – e.g. clinical specialist posts in education
Research Opportunities	• Students and clinician collaborative study/work that can be published/ presented at a conference • Networks established between the sites and HEI to conduct research • Students on placement engage in discussions and give presentations about evidence based practice and this enhances the overall quality of service • Students on placement could assist staff to carry out clinical audits

Incentive Theme	Statement relating to theme
Impact on Service	• Taking students creates a learning ethos in the department and makes it an attractive place to work • Taking students allows for innovative models of practice to develop • Taking students positively impacts waiting lists • Taking students is an opportunity to influence new professionals/the future generation • Taking students positively impacts patient/client outcomes • Taking students encourages staff to keep up to date with current guideline

For Project B: The nominal question was "what constitutes a quality placement?"

Findings from Project B nominal group technique generated 14 ranked lists from each stakeholder meeting. The lists contained very similar themes, but there was a lack of homogeneity between stakeholder groups on how these themes were ranked in terms of importance. This indicated that *perception* of quality in practice education is broad and multifactorial. Service users however were consistent in their ranked answers to the question and all their responses related to the student's communication approaches. See Appendix One for attendees/stakeholder contributors.

Findings

Each meeting generated a ranked list of what constitutes a quality placement. Ranked items were grouped by content and then amalgamated to an overarching quality indicator.

For example

> Limerick: Culture in department that supports student education. The team and manager recognition that time is needed for taking a student.
>
> Cork: Having a student culture – CPD/RECOGNITION/SUPPORT (guidelines/Policies and procedures) (staff clinical skills up to date).
>
> Dublin: Departmental culture – to include managerial buy in – manager supports student placement.
>
> Galway: Assess satisfaction of educator- time is allowed/taken for admin and for debrief/reflect/ catch up (support from managers/colleagues).

These were amalgamated into one quality standard indicator: The on-site manager supports student education.

The research was mapped again and overarching quality standards generated that summarised a group of indicators. This resulted in a draft framework with standards and quality indicators that was returned to participants for comment and consensus via Delphi survey in Phase three. See Table 8 for all standards and indicators.

Phase Two Stage 2: Project A – Focus Group

For Project A, following the nominal group technique exercise exploring incentives participants took part in a focus group. Focus groups are group interviews with participants who have common traits/experiences. Their reactions to specific researcher/evaluator-posed questions are studied. The discussions can be guided or open. Focus groups constitute a research or evaluation method that researchers organise for the purpose of collecting qualitative data through interactive and directed discussions.

The questions posed for the focus group discussion was "Should a credentialing system be developed for practice educators/supervisors?" and "What system of support/education/training should be provided for practice educators/supervisors?" See Appendix Two for attendees/stakeholder contributors.

Findings

The predominant finding from the focus group discussions was that a credentialing system should not be developed but instead a system of identifying different levels of educator depending on experience/ training etc. be explored. The focus group also identified the primary need is for a robust system of professional development for practice education. Participants wanted protected time for practice educator for training and did not want to take annual leave for training. Participants wanted a system that recognised progressive levels of practice educator skills, knowledge and abilities. They also identified a list of training topics for practice educators. These findings generated eight themes and questions that were then included into the Delphi survey in Phase three. These are listed in Table 5.

Table 5: Findings from focus group included in Delphi Survey

Themes	Questions
1. Credentialing System	Should a credentialing system be developed?
2. Professional Development Training System	Voluntary/compulsory funded by individuals/free
3. Minimum level of training required	What is the minimum training required?
4. Recognition of different levels of educator	Recognition of the different roles of practice educators/ tutors reflecting different levels of experience has been suggested – what do you think?
5. Minimum levels of training	What are the different levels? What distinguishes between the levels?
6 Study Leave – how much time needed	How much time should be given/are educators willing to practice education training?
7. Skills needed	What are the skills identified as practice educator?
8. Topics for educator development	What are the most important topics needed for educator training?

Phase Three: Development of Quality Framework

The findings of phase one and phase two informed the development of round one of each Delphi for Project A and Project B.

Phase three Stage 1: Delphi survey

The Delphi survey seeks to obtain consensus on opinions of participants through a series of structured online survey commonly referred to as rounds (McMillan, King, & Tully, 2016). There are four key features to a Delphi survey, anonymity, iteration, controlled feedback and statistical aggregation. Anonymity allows the respondents to freely express their opinions. Iteration allows the respondents to refine their views in light of the other respondents' work from round to round. Controlled feedback informs the respondents of the other respondents' perspectives and provides the opportunity for respondents to clarify or change their views. In round one the respondents were asked to rate their level of agreement/importance of statements, in this case statements generated from the nominal group technique and focus groups. Round two then invited respondents to re-rate their level of agreement or disagreement with each statement, using a Likert or numerical scale in light of seeing other responses. Consensus was set as priori at 70% which is usual in Delphi research.

Findings

Project A: It was clear that incentivising practice educators to take students is complex and multifactorial and one size does not fit all. Round one (n. 153) and round two (n. 42) found the only incentive to achieve consensus was professional development for educators. See Appendix Two for demographics of respondents to round one of the Delphi. While no other incentives identified, to take students achieved consensus, qualitative responses indicated that support from both the HEI and clinical site managers impacts on educators' motivation to take students. In terms of credentialing, round two Delphi, consensus was achieved on development of a robust pathway for professional development of educators.

Project B: Round one (n.110 respondents) all standards achieved consensus on round one. All indicators except two achieved consensus. See Appendix One for demographics of respondents to round one of the Delphi. There was one suggestion to add an indicator. In round two (n.18), all standards and indicators achieved consensus except for the newly added suggested indicator. This was removed from the final version of standards and indicators in Domain A-D.

Phase three Stage 2: Development and Reliability Testing of the NIPPET Audit tools

Once consensus had been reached on the Domain A-D quality standards and indicators, audit tools needed to be developed. The National Interprofessional Practice Placement Evaluation Tools (NIPPET) were developed.

Three NIPPET tools were developed

- ✓ NIPPET – HEI
- ✓ NIPPET – Practice Educator
- ✓ NIPPET – Student
- ✓ NIPPET – Service User

Development and Reliability and Validity of NIPPET Audit tools: Expert Panel

Reliability and validity of NIPPET Practice Educator and NIPPET Student was completed.

Content and Face Validity of the NIPPET Student and Practice Educator Tools

Those who participated in the Delphi Survey were invited to join the Expert panel. PECNET members were also invited. Twenty health and social care professions joined the Expert Panel. The panel members are identified below in Table 6.

Table 6: Expert Panel Members

Profession	Number of participants
Podiatry	1
Pharmacy	2
Clinical Measurement	1
Audiology	1
Physiotherapy	3
Speech and Language Therapy	2
Occupational Therapy	4
Dietetics	4
Diagnostic Radiography	1
Radiation Therapy	1

The three draft tools were sent to all expert panel members for comment/amendment. Experts returned amendments to the research team and refinements were made to the draft NIPPET tools. The amended draft versions were returned, and expert panel members were then asked to attend a meeting. At this meeting each NIPPET statement was discussed, and language/content agreed. The final amended NIPPET tools were returned to members for final comment. This process addressed face validity (the extent that each item linguistically looks like what it is supposed to measure) and content validity (the extent the tool items is relevant to the target construct).

Test-retest reliability of the NIPPET Student and Practice Educator Tools.

