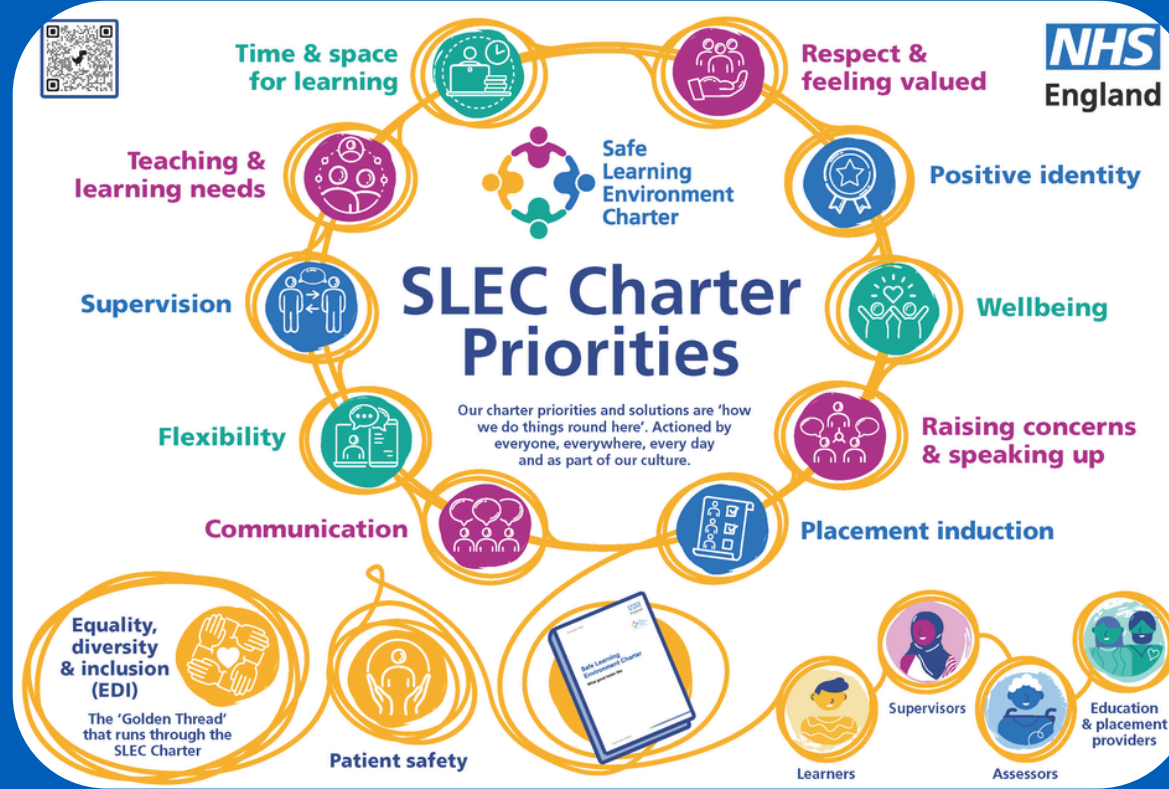


Multi-Professional Transferability of the Safe Learning Environment Charter

Laura Smith^{1,2}, Nada Singab³, Ivy King-Connelly⁴, Michelle Lee⁴, Nicola Barnard⁵
 1.NHS England, Workforce, Training & Education Directorate 2.Dept of Physiotherapy, King's College London
 3. University of Easy Lonodn, 4. St Mary's university, 5. Brunel university

Aim:

To assess the transferability of the Midwifery Safe Learning Environment Charter (SLEC) across multi-professional contexts, through the lenses of other pre-registration learners.



Objectives:

