

# Morecambe Bay



## Primary Care Collaborative

# Learning and Development Policy

<b>Document Reference</b>	POL032
<b>Purpose</b>	The purpose of this policy is to describe MBPCC's approach to supporting staff in their Learning & development needs, to state MBPCC's approach to induction, appraisal and organisational development.
<b>Author</b>	Head of Training, Education and Workforce Development
<b>Application/Scope</b>	Organisation-wide
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# 1. Introduction

Morecambe Bay primary care Collaborative (MBPCC) is an organisation dedicated to support learning and Development of all its employees. It has extensive experience in supporting learning and development as it being the lead organisation and is now the lead contract holder for the Lancashire & South Cumbria Training hub.

## 1.1 Purpose

The purpose of Learning and Development (L&D) at Morecambe Bay Primary Care Collaborative is to ensure that all employees have the skills required to perform their roles well and to provide opportunities for skill enhancement for employee career progression.

This L&D Policy provides the steps and standard operating process for all mandatory training and individual training and development programmes, adequately chosen and relevant to the organisation.

## 1.2 Scope and Applicability

All employees of MBPCC are covered in this policy for mandatory training and individual learning programmes, as well as existing and new skill development, refresher training, Coaching and Mentorship programmes provided by MBPCC or NHSE/HEE

# 2. Process

## 2.1 Induction

New employees will be provided with a start date and an Induction plan. This allows the employee the opportunity to embed into the organisation and provides additional support from line managers to ensure all elements are in place that allows the employee to efficiently and effectively undertake their role.

Line managers should ensure that all roles achieve the minimum induction requirements, complete the Induction template and amend the Induction plan to provide additionality as required according to role.

Non regulated Healthcare professionals (HCA - Healthcare Assistants/those undertaking clinical procedures) should follow the Care Certificate standards [The Care Certificate Standards \(skillsforcare.org.uk\)](https://www.skillsforcare.org.uk)

Training, learning and development needs of individual staff members must be carried out as part of the Induction process. Staff requiring any additional training, learning and development to enable them to fulfil the requirements of their role should be supported to undertake the relevant training (all learning needs identified should be recorded on the Induction template)

If appropriate, and whilst additional learning is being undertaken, employees must be supervised until they can demonstrate the required/acceptable levels of competence to carry out their role unsupervised



Employees will receive appropriate ongoing or periodic supervision ensuring competence is maintained. Therefore, at Induction, review dates for competency assessments if required should be agreed between the line manager and employee. It is also the responsibility of the employee thereafter to inform their line manager of further learning needs identified at any stage within their employment

Documentation of agreed learning & development needs agreed at Induction should be recorded on the Induction template and kept in order to review at both agreed review points or at annual appraisal

A core Induction period relevant to the role (expected 1-2 weeks) will include the following;

- Identify line manager/key personnel to the employee
- Introduction to team members
- IT support/email/functionality/access to relevant clinical systems and associated equipment secured and allocated
- Additional equipment secured and allocated (e.g. clinical equipment, documentation etc)
- Access to Clarity (Aglia) team net to support HR functionality e.g. Annual Leave allocation/approval
- Access to Mandatory Training Platform
- Ensure all HR documentation is completed
- Provide appropriate and relevant reading material/links
- Identification of any learning needs as described above
- The standardised Induction template (See Appendix 1) can be amended/adapted to suit each individual role.

Please cross reference to the MBPCC Induction Policy and Induction template.

## 2.2 Mandatory Training

As part of their Induction, each new employee at MBPCC will be required to complete Mandatory Training modules relevant to their role and assigned by MBPCC's HR lead. Those will be provided via Bluestream Academy or a different training provider commissioned by MBPCC. A virtual record of all Employees' Mandatory Training will be kept and reviewed by MBPCC's Management.

Each employee will complete their assigned mandatory training within a maximum of 12 weeks of their start date, however it should be expected that completion will take place during the Induction period if possible. Updating and completing modules when they expire is an employee responsibility for the duration of their employment at MBPCC.

Support and applicable time will be provided to ensure completion of mandatory training.