All practice education coordinators via the PECNET were invited to participate in this part of the study. After approval from their Head of School to participate, each Practice Education Coordinator invited their students and their practice educators to complete the associated NIPPET tools via an online Microsoft form at the end of a placement. In order to assess test-retest reliability, they repeated the tool completion via Microsoft forms 5- 7 days later. 90 students completed the first evaluation and of those 47 students completed the second survey. 52 practice educators completed the first survey and 35 the second survey.

Findings

The overall Cronbach's alpha coefficient was 0.914 for the student survey that increased to 0.917 by deleting two low correlation indicators. Cronbach's alpha coefficient was 0.881 for practice educator survey that increased to 0.885 by deleting two low correlation indicators. This indicates that both the NIPPET student and NIPPET practice educator have high internal consistency and reliability.

Phase three Stage 3: Development of the National Interprofessional Practice Educator Development (NIPPED) CPD Tool

It was recommended and agreed through consensus from both the stakeholder meetings and the Delphi Surveys that a robust pathway for professional development of practice educators was required. Respondents in the Delphi agreed that the system should be optional, and the system should include levels of progression.

Learning in the workplace is multifaceted and educators require many skills. Eraut (2004) categorised the skills needed by educators to support learning in the workplace as skills in thinking/planning, skills of doing and skills in communicating. These categories were used to inform the analysis and to organise the data of the combined results of the focus group discussions, the Delphi surveys and scoping review to develop the structure and content of the NIPPED – CPD Tool.

The tool describes three distinct pathways for educator development and the knowledge and skills required for each level within each pathway. Pathways are described in Figure 8.

Figure 8. Pathways for Practice Education and Levels of Educators

Participants in Project A, Delphi provided recommendations for Levels of Practice Educator, these are described in Figure 9.

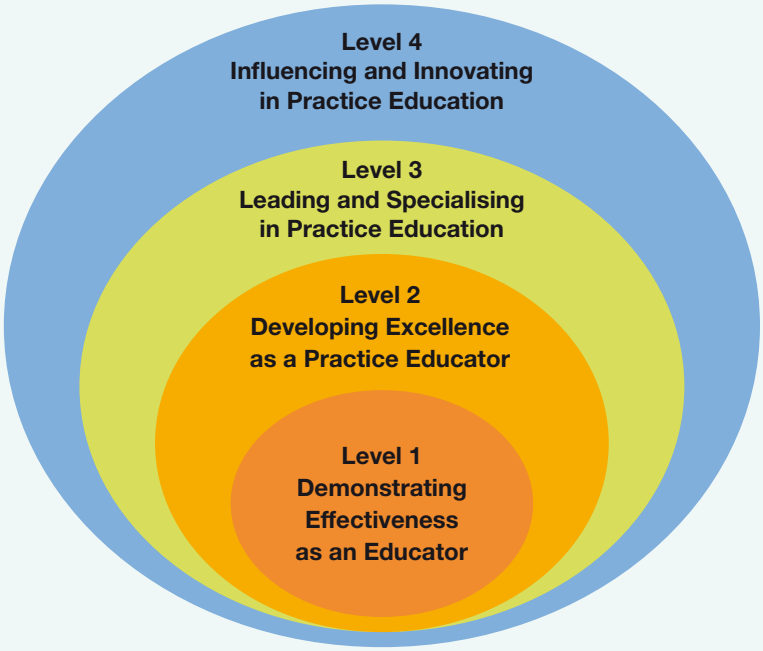

Figure 9: Levels of Practice Educators

These levels are defined below:

Level 1: Demonstrating Effectiveness as an Educator:

A clinician who regularly takes students on placement. Takes a conscientious and reflective approach creating positive conditions for student learning and demonstrating effective teaching that develops over time (mandatory training requirement CORU).

Level 2: Developing Excellence as a Practice Educator:

Taking an evidence-based approach to their development as an educator *promotes collaborative educational opportunities within their departments* for their students. This also includes supporting colleagues new to their role as educators.

Level 3: Leading and Specialising in Practice Education:

These clinicians make significant contribution to enhance the environment for inclusion and excellence within and across the Health and Social Professions. Being actively involved in and the development of practice education at their site or in their region. These clinicians provide mentorship for educators pre- during and post student placements.

Level 4: Influencing and innovating in Practice Education

Individuals that in addition to supporting the learning environment on placement also *make contributions to the field of practice education research*. Disseminating and sharing results of their work national and international level by practising and publishing in the field of practice education.

Phase three Stage 4: Development of the Proposed National Interprofessional Practice Education Capacity and Sustainability (NIPPECS) – Managers tool

The scoping review on what constitutes a quality placement and data collected from phase one and phase two of this research specifically identified that the manager of services have an essential role in ensuring quality and capacity of placements. The findings indicated that regular collaborative meetings with the HEI that include agreements on capacity and support and training for staff are fundamental to a quality placement system. National regulators for example CORU also stipulate the need for formal agreements between placement providers and the HEI's. The essential role of managers was consistently a high ranked item in Project A and B, nominal group meetings and gained consensus in both Delphi surveys. Therefore, this is an essential component of the National Health and Social Care Professions Quality Framework for Sustainable Practice Education. To this end, the National Interprofessional Practice Education for Education Capacity and Sustainability (NIPPECS) – Managers tool has been developed. Implementation of the proposed NIPPECS, requires further consultation with managers facilitated through the National HSCP Office.

Quality Framework for Practice Education: Domains

There are six domains in the quality framework for practice education (Table 7 and Figure 10). Four domains focus on the practice education learning environment

- One domain focuses on professional development of practice educators/supervisors
- One domain focuses on issues of sustainability of practice education

Table 7. Quality Domains of the Framework

Components of Practice education	Domains of the Quality Framework for Practice Education
Practice education learning environment	**Domain A** **HEI or educational provider placement governance**
	Domain B **HEI and HSE collaborations**
	Domain C **Practice education learning environment**
	Domain D **HEI or education provider supporting educating and empowering students for placement**
Practice educator professional development	**Domain E** **Professional development of educators/supervisors**
Sustainable practice education	**Domain F** **Capacity building and sustainable practice education**

