Enhancement of the Practice Learning Environment/Educational Audit (NHS, Private, Voluntary and Independent Sector Placements)

Introduction The purpose of this review/educational audit is to monitor and enhance the quality of the practice learning environment, student support and the assessment of practice. This is a professional body requirement for learning environments which support students on the Independent and Supplementary Non-Medical prescribing programme	**Name of Trust / Organisation**:	
	Name of Placement:	
	Manager's name or/Prescribing lead	
	Address:	
	Post Code:	
	Telephone Number:	
	Email Address:	
	Persons Completing the Review:	
	Date of review:	
	Main Focus / Speciality of Placement: Need for prescribing.	

Section 1-

Time to achieve learning outcomes.	
Is the placement aware that 90 clinical hours are required? Yes	No
If No are provisions in place to ensure these are met? Please describe:	

Do you agree to immediately notify the University of any service provision changes that might affect the student's ability to meet the specified learning outcomes?	**Yes**	**No**
	☐	☐
Please give details of any anticipated changes:		

Please indicate which members of the multidisciplinary team the Students will have opportunities to gain experience with:		
☐ Nurses	☐ Doctors	☐ Midwives
☐ Physiotherapists	☐ Occupational Therapists	☐ Health Visitors
☐ Dieticians	☐ Psychologists	☐ Operating Department Practitioners
☐ Chiropodists	☐ District Nurses	☐ Healthcare Assistants
☐ Social Workers	☐ Speech and Language Therapists	☐ Podiatrists
☐ Others		

List of learning opportunities (including inter-professional learning) available in the practice setting.

Section 2- Health and Safety

Local Placement Health and Safety Lead (where applicable):

Name:	Telephone Number:
E-mail Address:	

Trust / Organisation Health and Safety Manager

Name:	Telephone Number:
E-mail Address:	

Will the organisations insurance cover any liability incurred by the student as a result of his/her duties? (TO BE COMPLETED BY ALL INDEPENDENT/PRIVATE SECTOR PLACEMENTS (NON NHS)		
Do you have Employer Liability Insurance? Expiry date:	**Yes ☐**	**No ☐**
Do you have Public Liability Insurance? Expiry date:	**Yes ☐**	**No ☐**

Are the following policy/guidance available in the practice area and are staff aware of them (please tick which are appropriate)		
Required:	**YES**	**NO**
Health and Safety	☐	☐
Confidentiality Policy	☐	☐
Equality and Diversity	☐	☐
Manual Handling	☐	☐
Violence and Aggression	☐	☐
Infection Prevention and Control	☐	☐
Safeguarding Children, Young People and Adults	☐	☐
Code of Conduct for Nurses & Midwives (NMC 2015)	☐	☐
Lone Worker Policy	☐	☐
Escalating Concerns/Whistleblowing	☐	☐
Fire	☐	☐
OTHER (please name):		

Section 3 - Placement Learning Standards for:- Independent and Supplementary prescribing

	Statement	Please indicate		Comments and any actions required
		Yes	No	
1	Practice reflects local, professional and national developments and is evidence based.	☐	☐	
2	There are adequate numbers of appropriately qualified, experienced staff to support the student and enhance the learning experience.	☐	☐	
3	Communications between the University and placement area and vice versa are effective.	☐	☐	
4	The Designated Medical Practitioner (DMP)/(DPP) (PA/PS) understands the programme requirements and learning outcomes	☐	☐	
5	There are a range of inter-professional learning opportunities made available to the student that facilitates their understanding of the benefits of a team approach to care and respect the rights and needs of service users.	☐	☐	
6	There is a process in place for placement evaluation and student feedback and there is evidence that this contributes to the ongoing enhancement of the learning environment.	☐	☐	
7	Students are encouraged to reflect on their performance and receive regular and timely feedback on their performance (in addition to key interviews)	☐	☐	

	Statement	Please indicate		Comments and any actions required		
		Yes	No			
8	Learning, teaching and supervision must encourage safe and effective practice, independent learning and professional conduct.	☐	☐			
9	Is this placement subject to any restrictions as a learning environment (e.g. CQC report)?	☐	☐			

SUMMARY OF REVIEW / EDUCATIONAL AUDIT

Area Name:	**Trust/Organisation:**	**Date of Review:**

OVERALL STRENGTHS
ACTION PLAN (TO INCLUDE AREAS FOR ONGOING DEVELOPMENT)

PRESENT DURING REVIEW	
Print Name	**TITLE / DESIGNATION** **(e.g. Manager, Link Lecturer, Reviewer, Observer)**

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