Non regulated Health care professionals (Healthcare assistants/those undertaking clinical procedures) should follow the Care Certificate standards [The Care Certificate Standards \(skillsforcare.org.uk\)](https://www.skillsforcare.org.uk)

Employees with patient facing roles will be required to undertake additional mandatory training modules, including understanding the needs of people with a learning disability and autism, including knowing how to support them in the best way.

Managers will be required to undertake additional Mandatory Training, including training related to being an Appraiser.

Staff on secondment to MBPCC will be required to undertake mandatory training either through their employer or with MBPCC. If the former, they will be required to provide evidence of completed training to MBPCC and these records will both be updated and kept by MBPCC for the duration of the secondment.

### 2.3 Additional Training

Individual learning is supported by MBPCC based on the Organisation's business needs and each individual's role. Learning needs are identified during each individual's annual appraisal (Appendix 2) or at employment start (Induction).

Additionally, training needs can be raised on an ad-hoc basis and details (costs, eligibility, duration, etc.) to be agreed with the Line Manager.

Employees will receive regular appraisal of performance from an appropriately skilled and experienced person and any training, learning and development needs should be identified, planned for and supported.

Furthermore, clinical training that is required to undertake the role or indeed to support re-validation will be identified and supported with line manager approval. The employee also has the responsibility to highlight any additional clinical training needs that they require to enable them to practice under their relevant professional body and regulatory organisations.

All learning and development and required training completed should be monitored and appropriate action taken quickly when training requirements are not being met.

Where registration with a professional body is a requirement of the role, MBPCC will ensure employees are supported to meet the requirements required by professional regulators and are given the opportunities to undertake additional learning and Continuing Professional Development (CPD)

Non regulated clinical employees are able and supported to join relevant Accredited Voluntary Registers and employees will be supported in the same way as those regulated clinical staff ie to support revalidation and meeting codes of practice

Whenever learning sessions are commissioned at scale (either by MBPCC or the Training Hub (MBPCC held contract), available places will be offered to all eligible employees. Place allocation will be fair and equitable, based on role relevance and all else being equal, on a first come, first serve basis. Further training will be commissioned based on need. Information about training sessions and an invitation to register will be sent via email by the HR lead or line manager.

Line manager approval to attend any training or learning opportunities will be required at all times.

Once registered, Employees have an obligation to attend a training session. If they are unable to attend, they have to notify their line manager and the HR lead as soon as they are aware of their inability to attend to ensure their place can be offered to other employees.

If an employee fails to attend a learning session without informing their line manager prior to the training date, (unless in an emergency situation) and without a valid reason, the line manager can



progress as they see fit (issue a warning/ensure appropriate leave is applied to cover the unexplained absence).

Employees attending any scheduled training will be considered to be on official work for the purpose of attendance.

Training Providers are commissioned (either by MBPCC or Training Hub) after due diligence checks regarding finances, quality and suitability, as well as review of course and provider feedback. Providers will be required to submit course content outlines and may be further asked to submit client references for verification. The Training Provider will provide all relevant learning materials prior to or after the training session, as relevant, and include those in the overall cost of the training.

Employees who have attended training sessions will be required to complete **feedback forms** immediately following the last training session. Forms may be provided by the Training Provider or MBPCC (Appendix 2) and feedback may be shared with both the Training Provider and MBPCC. Additionally feedback from the employee may be requested by the line manager directly.

## 2.4 Appraisal

Annual appraisal is mandatory for MBPCC employees and aims to support the development and career progression (and for clinical roles will also support revalidation) of all employees. Appraisal is a meaningful positive discussion regarding employees contribution and progress and employees where possible are encouraged to bring any supporting evidence to their appraisal.