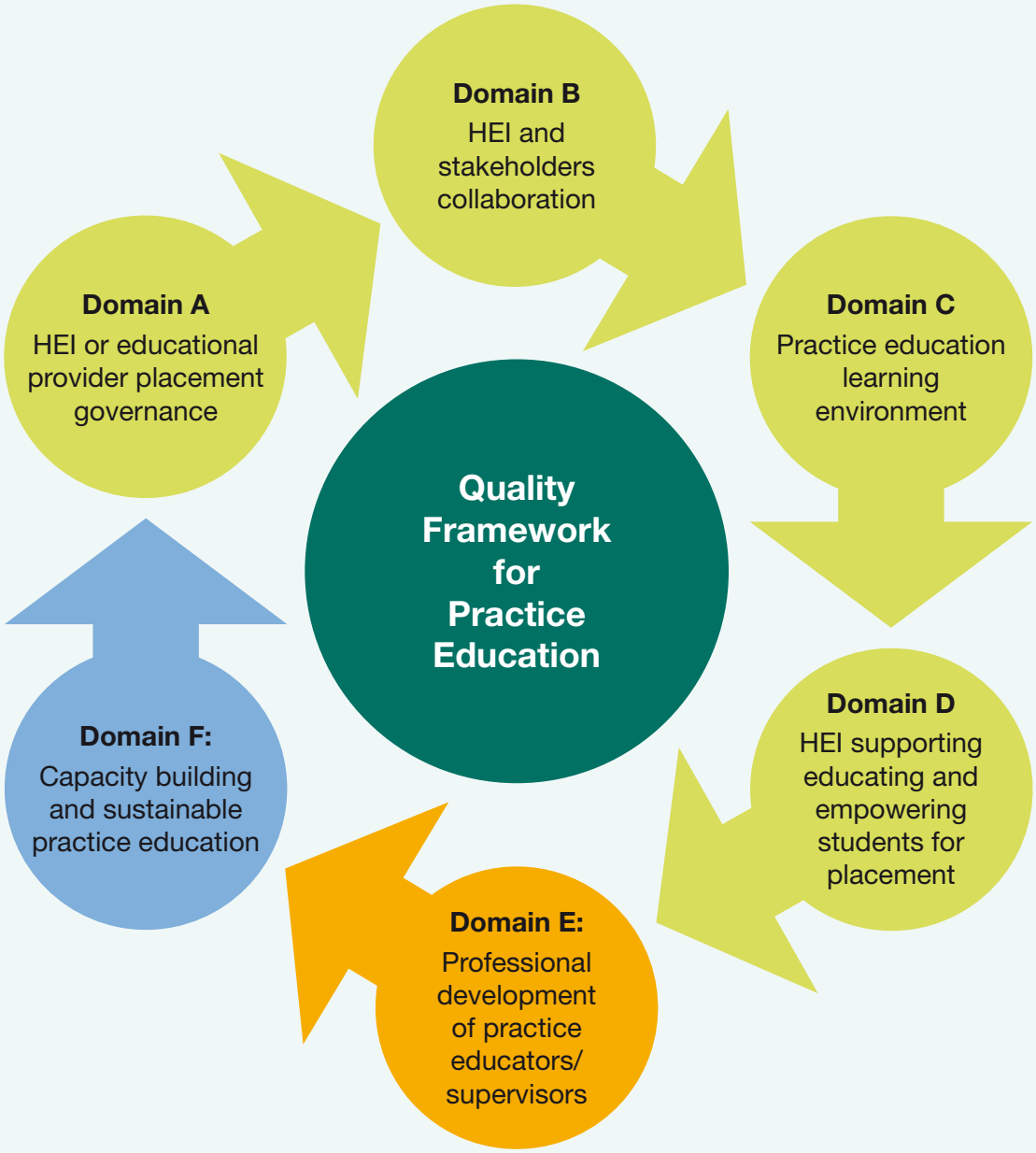

Figure 10: Domains of National Quality Framework for Sustainable Practice Education

National Quality Framework for Sustainable Practice Education: Standards and Indicators

Each domain has a corresponding set of standards and indicators of each standard as outlined in Table 8.

Table 8. Standards and indicators for each quality domain

Domain A: HEI or educational provider placement governance	
Standard	**Indicators**
Standard 1 **The Higher Education Institute (HEI) has policies and procedures in place that operationally manage the placement system.**	1.1 The HEI and placement provider have a written agreement, clarifying their respective roles and responsibilities
	1.2 The HEI has a policy or procedure that specifies the minimum level of experience that a practice educator must have to be eligible to educate
	1.3 The HEI has a policy on the selection of sites for placements and for the management of unforeseen circumstances
	1.4 The HEI articulates in writing the standards for practice that constitutes student competency attainment for each type of placement
	1.5 The HEIs preparation of student reflects the level of student, type, and duration of placement
	1.6 The HEI has a policy or procedure on the allocation for students that includes students' personal circumstances
	1.7 The HEI has a GDPR compliant system to manage placements
	1.8 The HEI has placements structured into the programme timetable with sufficient hours to accommodate absence (sickness)
	1.9 The HEI has procedures in place to ensure that students are prepared for placement and have met the minimum safety requirements
	1.10 The HEI stipulates its annual training programmes for educators

Domain B: HEI and stakeholder collaborations	
Standard	**Indicators**
Standard 2 **The Higher Education Institute (HEI) has a responsibility to lead on ongoing quality improvements and developments in practice education**	2.1 The HEI seeks and where appropriate and feasible, acts on feedback from practice educators and students
	2.2 The HEI and placement provider meet annually to review placement processes

Domain C: The practice education learning environment	
Standard	**Indicators**
Standard 3 **Placement providers have responsibility to provide a student-centred, learning environment where students develop and demonstrate professional behavior and practice competence to the expected standard**	3.1 The placement provider/practice educator provides information to the student on the service and casework prior to the student's arrival
	3.2 The placement provider/practice educator provides orientation and induction to the workplace
	3.3 The team welcomes the student and includes the student as a team member
	3.4 The placement provider/practice educator provides information on workplace policies and procedures
	3.5 The placement provider/practice educator agrees student learning outcomes, encourages self-directed learning and tailors the placement to the students' needs
	3.6 The placement provider/practice educator adheres to the HEI guidance and standards of practice that constitute competency attainment for the placement
	3.7 The placement provider/practice educator role models professional behaviour
	3.8 The placement provider/practice educator creates a supportive learning environment
	3.9 The placement provider/practice educator facilitates student competency progression from observation towards working autonomously under supervision
	3.10 The placement provider/practice educator facilitates student's participation in interprofessional working
	3.11 The placement provider/practice educator provides learning opportunities to include visiting other services or disciplines
	3.12 The placement provider/practice educator facilitates student reflection and self-appraisal
	3.13 The placement provider/practice educator provides regular ongoing feedback on observed performance
	3.14 If practice tutor/regional placement facilitator is in place, there is regular communication between the practice tutor, placement provider/practice educator and student
	3.15 The placement provider/practice educator gives the student time for independent study
	3.16 The placement provider/practice educator gives students access to the resources that facilitate learning including digital resources
	3.17 The placement provider/practice educator formally assesses competence at appropriate intervals throughout the placement

Domain D: HEI or educational provider supporting educating and empowering students for placement	
Standard	**Indicators**
Standard 4 **The Higher Education Institute (HEI) has the responsibility to ensure that the placement is appropriate and prepared for taking students on placement**	4.1 The practice educator has received training on educating students on placement
	4.2 The on-site manager supports student education
	4.3 The HEI provides access to their handbook that contains all policies and procedures in advance of the placement
	4.4 The HEI provides the practice educator the standard or practice that constitutes competence for each placement
	4.5 The HEI provides the practice educator with the process for managing students' fitness to practice
	4.6 The HEI provides the practice educator with instructions on completion of the placement assessment forms
	4.7 The HEI provides guidance that defines roles and responsibilities of practice educators
	4.8 The HEI provides the practice educator with their written policy or procedure for the management of underperforming students
	4.9 The HEI communicates with the practice educator at regular intervals, including pre and during placement to provide support
Standard	**Indicators**
Standard 5 **The student takes responsibility for their own learning while on placement**	5.1 The students provide all requested pre placement information in advance of placement
	5.2 The student is prepared for the placement by the HEI
	5.3 The student seeks feedback on their performance without prompting
	5.4 The student provides evidence of incorporating feedback into their practice
	5.5 The student takes all appropriate opportunities to reflect and self-appraise
	5.6 The student complies with local and national standards regarding consent to treat
Standard	**Indicators**
Standard 6 **The student communicates to services users to their expected standard**	6.1 Students introduce themselves, provide their name title and student status using language that the person understands
	6.2 Students clarify the person's name and their preferred name
	6.3 The student enquires regarding the persons current health and well-being status and responds appropriately to clarify with the person
	6.4 The student explains who they are using language that the person understands
	6.5 The student communicates the reason for their contact with the person and what they intend to do with an appropriate rationale using language that the person understands

