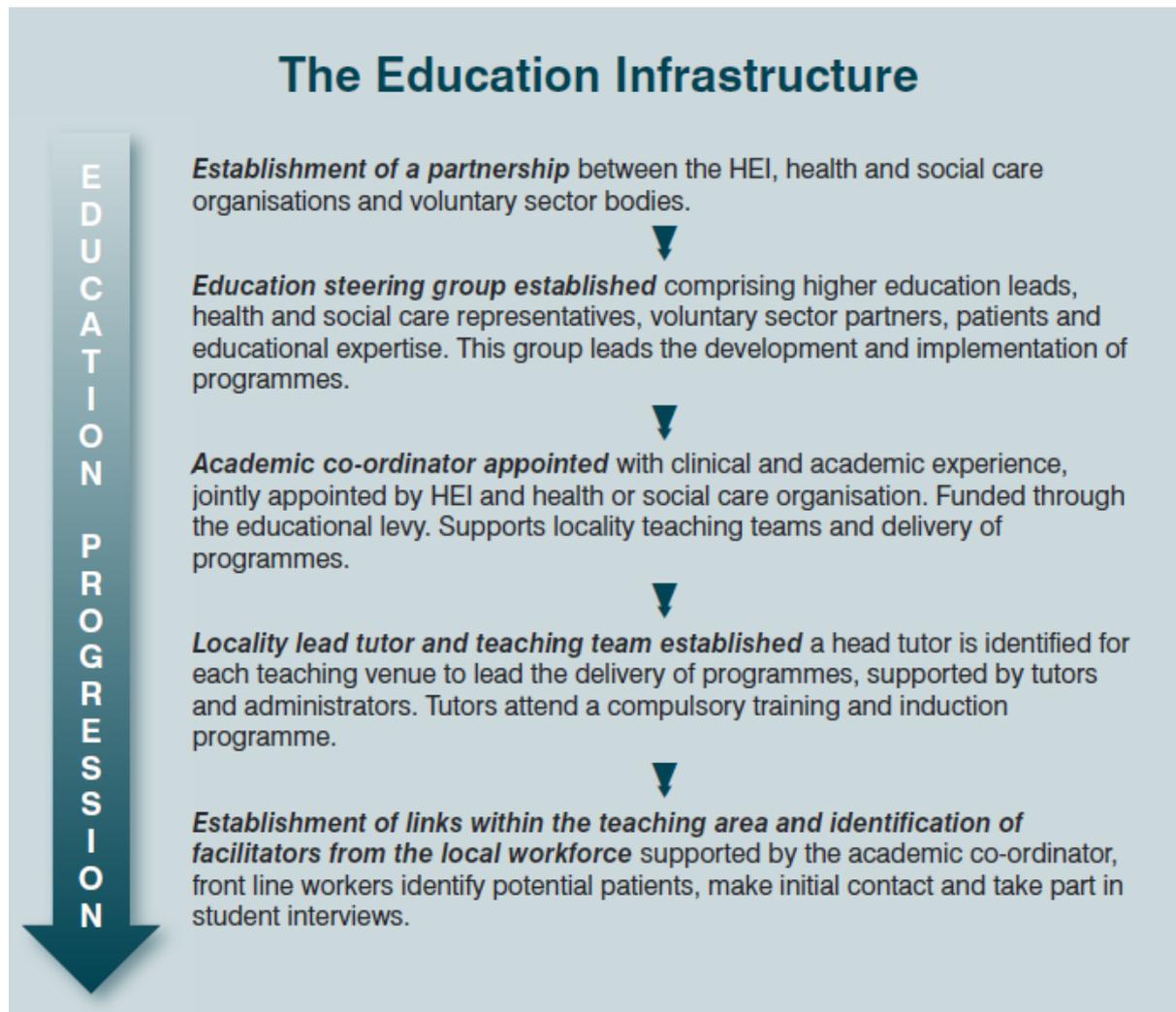


The Education Infrastructure Pathway

Introduction

The successful delivery of the education programmes is dependent on the establishment of partnerships between the HEI, health and social care organisations, voluntary sector bodies and patients. The pathway is summarised in Figure 3.

Figure 3: The education infrastructure pathway.



The HEI and health and social care organisations work together to clarify respective roles and responsibilities for funding, educational resources and employment contracts.

The Higher Education Institution will be required to:

- work with health and social care organisations and other stakeholders to provide information on education programmes and to obtain their support;
- contribute to the steering group and liaise with lead operational staff;
- provide funding from education levies to support health and social care organisations to deliver the education through a service level agreement;

- work with health and social care organisations to recruit the academic co-ordinator;
- professionally develop and appraise the work of the academic co-ordinator to deliver consistent academic quality;
- provide administrative support for the academic co-ordinator and programme delivery;
- support the academic co-ordinator in the engagement and induction of statutory and voluntary organisations;
- take responsibility for programme evaluation, accreditation and validation;
- disseminate evaluation outcomes and annual reports to all stakeholders;
- disseminate the educational programmes in publications and research.

The Host Health and Social Care Organisation will be required to:

- support locality representatives to attend steering group meetings;
- identify suitable venues for teaching;
- appoint lead tutors;
- release lead tutors and their teaching team from clinical responsibilities to:
 - *attend university based tutor training programmes*
 - *prepare for the student teaching*
 - *deliver the programmes*
 - *collect material for evaluation and audit and where appropriate mark student assessments*
- value the delivery of these educational programmes as opportunities for staff to engage in reflective practice and to develop new skills and careers;
- ensure managers at all levels of the organisation interact in the student presentation sessions to debate policy and practice.

Stages of Establishing the Infrastructure (Figure 4)

Stakeholder organisations share responsibility for their implementation in the following ways:

- the HEI's curriculum committee approves the academic content of the programmes at undergraduate and post registration levels, and ensures their integration and alignment within the curriculum;
- a steering group is established comprising the HEI's, health, social care and voluntary sector partners, patient representatives and education experts. This group drives the development and implementation of the educational experience;
- a health or social care lead is nominated to co-ordinate activity with the HEI;
- the academic co-ordinator is accountable to the host health and social care organisation for employment and the HEI for academic quality assurance. The post holder is responsible for identifying teaching localities, lead tutors and for preparing the locality workforce to host the programmes;
- health and social care organisations vary in their employment of lead tutor posts. Some create new posts combining teaching and clinical responsibilities; others provide protected time for lead tutors to contribute annually to the programmes;
- the lead tutor identifies a locality teaching team and administrative support to deliver the educational programmes. Its composition depends on the educational objectives;
- all educational programmes require the professional input of health care teams. In the community setting a strong commitment from family doctors is required, and similarly from medical consultants in hospital settings. Links with social services and voluntary groups should additionally be established;

- specific programme learning outcomes provide the focus for recruiting additional expertise, e.g. the needs of people with life limiting diseases and disabled people;
- the lead tutor meets with the range of local service providers to identify suitable patients. These front line workers make first contact and, with agreement, the tutor meets the patient to gain informed consent.

Figure 4: Structure of the educational model.