### *Role of the Appraisee*

Appraisees should ensure;

- They have signed the 'Appraisal Agreement' letter. This should have been issued/signed at Induction
- They have received this appraisal document at least 2 weeks prior to their appraisal and have given the required sections due consideration prior to the appraisal
- They have entered (as draft) any comments/objectives/learning needs they have already identified
- They have considered their last appraisal, reviewed the previous appraisal objectives to understand progress and identify any additional or further learning needs
- They keep all completed and signed appraisal documentation
- Where relevant, roles that require portfolio evidence, the appraisee should ensure all appraisal documentation is collated within their portfolio and should bring any portfolio of evidence to their appraisal

### **Role of the Appraiser**

Appraisers should ensure;

- The Appraisee has signed the 'Appraisal Agreement' letter
- They have scheduled the Appraisal with the Appraisee with a reasonable notice period (usually arranging the appraisal annually in line with the Appraisers employment start date)



- They have provided this documentation to the Appraiser at least 2 weeks prior to the Appraisal
- They are appropriately skilled and experienced and provide input to the appraisal that is relevant to their role (i.e., clinical contribution to clinical roles is required)
- Any training, learning and development needs of the appraiser are identified, planned for and supported as part of the appraisal process
- They undertake the appraisal in a supportive and positive manner, encouraging setting and agreeing achievable (SMART) objectives that support career progression
- They support the Appraiser to obtain appropriate further qualifications that would enable the Appraiser to continue to perform their role
- They have undertaken mandatory training related to undertaking appraisals
- Appraisals (see Appendix 3) will take place annually (as a minimum) and whilst is not only a platform for discussion regarding training and development opportunities, it does allow for training and development needs and requirements to be discussed and agreed.
- An *Appraisal Agreement* document (see Appendix 4) must be signed prior to appraisals taking place. The Appraisal form should be sent to the Appraiser at least 2 weeks before appraisal date to allow time for preparation and part completion of the appraisal form.

## 2.5 Organisational Development

Employees maybe required to undertake activities related to Organisational Development e.g. strategic away days, team training, team planning. These may contribute to the employees personal development and thereby considered as such. These will be agreed by the line manager and attendance by the employee will be a requirement if deemed appropriate and necessary by the line manager.

## 2.6 Recording of Training & Development opportunities.

All employees will be required to keep their own records of any training & development opportunities that contribute to their CPD (continuing professional development).

These maybe asked for pre/during/post appraisal to support the appraisal process and discussion. The employee has the responsibility of ensuring they have undertaken the appropriate amount and content to support professional clinical revalidation should this be a requirement of their role. Should the employee feel that further training & development opportunities be needed to ensure revalidation that does not align with the appraisal period, they should inform their line manager immediately.

## 3. DEFINITIONS/GLOSSARY OF TERMS

Abbreviation or Term	Definition
MBPCC	Morecambe Bay Primary Care Collaborative
L&D	Learning and Development
NHSE	NHS England
HEE	Health education England
IT	Information Technology
HR	Human Resources
CPD	Continuing Professional Development



SMART (objectives)	Specific, Measurable, Achievable, Relevant, and Time-Bound.
L&SC	Lancashire and South Cumbria
MBTH	Morecambe Bay Training Hub

#### 4. CONSULTATION WITH STAFF, PRACTICES AND PATIENTS

Enter the names and job titles of staff and stakeholder that have contributed to the document

Name	Job Title	Date Consulted
Boyana Konar	Programme Manager L&SC PCTH and Strategic Lead MBTH	24/08/2022
Corrie Llewellyn	Quality, Audit and Governance Lead for the L&SC PCTH	24/08/2022

#### 5. DISSEMINATION/TRAINING PLAN

Action by	Action Required	Implementation Date
Approval required by Board	Andrew Giles	TBC

#### 6. AMENDMENT HISTORY

Version No.	Date of Issue	Section/Page changed	Description of change	Review Date
V0.3	04/10/23		New Policy	04/10/2024

#### 7. APPENDICES

##### Appendix 1: Induction Template

Please refer to MBPCC induction template which is located within the Federation HR – Appraisals, Inductions, L&D folder. Please contact a MBPCC HR team member for a copy as required.



## Appendix 2: Feedback Form for training and development opportunities attended

Please refer to MBPCC feedback form for L&D opportunities attended which is located within the Federation HR – Appraisals, Inductions, L&D folder. Please contact a MBPCC HR team member for a copy as required.

## Appendix 3: Appraisal form

### Appraisal

Name	
Date	
Role	
Appraiser	

### Introduction

#### Welcome to the Annual Appraisal and Continuing Professional Development Review

Annual appraisal is mandatory for MBPCC employees. This appraisal will support your development and career progression and for clinical roles will also support revalidation.