Domain D: HEI or educational provider supporting educating and empowering students for placement	
Standard	**Indicators**
Standard 6 **The student communicates to services users to their expected standard**	6.6 The student ensures that all communication with the person is understood
	6.7 The student seeks the persons consent to proceed after ensuring they fully understand what is going to be done
	6.8 The student ensures that all messages given and all messages received from the person are correct and fully understood
	6.9 The student asks questions appropriately
	6.10 The student encourages the person to ask questions or communicate feelings/pain or discomfort throughout
	6.11 The student is compassionate and kind in all communications
	6.12 The student listens to the persons and shows they have heard the person fully
	6.13 The student gives the person time to discuss any worries or concerns
	6.14 The student is professional in their communication, demeanor and presentation
	6.15 The student seeks support if needed

Domain E: Professional Development of educators	
Standard	**Indicators**
Standard 7 **Practice Educators/Placement providers have access to resources that help identify their professional development needs and make a plan to address the necessary knowledge, skills and approaches they needs in their role as practice educators**	7.1 The practice educator/placement provider to complete an annual review of their CPD needs to identify practice education related professional development
	7.2 The practice educator makes a plan to develop the necessary knowledge, skills and approaches to support safe and effective practice placements
	7.3 After completion of professional development activity, the practice educator should reflect and evaluate learning outcomes and impact on their practice

Domain F: Capacity building and sustainable practice education	
Standard	**Indicators**
Standard 8 **Managers of services increase capacity by supporting and developing staff as practice educators**	8.1 Managers/placement providers complete an annual quality review on placement delivery for the previous year
	8.2 Managers acknowledge staff that educate and assess students on placement
	8.3 Managers discuss and facilitate staff professional development regarding practice education
	8.4 Managers/placement providers make an annual placement plan for future capacity for taking students

Using the Quality Framework: The Quality Improvement Cycle

The quality domains and corresponding standards and indicators need to be measured and reported to ensure ongoing quality improvements. This framework provides tools of support self-assessment, auditing, monitoring, to report and evaluate the quality of practice education from all stakeholders' perspectives. The quality improvement cycle is outlined in Figure 11

Figure 11: The Quality Improvement Cycle

National Interprofessional Placement Evaluation Tools

Three evaluation tools were developed to support the application of the interprofessional quality framework for practice education. The tools can be used to replace existing feedback forms. Together they provide a National systematic approach to evaluate Quality within the practice education system for HSCPs.

1. The National Interprofessional Placement Evaluation Tool (NIPPET)
   Section 1: HEI Self-Evaluation Tool (Domain A – Standard 1, Domain B – Standard 2)
   Section 2: Student Evaluation Tool (Domain C – Standard 3)
   Section 3: Practice Educator Evaluation (Domain D – Standards 4 and 5)
   Section 4: Service User Student Evaluation Tool (Domain D – Standard 6)
2. National Interprofessional Practice Educator Development (NIPPED) – CPD Tool
   Section 5: Practice Educator Professional Development (Domain E – Standard 7)
3. National Interprofessional Practice Education Capacity and Sustainability (NIPPECS) – Manager/Placement Provider Tool (Draft)
   Section 6: Manager of Placement Provider Services Evaluation Tool (Domain F – Standard 8)

Application and Implementation of the Quality Framework tools

Table 9 sets out who will assess each domain, who is responsible for auditing/monitoring, when the quality assessment should take place, who is responsible for reporting and evaluating, and what tools and resources are available to support each step.

Table 9. Application and Implementation of the Quality Framework for Practice Education

Domain	Responsible for Assessment	Responsibility to Audit	When	Responsibility to Report and Evaluate	Tools and resources
Domain A					
HEI or educational provider placement governance	HEI	HEI practice education coordinator	Annually	HEI annual practice education report	NIPPET – HEI
Domain B					
HEI and stakeholder collaborations	HEI	HEI practice education coordinator	Annually	HEI annual practice education report	NIPPET – HEI
Domain C					
Practice education learning environment	Practice educator and Student	HEI sends NIPPET student and practice educator and service user evaluation	After placement	HEI annual practice education report	NIPPET – Practice Educator. NIPPET student
Domain D					
HEI or educational provider supporting educating and empowering students for placement	Practice Educator	HEI sends NIPPET student and practice educator and service user evaluation	During and After placement	HEI annual practice education report	NIPPET – Practice Educator NIPPET student and NIPPET Service User
Domain E					
Professional development of educators/ supervisors	Practice educator	Practice educators Practice education team Managers	Ongoing	Professional review meetings with managers CPD portfolios for regulatory bodies	NIPPED
Domain F					
Capacity building and sustainable practice education	Manager	Managers of services	Ongoing	HSCP managers[1]	NIPPECS

1 Further engagement and consultation required with managers regarding implementation

The National Interprofessional Placement Evaluation Tool (NIPPET – HEI)

Section 1:

HEI Self-Evaluation
Domain A and B Standard 1 and 2

Dr Caroline Hills
Dr Sinead McMahon

Student
Mastery
Skills
Apply theory
Skills
Practice
Clinical experience
Practice education
Apply theory
Student
Proficiency
Student
Apply theory
Skills
Apply knowledge
Proficiency
Apply knowledge
Student
Competence
Competence
Skills
Clinical experience
Fieldwork
Apply theory
Practice education
Skills
Supervision
Practice
Proficiency
Supervision
Practice
Skills
Student
Skills
Student
Competence
Practice education
Apply knowledge
Clinical practice
Practice education
Skills
Practice education
Practice
Apply theory
Apply theory
Student
Mastery
Practice
Clinical practice
Apply theory
Apply knowledge
Practice education
Skills
Apply knowledge
Apply theory
Mastery
Supervision
Clinical practice
Skills
Fieldwork
Mastery
Practice
Proficiency
Apply knowledge
Student
Competence
Apply theory
Practice
Skills
Clinical practice
Fieldwork
Student
Clinical practice
Skills
Supervision
Skills
Mastery
Practice
Skills
Student
Practice
Practice education
Proficiency
Student
Student
Skills
Clinical experience
Student
Practice
Practice education
Practice education
Clinical practice
Skills
Competence
Practice
Practice
Practice
Proficiency
Clinical practice
Practice education
Student
Practice
Proficiency
Skills
Student
Clinical experience
Student
Proficiency
Skills
Skills
Student
Clinical practice
Mastery
Practice
Student
Skills
Mastery
Student
Practice
Skills
Mastery
Clinical experience
Skills
Practice
Clinical experience
Apply theory
Practice
Clinical experience
Apply theory
Practice
Proficiency
Mastery
Skills
Practice
Student
Skills
Mastery
Supervision
Mastery
Fieldwork
Skills
Clinical practice
Student
Skills
Mastery
Practice
Supervision
Proficiency
Fieldwork
Competence
Fieldwork
Proficiency
Student
Practice
Skills
Supervision
Mastery
Student
Student
Practice
Practice
Competence
Competence
Skills
Fieldwork
Skills
Skills
Mastery
Fieldwork
Skills
Competence
Student
Proficiency
Competence
Supervision
Apply theory
Fieldwork
Clinical experience
Apply knowledge
Supervision
Competence
Fieldwork
Practice
Fieldwork
Student
Student
Fieldwork
Fieldwork
Skills
Mastery
Supervision
Skills
Mastery
Clinical practice
Student
Fieldwork
Clinical practice
Practice
Student
Skills
Competence
Practice education
Apply knowledge
Skills
Student
Apply theory
Practice
Apply theory
Mastery
Skills
Clinical practice
Student
Skills
Practice
Skills
Apply knowledge
Practice
Skills
Student
Competence
Apply theory
Fieldwork
Skills
Supervision
Mastery
Skills
Practice
Apply knowledge
Skills
Student
Practice
Practice education
Clinical practice
Skills
Practice
Practice
Practice