**The aim** is for you and your line manager to have a meaningful discussion regarding your contribution and progress; they should be positive and worthwhile for you both. Keep in mind your job plan and expectations. Take time to consider the questions posed, your responses should 'tell a story' of your on-going activity and progress. Where possible bring any supporting evidence to these meetings, this will enable it to be collated and verified throughout the performance year.

#### Role of the Appraisee

Appraisees should ensure

- They have signed the 'Appraisal Agreement' letter. This should have been issued/signed at Induction
- They have received this appraisal document at least 2 weeks prior to their appraisal and have given the required sections due consideration prior to the appraisal
- They have entered (as draft) any comments/objectives/learning needs they have already identified
- They have considered their last appraisal, reviewed the previous appraisal objectives to understand progress and identify any additional or further learning needs

- They keep all completed and signed appraisal documentation
- Where relevant, roles that require portfolio evidence, the appraisee should ensure all appraisal documentation is collated within their portfolio and should bring any portfolio of evidence to their appraisal

### Role of the Appraiser

Appraisers should ensure

- The Appraisee has signed the 'Appraisal Agreement' letter
- They have scheduled the Appraisal with the Appraisee with a reasonable notice period (usually arranging the appraisal annually in line with the Appraisers employment start date)
- They have provided this documentation to the Appraisee at least 2 weeks prior to the Appraisal
- They are appropriately skilled and experienced and provide input to the appraisal that is relevant to their role (i.e., clinical contribution to clinical roles is required)
- Any training, learning and development needs of the appraisee are identified, planned for and supported as part of the appraisal process
- They undertake the appraisal in a supportive and positive manner, encouraging setting and agreeing achievable (SMART) objectives that support career progression
- They support the Appraisee to obtain appropriate further qualifications that would enable the Appraisee to continue to perform their role
- They have undertaken mandatory training related to undertaking appraisals

Both Appraisee and Appraiser should provide additional comments and both sign as a completed document at the end of the appraisal.

Appraisal and review of an individual's continuing professional development is vital to help both clinical and non-clinical workforce achieve their full potential, to demonstrate levels of competence, to identify and acknowledge an individual's limitations whilst recognising the parameters of their scope of practice or role. The core capabilities are standardised and apply to all roles regardless of professional background or job role, but as roles vary the appraisal process should reflect these variations.

Appraisal processes may use evidence or feedback; (clinical or non-clinical) audit data; outcomes and issues review; productivity measures; 360-degree feedback and service user feedback. Staff members completing portfolios of evidence should be prepared two weeks prior to the appraisal interview to ensure all evidence is available for presentation during the meeting.

Core sections will be required to be completed by all roles (labelled Mandatory), with optional sections to be agreed by Appraiser and Appraisee and must be relevant to the role.

Line Manager – please ensure the <b>Appraisal Agreement Confirmation</b> document has been signed by the Appraisee	
Yes	No

## Your Approach - Living the Values (Mandatory)

In this section, you are asked to reflect on how well you understand and have demonstrated the MBPCC Vision and values and any additional values associated with particular services (e.g. PCTH). Whilst completing this section it might be useful to upload Vision and values from the MBPCC website.

Description of Vision statement or Value/reflection/discussion	Action required and timescales Objectives to be set Comments




## Achievements, Challenges and Aspirations (Mandatory)

It is important to discuss your achievements over the last year, your aspirations for the future and any challenges you may be currently facing with your appraiser. Appraisal is a formative process and therefore you are encouraged to discuss these topics and record and include documentation in support of these discussions.

Description of achievements, challenges and aspirations including reflection/discussion	Action required and timescales Objectives to be set Comments

## Mandatory Training (Mandatory)

In this section your % completion for all Mandatory training will be entered and checked.

Date	
% Completed	
Actions	

## Leadership (Optional)

In this section you will be asked to reflect on your role in relation to activities as a Senior Manager.

Description of leadership or management activity/reflection/discussion	Action required and timescales Objectives to be set Comments

## Quality Improvement/Audit Activity or Projects (Optional)

For relevant roles, you must demonstrate that you regularly participate in activities that review and evaluate the quality of your work or your project. Quality improvement activities should be robust, systematic and relevant to your role and should include evaluation and actions and where possible, demonstrate change.