Standard 1: The Higher Education Institute (HEI) has policies and procedures in place that operationally manage the placement system.	Met to high standard	Met	Not Met	Not applicable
1.1 The HEI has an operational agreement with the organisation				
1.2 The HEI has a policy that includes (i) the minimum amount of years an educator must have to be an educator and (ii) registration status				
1.3 The HEI has a policy defining the procedure for the selection of sites and the management of unforeseen circumstances				
1.4 The HEI has materials that identify expectations of competency attainment for each placement level				
1.5 The HEI ensures that the students complete pre-placement preparation requirements				
1.6 The HEI has a policy or procedure procedures for allocation of placements that includes students' personal circumstances				
1.7 The HEI has a GDPR compliant system to manage placements documentation.				
1.8 The HEI structures placements into the programme with sufficient hours to accommodate student unforeseen absence				
1.9 The HEI has a calendar of training commensurate with placements				

Standard 2: The Higher Education Institute (HEI) has a responsibility to lead on ongoing quality improvements and developments in practice education	Met to high standard	Met	Not Met	Not applicable
2.1 The HEI collects feedback from students and educators and evidences responses to feedback				
2.2 The HEI and placement provider meet annually to review placement processes				

The National Interprofessional Placement Evaluation Tool (NIPPET – Student)

Section 2:

Student Evaluation Tool
Domain C – Standard 3

Dr Caroline Hills
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Standard 3: Placement supervisors practice educators have responsibility to provide a student- centred, safe learning environment where students develop and demonstrate professional behaviour and practice competence to the expected level	Met to high standard	Met	Not Met	Not applicable
3.1 I was provided with relevant pre-placement information				
3.2 The practice educator/placement supervisor provided orientation and induction to the department, team and/or service				
3.3 I was welcomed and included as a new member of the team				
3.4 The practice educator/placement supervisor provided me with the appropriate policies and procedures relevant to the placement				
3.5 The practice educator/placement supervisor discussed my learning needs and we agreed ways of achieving the identified learning outcomes				
3.6 The practice educator/placement supervisor provided clear expectations of performance/competence				
3.7 The practice educator/placement supervisor worked in a professional manner with patients/ clients and other team members				
3.8 The practice educator/placement supervisor supported my learning and I could ask questions, review and discuss my performance				
3.9 The practice educator/placement supervisor took time to facilitate my learning of practice skills to meet the performance/competence for my stage in my programme				
3.10 The practice educator/placement supervisor enabled my participation in inter/multi-disciplinary teams where available				
3.11 The opportunity to visit other services or disciplines was provided where available				
3.12 The practice educator/placement supervisor encouraged me to self-evaluate and reflect				
3.13 I was given regular specific feedback on my performance during the placement				
3.14 If a practice tutor/regional placement facilitator was in place there was regular communication between us.				
3.15 Time for self-directed learning was provided during the placement				
3.16 My university and placement setting provided me with access to resources, libraries, and other educational platforms to support my learning				
3.17 The practice educator/designated assessor completed assessment documentation for my placement at required intervals and in line with guidance from my university				

The National Interprofessional Placement Evaluation Tool (NIPPET – Practice Educator)

Section 3:

Practice Educator Evaluation
Domain D – Standards 4 and 5

Dr Caroline Hills
Dr Sinead McMahon

Standard 4: The HEI has the responsibility to ensure that the placement is appropriate and prepared for taking students on placement		Met to high standard	Met	Not Met	Not applicable
4.1	The HEI has provided me with opportunities for practice educator training on how to supervise, teach and assess students on placements				
4.2	My manager supports student education and therefore, I feel my contribution to this aspect of my role is acknowledged				
4.3	The HEI provided in advance of the placement, access to their practice education handbook containing all policies and procedures				
4.4	The HEI provided clear information in advance of placement regarding expectations of student performance/competence for the student's stage in their university programme				
4.5	The HEI provided information regarding the HEI fitness to practise policy in advance of the placement, and actions to take if there are any fitness to practise concerns				
4.6	The HEI provided adequate information on appropriately completing student assessment forms				
4.7	The HEI provided in advance of placement, guidance that clearly defined the roles and responsibilities of the practice educator in educating the student to the required standard.				
4.8	The HEI provided in advance of placement, clear information on the pathway and timelines to be followed to manage an underperforming student				

Standard 5: The student takes responsibility for their own learning while on placement		Met to high standard	Met	Not Met	Not applicable
5.1	The student provided relevant information/ documents requested in advance of placement				
5.2	The student was prepared for placement by the HEI and engaged in all pre-placement requirements				
5.3	The student actively sought feedback, to help identify their learning needs				
5.4	The student actively responded to feedback and incorporated it into their practice to develop their competence				
5.5	The student regularly evaluated their performance and identified both their strengths and areas for improvement				
5.6	The student appropriately implemented procedures on obtaining consent				

The National Interprofessional Placement Evaluation Tool (NIPPET – Service User)

Section 4:

Service User Student Evaluation
Domain D – Standard 6

Dr Caroline Hills
Dr Sinead McMahon

Standard 6: The student communicates to services users to their expected standard	Met to high standard	Met	Not Met	Not applicable
6.1 Did the student introduce himself or herself appropriately?				
6.2 Did the student clarify your preferred name?				
6.3 Did the student ask how you are?				
6.4 Did the student tell you who they are?				
6.5 Did the student tell you what they are going to do and why?				
6.6 Did the student give you time to ask questions?				
6.7 Did the student gain your consent to talk to you or consent for what they are going to do?				
6.8 Did you understand what the students was saying?				
6.9 Did the student ask appropriate questions?				
6.10 Did the student give you time to ask questions or identify any discomfort?				
6.11 Was the student friendly and kind?				
6.12 Did the student listen to you and show that they had heard your story?				
6.13 Did the student give you sufficient time to discuss your worries or concerns?				
6.14 Was the student professional in their communication and presentation?				
6.15 Did the student seek support if needed?				

National Interprofessional Practice Educator Development – CPD Tool (NIPPED – Practice Educator)

Section 5:

Practice Educator Professional Development Domain E – Standard 7

Dr Sinead McMahon
Dr Caroline Hills

Standard 7: Practice Educators/Placement providers have access to resources that help identify their professional development needs and plan to address the necessary knowledge, skills and approaches required in their role as practice educators	Met to high standard	Met	Not Met	Not applicable
7.1 The practice educator/placement provider is provided with a self-audit tool/process to help identify and plan to their own practice education related professional development				
7.2 The practice educator has access to resources to help develop the necessary knowledge, skills, and approaches to support safe and effective practice placements				

Name	
Job title	
Department	
Phone	
Email	

How many students have you been the lead supervisor/educator for in the last year?

How many students have you been the support supervisor for in the last year?

Please provide a brief description of your supervisory/educator role

Length of time as a supervisor/educator **yrs** **mths**

Other educational/supervisory roles

Please use this space to provide additional information about any other educational roles or activities in which you are involved. These may include activities undertaken for professional bodies, such as examining; for other organisations, such as undergraduate teaching; or hospital/site activities undertaken within work-based teams.