Description of Quality Improvement Activity/projects with reflection/discussion	Action required and timescales Objectives to be set Comments

## Clinical (For clinical staff only)

In this section you will be asked to reflect on your role in relation to activities as a clinician.

For Advanced Practitioners this must encompass all 4 pillars, Clinical Practice, Leadership & Management, Education and Research.

For those PCN ARRS roles, the clinical appraisal maybe undertaken by your clinical managers within your PCN. For those roles where clinical registration is required but direct clinical activity is not part of the role, this section can be used to support reflection on clinical related activities.

Description of clinical activity/reflection/discussion	Action required and timescales Objectives to be set Comments

## Clinical Supervision

It is important that all staff across the Organisation have access to and participate in clinical and safeguarding supervision in line with the requirements of the relevant professional regulator. The model and frequency of this is dependent on your job role. As a minimum all staff should participate in at least one clinical and one safeguarding supervision session/discussion per year. This may be undertaken as part of your Clinical annual appraisal discussion.

Clinical supervision provides an environment in which staff can explore their own personal and emotional reactions to their work; reflect on and challenge their own practice in a safe and confidential environment as well as receive feedback on their skills; and engage in professional development, identify developmental needs and support revalidation.

Safeguarding supervision strengthens the protection of children, young people and adults at risk, by actively promoting safe and effective care. Healthcare practitioners should take part in regular safeguarding supervision, which should include; case discussion, critical event analysis and/or peer review. There should be opportunity to share good practice both in preventative safeguarding and in response to safeguarding concerns (Intercollegiate Document, 2019).

The section below allows you to record evidence of any clinical and safeguarding supervision you have participated in over the past year, with examples of types of evidence that can be included. The section also includes an area to record any additional safeguarding training which is required for specific job roles above the core mandatory training.

Description of clinical supervision activity/reflection/discussion	Action required and timescales Objectives to be set Comments




## Non-Medical Prescribing (Independent Prescriber) Review (Optional)

In this section you will be asked to reflect on your role in relation to activities as an NMP (IP).

Description of Independent Prescribing activity/reflection/discussion	Action required and timescales Objectives to be set Comments

## Long Term plan (Mandatory)

In this section you will be asked to reflect on your aspirations for development and long-term career plans.

Description of medium to long term aspirations and career development	Action required and timescales Objectives to be set Comments

## Health & Wellbeing (Mandatory)

In this section you will be asked to reflect on your Health & Wellbeing status..

Are there any Health & Wellbeing requirements at work Is there a Health & Wellbeing action plan required	Action required and timescales Objectives to be set Comments

## Appraisal Completion (Mandatory)

Once the appraisal has been completed both the appraiser and appraisee have the opportunity for overall comments below.  
 Once agreed by both parties, please date and sign.

Both Appraisee and Appraiser should keep a copy for their records.

Appraisee comments	Appraiser comments
Date	Date
Signature (this may be electronic)	Signature (this may be electronic)

A copy is also available within the Federation HR – Appraisals, Inductions, L&D folder. Please contact a MBPCC HR team member for a copy as required.

### Appendix 4: Appraisal Agreement letter

## Morecambe Bay Primary Care Collaborative Annual Appraisal Agreement

MBPCC have a commitment to support colleagues to succeed and develop within the organisation. Colleagues are entitled to have an annual appraisal with their Line Manager to measure development, performance and discuss future plans and opportunities.

An appraisal will not be utilised to raise a concern that the appraisee is not already aware of.

If you are in agreement to hold an annual appraisal, please sign the agreement below and return to the Human Resource Department.

Prior to your annual appraisal you will receive a date and time which is agreed by both appraiser and appraisee which does not conflict with work time duties and the risk of disturbances. There will be an appraisal preparation form sent to consider and complete two weeks before the date of the appraisal, please remember to bring this to your appraisal.

I agree / do not agree to participate in an annual appraisal.



Name

Date

Signature

A copy is also available within the Federation HR – Appraisals, Inductions, L&D folder. Please contact a MBPCC HR team member for a copy as required.