National Interprofessional Practice Educator Development – CPD Tool

Creating and Maintaining a student – centred learning environment		
Thinking/Planning	**Doing**	**Communicating**
The LEVEL 1 Educator : Demonstrating Effectiveness		
Develops information resources for students pre and during placement Plans personalised graded approach to autonomy for student competency development on placement	Role models safe and professional practice Is an enthusiastic, available and approachable student supervisor who enables students to experience a variety of relevant learning opportunities, including working with other team members	Provides time and opportunity to define clear expectations of performance Encourages student self- reflection and facilitates students development of clinical reasoning through discussion
The LEVEL 2 Educator : Developing Excellence		
Develops/reviews and updates educational material/resources for use on placement applying best practice Plans personalised graded approaches to autonomy for student competency development evidencing application of research	Role models the application of best practice in student education on placement evidencing application of research and/or learning theories Is an enthusiastic, available and approachable student supervisor who enables students to experience a variety of relevant learning opportunities including working collaboratively and interprofessionally with other team members	Provides time and opportunity to define clear expectations of performance to student and applying best practice approaches and theories Encourages student self-reflection and facilitates students development of clinical reasoning through discussion and applying best practice approaches and theories
The LEVEL 3 Educator : Leading and Specialising		
Develops educators (more than 1 other) to facilitate placements applying best practice approaches and evidencing application of research Plans processes and mechanisms to support educators (more than 1 other) to personalise graded approaches to autonomy for student competency development, evidencing application of research	Role models the application of best practice in student education on placement evidencing application of research and/or learning theories through mentorship of educators Is an enthusiastic, available and approachable student supervisor and mentor of educators who ensures students experience a variety of relevant learning opportunities including provision of group learning events and peer support	Provides time and opportunity to support educators to define clear expectations of performance applying best practice through mentorship of educators Encourages practice educators to explore different methods of facilitating student self- reflection and students development of clinical reasoning through application of best practice and mentorship
The LEVEL 4 Educator : Innovating and Influencing		
Develops new models of placement applying best practice approaches and evidencing the application of research Plans and provides innovative resources to facilitate personalised students competency development for both educators and students evidencing application of research	Role models best practice in practice education through completing research on practice education from student perspectives Enables students to experience a variety of learning opportunities through developing new models of placement or providing supporting educators	Develops best practice resources for educators and students on defining expectations Prepares students and educators on how to facilitate student and educator self- reflection and to facilitate students self-directed learning

National Interprofessional Practice Educator Development – CPD Tool

Educational Approaches and Assessment in Practice Education		
Thinking/Planning	**Doing**	**Communicating**
The LEVEL 1 Educator : Demonstrating Effectiveness		
Has completed university preparation session or course and plans the placement to meet University/CORU expectations for student level Plans the placement within the policies/protocols of the university	Participates in existing and new models of placement Conducts fair, objective and timely assessment of students Identifies and manages underperforming students in line with HEI policies and procedures	Participates in communication with the university on student's progression Provides regular meaningful actionable feedback to students
The LEVEL 2 Educator : Developing Excellence		
Has completed a number of practice education training or courses and plans the placement to meet University/CORU expectations for student level Plans the placement within the policies/protocols of the university and participates in consultation meetings on placement management	Participates in existing and new models of placement applying best practice approaches and theories Conducts fair, objective and timely assessment of students using best practice approaches Identifies and manages underperforming students using best practice approaches and in line with HEI policies and procedures	Participates in communication with the university on student's progression and is able to articulate reasoning using benchmarking developed through experience Provides regular meaningful actionable feedback to students by applying best practice/research
The LEVEL 3 Educator : Leading and Specialising		
Prepares educators through mentorship and leadership on university/CORU expectations for student level through local meeting and participation in practice education course delivery Contributes to the development and/or reviews the university placement polices/protocols	Develops, implements and evaluates new models of placement Conducts fair, objective and timely shared assessment of students in partnership with other educators promoting best practice approaches Identifies and manages underperforming students and provides guidance/ mentorship of others in the process managing underperformance	Participates in communication with educators through mentorship, and the university on student's progression and is able to articulate reasoning using benchmarking Provide regular actionable feedback to students applying best practice through mentorship of educators
The LEVEL 4 Educator : Innovating and Influencing		
Plans and prepares courses and resources for educators/ students for placements including best practice, research and the University/CORU expectations for student leve Develops and/or reviews the university placement polices/ protocols and contributes to university curricula development	Participates in national innovations on practice education Develops and provides a range of resources and quality assurance processes to ensure fair, objective and timely assessment of students Works in partnership with educators in the management of underperforming students and develops a range of resources for managing student underperformance	Leads communication with the practice education team, and practice educators and develops resources to define expected student progression and education approaches for student levels Prepares students and educators on the application of best practice on student feedback in practice education through sharing best practice and research

National Interprofessional Practice Educator Development – CPD Tool

Evidence, Research and Professional Development in Practice Education		
Thinking/Planning	**Doing**	**Communicating**
The LEVEL 1 Educator : Demonstrating Effectiveness		
Develops resources and contributes to promotion of practice education in the service Offers student placements as a personal development opportunity annually	Completes reflections on student education as part of professional development record Reads research on student education as part of professional development record	Has a practice education mentor to provide peer supervision and support Practice education is a one item on annual professional development plan and CORU credits or CPD portfolio content
The LEVEL 2 Educator : Developing Excellence		
Develops resources and contributes to promoting and sharing of these resources within a service Offers student placements as a professional development opportunity regularly through the year	Attends national practice education events/conferences as an identified professional learning and development activity Participates in research on practice education	Attends networks/communities of practice education Practice education is a core part of annual professional development plan and CORU credits or CPD portfolio content
The LEVEL 3 Educator : Leading and Specialising		
Develops resources and contributes to practice education training or student preparations for placement Leads on regular offers of placements for staff in a service, planning capacity	Participates in national practice education events/conferences/ meetings through presentations Leads and participates in research on practice education	Develops and supports and delivers content learning in networks/communities of practice education to communicate and share best practice and research Practice education is a significant part of annual professional development plan and CORU credits or CPD portfolio content
The LEVEL 4 Educator : Innovating and Influencing		
Completes research or audit/quality assurance activities in practice education and evidences actions completed to address quality improvements Participates in national innovations addressing placement capacity	Participates in national and international practice education events/conferences/meetings through membership of organising committees, presentations or workshops reviews journal articles for international publications Is an expert in practice education and receives grant monies for practice education research and development	Completes, publishes, and presents research on practice education at national or international events Practice education is a major part of annual professional development plan and CORU credits or CPD portfolio content

Identifying and Planning your Professional Development

Pathway	Creating and Maintaining a safe student-centred learning environment	Educational Approaches and Assessment in Practice Education	Evidence, Research and Professional Development in Practice Education
What level educator do I identify within each pathway *(please tick)*	Level 1 Level 2 Level 3 Level 4	Level 1 Level 2 Level 3 Level 4	Level 1 Level 2 Level 3 Level 4
What areas of my professional development in Practice Education are strong?			
Where are there gaps in my knowledge and/or skills?			
What is my plan for professional development in the next year			

Recording your Practice Education Professional Development

Implement			Evaluate and Reflect	
Date and time spent When did you undertake this learning activity	Type of Learning Activity What was the name of the activity?	CPD credits Approx. 1 CPD credit for every hour of new or enhanced learning achieved	Learning Outcome What have you learnt through completing this activity? How have your skills and knowledge improved or developed?	Impact on practice How have you integrated this learning into your practice? How has this learning made a difference to your capability and performance in your role?

* CORU CPD Record. Accessed at CORU.ie

National Interprofessional Practice Education Capacity and Sustainability Tool (NIPPECS-Managers)

Section 6:

Manager of Placement Provider Services Evaluation Tool Domain F – Standard 8

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Dr Caroline Hills

Standard 8: Managers of services that provide practice placements ensure there is a quality review process in place to help build capacity and develop a sustainable model of practice placements in their service.	Met to high standard	Met	Not Met	Not applicable
8.1 Managers/placement providers have access to an evaluation/audit tool/quality review process in order to build capacity and develop sustainable practice placements for future practitioners				

Name	
Job title	
Department	
Phone	
Email	

Please answer with regard to the last twelve months in your service:

How many students have been on placement in your department in the last year? Please note number and duration of placements
How do you recognise/reward/acknowledge staff that take students?
Do you reduce expected caseload for staff when taking a student?
Are there staff that do not facilitate student placements, if so please comment?

Is taking a student a part of formal supervision or annual professional development review for all staff? **Comments**	**Yes** **No**
How do you facilitate CPD for staff for practice education?	
Do you as a manager facilitate staff CPD through the provision of student presentations, research, or discussions? **Comments**	**Yes** **No**

Going forward, what is your plan for provision of student placement in the coming 12 months

Plan for Staff CPD in this service
Other initiatives
Planned student placements for the next 12 months

Appendix One:

Stakeholder Contributors to Phase Two Domains A-D

Total number of student participants by HSCP discipline

HSCP Discipline	Number of students
Physiotherapy	27
Occupational Therapy	10
Dietetics	8
Clinical Measurement Science	8
Social Care	6
Speech and Language Therapy	4
Audiology	3
Diagnostic Radiography	2
Radiation Therapy	1

Student participants by meeting location and HSCP discipline

Meeting Location	HSCP Discipline
Cork	2 Diagnostic Radiography 3 Audiology 1 Occupational Therapy
Galway	6 Social Care 8 Occupational Therapy
Dublin UCD	22 Physiotherapy 1 Dietetics
Dublin Trinity	4 Speech and Language Therapy 1 Radiation Therapy 2 Occupational Therapy 2 Dietetics
Dublin Technological University	8 Clinical Measurement Science
Limerick	5 Dietetics 5 Physiotherapy

Total number of health and social care profession participants by profession

HSCP Discipline	Number of HSCP Participants
Physiotherapy	11
Occupational Therapy	14
Dietetics	5
Clinical Measurement Science	2
Speech and Language Therapy	15
Diagnostic Radiography	3
Radiation Therapy	3
Social work	3
Pharmacy	5
Audiology	1
Clinical Biochemistry	1

Number of health and social care profession participants by meeting and profession

Meeting Location	HSCP Discipline and numbers
Cork	2 Pharmacy 3 Radiography 2 Social Work 3 Physiotherapy 2 Speech and Language Therapy 4 Occupational Therapy 1 Clinical Measurement Science 1 Audiology
Dublin Trinity	1 Clinical biochemistry 2 Pharmacy 3 Physiotherapy 8 Speech and Language Therapy 2 Occupational Therapy 1 Medical Science 3 Dietetics
Dublin Trinity (2)	1 Occupational Therapy 1 Dietetics 3 Physiotherapy
Galway	3 Occupational Therapy 2 Speech and Language Therapy 1 Physiotherapy
Limerick	1 Social Work 3 Speech and Language Therapy 3 Occupational Therapy 1 Clinical Measurement Science 1 Dietetics 1 Physiotherapy 1 Radiation Therapist

Number of health and social care profession participants by meeting and role

Meeting Location	HSCP Discipline and numbers
Cork	3 Professional Body Representatives 3 Manager 4 Practice Education Coordinator 6 Practice Tutor 2 Clinician/Practice Educator
Galway	1 Regional Placement Facilitator 3 Practice Tutor 2 Clinician/Practice Educator
Dublin Trinity (2)	3 Manager 1 Professional Body Representative 1 Practice Tutor (PT)
Dublin Trinity	3 Professional Body Representative 6 Practice Education Coordinator 2 Regional Placement Facilitator 7 Practice Tutor 1 Clinician/Practice Educator 1 Not specified
Limerick	3 Manager 1 Clinical Specialist 1 Practice Education Coordinator 4 Regional Placement Facilitator 1 Practice Tutor 1 Clinician/Practice Educator

Number of service user participants by meeting

Meeting Location	Number of Participants
Galway	3
Dublin	11

Appendix Two:

Stakeholder Contributors to Phase Two Domains E-F

	Number of participants by profession	Role of participants
Limerick **Total n=11**	Social Work n=1 Speech and Language Therapy n=3 Occupational Therapy n=3 Clinical Measurement Science n=1 Dietetics n=1 Physiotherapy n=1 Radiation Therapy n=1	3 Manager 1 Clinical Specialist 1 Practice Education Coordinator 4 Regional Placement Facilitator 1 Practice Tutor 1 Practice Educator
Galway **Total n=6**	Occupational Therapy n=3 Speech and Language Therapy n=2 Physiotherapy n=1	1 Regional Placement Facilitator 3 Practice Tutor 2 Practice Educators
Cork **Total n=15**	Pharmacy n=2 Radiography n=3 Social Work n=2 Physiotherapy n=2 Speech and Language Therapy n=2 Occupational Therapy n=2 Clinical Measurement n=1 Audiology n=1	3 Professional Body Representatives 3 Manager 2 Practice Education Coordinator 3 Practice Tutor 4 Practice Educators
Dublin 1 **Total n=26**	Clinical Biochemistry n=1 Pharmacy n=2 Radiographer n=2 Social Work n=1 Physiotherapy n=8 Speech and Language n=2 Occupational Therapy n=2 Clinical Measurement n=1 Audiology n=1 Medical Science n=1 Dietetics n=3	3 Professional Body Representatives 6 Practice Education Coordinator 2 Regional Placement Facilitator 7 Practice Tutor 6 Practice Educator 2 Prefer Not to Say
Dublin 2 **Total n=5**	Occupational Therapy n=1 Dietetics n=1 Physiotherapy n=3	5 Managers

Demographics of respondents to Round 1 of Delphi – Phase 2 Domains A-D

		N=	%
Professions n=12	Speech and Language Therapy	39	35%
	Physiotherapy	21	19%
	Dietetics	16	15%
	Occupational Therapy	15	14%
	Radiography	5	5%
	Social Work	4	4%
	Podiatry	2	1%
	Psychology	2	1%
	Clinical Measurement	2	1%
	Audiology	2	1%
	Medical Science	1	1%
	Social Care Worker	1	1%
Gender	Female	104	95%
	Male	6	5%
Age	18-24	5	5%
	25-39	48	44%
	39-60	52	47%
	60+	3	2%
	Prefer Not to Say	2	1%
Role	Manager	30	27%
	Clinical Specialist	2	1%
	Senior	25	23%
	Staff Grade	24	22%
	Practice Tutor	14	12%
	Regional Placement Facilitator	4	3%
	Practice Education Co-ordinator	4	4%
	Other (Lecturer/Course Director)	3	2%
	Student	5	4%

Demographics of respondents to Round 1 of Delphi – Phase 2 Domains E-F

		N=	%
Professions n=13	Speech and Language Therapy	52	34%
	Physiotherapy	30	20%
	Dietetics	21	14%
	Occupational Therapy	16	10%
	Radiography	4	3%
	Social Work	16	10%
	Podiatry	4	3%
	Psychology	2	1%
	Clinical Measurement	2	1%
	Audiology	2	1%
	Medical Science	1	1%
	Medical Physics	1	1%
	Did Not Comment	1	1%
Gender	Female	137	91%
	Male	14	9%
Age	18-24	6	4%
	25-39	68	45%
	39-60	73	48%
	60+	3	2%
	Prefer Not to Say	2	1%
Role	Manager	33	21%
	Clinical Specialist	4	3%
	Senior	57	38%
	Staff Grade	34	22%
	Practice Tutor	14	9%
	Regional Placement Facilitator	4	3%
	Practice Education Co-ordinator	3	2%
	Other (Lecturer/Course Director)	3	2%

References

Appel Pharmacy Ireland : Appel – SUPPORTING THE JOURNEY TO PRACTICE

Brown, T., Williams, B., McKenna, L., Palermo, C., McCall, L., Roller, L., . . . Aldabah, L. (2011). Practice education learning environments: The mismatch between perceived and preferred expectations of undergraduate health science students. *Nurse Education Today*, 31(8), e22-28. doi: 10.1016/j.nedt.2010.11.013

Delbecq, A. L., & VandeVen, A. H. (1971). A Group Process Model for Problem Identification and Program Planning. *Journal of Applied Behavioral Science*, 7(466-91). doi: 10.1177/002188637100700404.

Department of Health and Social Care UK. (2021). Education and training tariff guidance and prices for 2021 to 2022 financial year. Retrieved Oct 4, 2021, from https://www.gov.uk/government/publications/healthcare-education-and-training-tariffs-2021-to-2022/education-and-training-tariff-guidance-and-prices-for-2021-to-2022-financial-year

Eraut, M. (2004). Informal learning in the workplace. *Studies in Continuing Education*, 26(2), 247-273. doi: 10.1080/158037042000225245

Fenton, P. (2005). Student perceptions of a quality clinical experience: findings from the literature and their application to radiation therapy. *The Radiographer*, 52(1), 30-33.

Francis, A., Hills, C., MacDonald-Wicks, L., Johnston, C., James, D., Surjan, Y., & Warren-Forward, H. (2016). Characteristics of an ideal practice educator: Perspectives from practice educators in diagnostic radiography, nuclear medicine, nutrition and dietetics, occupational therapy and physiotherapy and radiation therapy. *Radiography*, 22(4), 287–294 doi: doi:10.1016/j.radi.2016.04.001

Frantz, J. M., & Rhoda, A. J. (2007). Assessing clinical placements in a BSc Physiotherapy Program. *The Internet Journal of Allied Health Sciences and Practice*, 5(3), 1-6.

Hills, C., Quigley, D., Bennett, A. E., Haughey, F., & McMahon, S. (2019). Core indicators of quality in practice education placements in allied health and social care professions: a scoping review protocol. *JBI Database System Rev Implement Rep, 17*(6), 1060-1070. doi: 10.11124/JBISRIR-2017-004031

HSE. (2011). Report on the review of the practice education system. Dublin, Ireland.

HSE. (2015). Health Services People Strategy 2015-2018, Leaders in People Services. Retrieved Nov 13, 2017, from http://www.hse.ie/eng/staff/Resources/hrstrategiesreports/peoplestrategy.pdf

HSE. (2016). *Health and Social Care Professions Education and Development Strategy*. Dublin, Ireland: Health Services Executive.

HSE. (2019). A Strategic Guidance Framework for Health & Social Care Professions 2021-2026. Retrieved Feb 6, 2021, from https://www.hse.ie/eng/about/who/cspd/health-and-social-care-professionals/hscp-strategic-framework/hscp-deliver-a-strategic-guidance-framework-for-hscp-2021-2026.pdf

Jette, D. U., Nelson, L., Palaima, M., & Wetherbee, E. (2014). How Do We Improve Quality in Clinical Education? Examination of Structures, Processes, and Outcomes. *J Phys Ther Educ 28*(Supp 1), 6-12.

Kanno, H., & Koeske, G. (2010). MSW students' satisfaction with their field placements: The role of preparedness and supervision quality. *J Soc Work Educ, 46*(1), 23-38.

Markaki, A., Spyridaki, A., Chatzi, V., Joosens, S., & de Looy, A. (2015). Exploring the quality of European dietetic practice placements. *Nutrtion and Food Science*, 45(3), 377-387. doi: 108/NFS-10-2014-0094

McMillan, S. S., King, M., & Tully, M. P. (2016). How to use the nominal group technique and delphi techniques. *International Journal of Clinical Pharmacy*, 38, 655–662. doi: 10.1007/s11096-016-0257-x

Milanese, S., Gordon, S., & Pellatt, A. (2013). Undergraduate physiotherapy student perceptions of teaching and learning activities associated with clinical education. *Physical Therapy Reviews*, 18(6), 439-444. doi: 10.1179/1743288X12Y.0000000060

Mulholland, S., Derdall, M., & Roy, B. (2006). The student's perspective on what makes an exceptional practice placement educator. *British Journal of Occupational Therapy, 69(*12), 567-571. doi: 10.1177/030802260606901206

Perram, A., Hills, C., Johnston, C., MacDonald-Wicks, L., Surjan, Y., James, D., & Warren-Forward, H. (2016). Characteristics of an ideal practice educator: Perspectives from undergraduate students in diagnostic radiography, nuclear medicine, nutrition and dietetics, occupational therapy, physiotherapy and radiation therapy. *Radiography, 22*(4), 295–305 doi: 10.1016/j.radi.2016.04.007

Pollock, D., Davies, E. L., Peters, M. D. J., Tricco, A. C., Alexander, L., McInerney, P., . . . Munn, Z. (2021). Undertaking a scoping review: A practical guide for nursing and midwifery students, clinicians, researchers, and academics. *Journal of Advanced Nursing, 77*, 2102-2113. doi: 10.1111/jan.14743

Quigley, D., Loftus, L., McGuire, A., & O'Grady, K. (2020). An optimal environment for placement learning: listening to the voices of speech and language therapy students. *International Journal of Language & Communication Disorders, 55*(4). doi: 10.1111/1460-6984.12533

Reed, J., Walsh, E., & Lyons, R. (2014). Sustaining a good model of practice education in challenging times. *Journal of Practice Teaching & Learning, 13(*2), 45-56. doi: 10.1921/jpts.v13i2-3

Rodger, S., Thomas, Y., Greber, C., Broadbridge, J., Edwards, A., Newton, J., & Lyons, M. (2014). Attributes of excellence in practice educators: The perspectives of Australian occupational therapy students *Australian Occupational Therapy Journal, 61*, 159–167. doi: 0.1111/1440-1630.12096

Therapy Project Office. (2008a). Guidelines for Good Practice in Practice Education. Retrieved Nov 13, 2017, from https://www.ucd.ie/phpss/research/institutescentresthemes/physiotherapyrehabilitationhealth/practiceeducatorresources/

Therapy Project Office. (2008b). Practice Educator Competencies. Retrieved Nov 13, 2017, from https://www.ucd.ie/phpss/research/institutescentresthemes/physiotherapyrehabilitationhealth/practiceeducatorresources/

WHO. (2010). *Framework for Action on Interprofessional Education and Collaborative Practice*. Geneva, Switzerland: World Health Organisation.