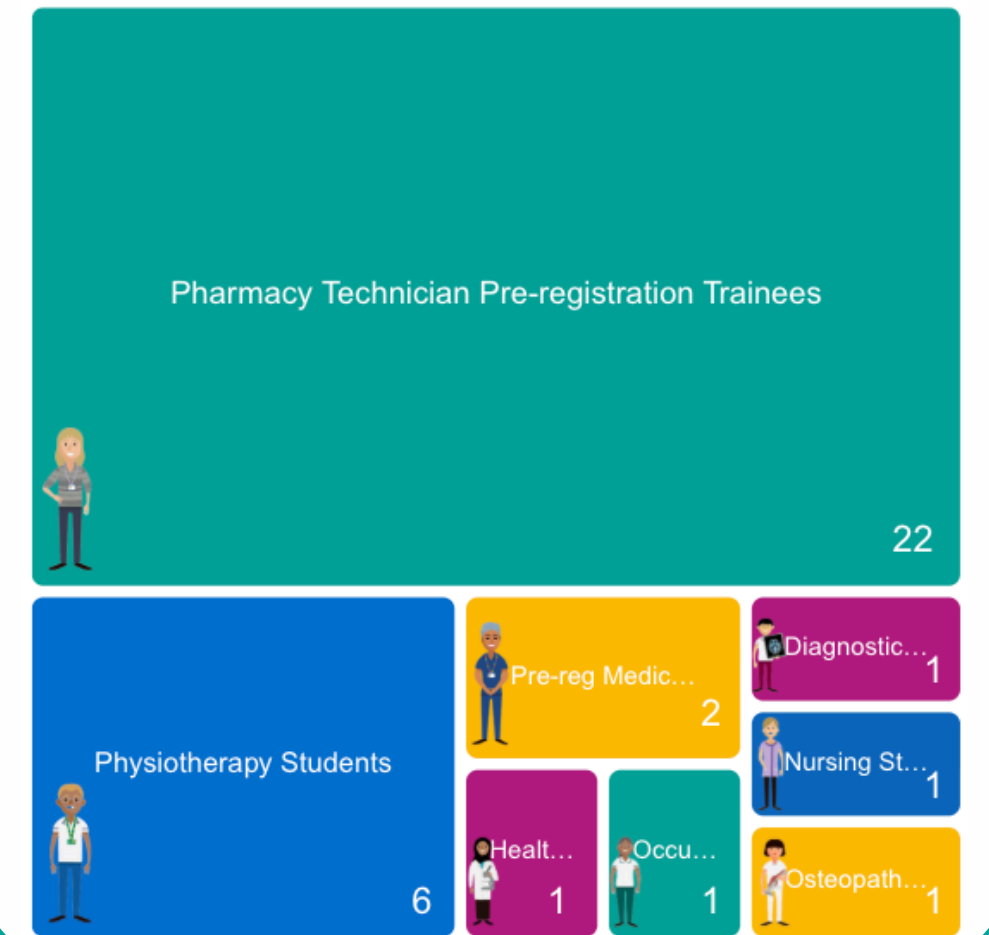
- Conduct focus groups to gather feedback from multi-professional learners.
- Complete descriptive data and thematic analysis
- Disseminate recommendations for degree of transferability based on learner's feedback

Methods:

A mixed-method study incorporating both qualitative and quantitative data was conducted. 35 learners participated including learners from allied health professions (AHP), nursing, healthcare science, pharmacy, and pre-registration medicine (see diagram 1.1). Recruitment was undertaken through email invitation to participate and posters distributed by professional leads and Deans.

Three separate focus groups were conducted via MS Teams, with participants divided into breakout rooms to discuss each Charter priority. Feedback was gathered using MS Teams transcripts, MS Forms, and Mentimeter, including both open- and closed-ended questions. Braun & Clarke (2016) six-step reflexive thematic analysis was employed to identify common themes and insights.

Diagram 1.1: Profile of Participants



Results:

The Thematic analysis revealed a broad support for the Charter's relevance to multi-professional groups; with some elements requiring contextual adaptation, as demonstrated in diagram 1.2. Five charter priorities were deemed fully transferable to the professional groups participating:

- Respect and feeling valued
- Placement induction
- Supervision
- Teaching and learning needs
- Time and space for learner

The remaining priorities were partially transferable. Some learner groups did not relate to statement about uniform. There was also a strong call for assurance that raising concerns would not result in repercussions.

Discussion:

The Charter is broadly transferable across professional groups, though minor adjustments are recommended to improve clarity, consistency, and inclusivity. A key limitation of the study was the lack of representation from certain domains, including creative therapists, various nursing roles, and nursing associates. Additionally, the high number of pre-registration pharmacy technicians may have introduced bias. Focus group facilitators observed that participants' limited familiarity with the charter led to a focus on implementation rather than transferability.

Next Steps:

- Conduct focus groups with NHS Trust education leads, practice educators and University practice learning leads
- Consider incorporation of an addendum into the charter based on the feedback from the focus groups
- Explore benefits of Charter Champion roles in learning environments
- Raise the profile of the Charter via engagement events with key stakeholders
- Participants suggested that 'respect and feeling valued' should be the first priority to roll out

Diagram 1.2: Charter Transferability Across Multi-Professional Groups

	Is this priority transferable to your profession?	Which learner group identified charter areas that don't apply?	Which specific charter elements do not apply to these groups?
1 - Respect and feeling valued Learners are respected and feel valued in the learning environment, demonstrated by effective communication and engagement.	Yes		
2 - Positive identity Learners are easily identified and are viewed positively within the clinical environment.	Partially	Pharmacy	Uniform should element not applicable to some professional groups
3 - Wellbeing Learners understand the importance of physical, emotional, and psychological safety and are aware of services and resources that can support their health and wellbeing.	Partially	Physiotherapy	Terminology not universal
4 - Raising concerns Learners know how to raise a concern and feel empowered to speak up knowing that they will be appropriately supported.	Partially	Physiotherapy	Explicit reassurance and processes needed to reduce concerns around repercussions
5 - Placement induction Learners receive a placement induction that supports their learning and adequately prepares them for their roles. Placement induction processes are well-established and evidenced to support learners.	Yes		
6 - Communication Learners have a clear pathway for support from both the Education provider and the Placement provider. They know by whom, when and how that support is delivered.	Partially	Medicine	Proposal that placement providers are required to demonstrate how they have responded to feedback
7 - Flexibility Learner wellbeing and professional development are supported by flexible working and learning practices, both in terms of accessibility to facilities and to forms of educational opportunities.	Partially	Medicine	Opportunity for more explicit guidance in the charter for absence reporting
8 - Supervision Learners are supported by positive role models and appropriate levels of supervision. Continuity of supervision builds on individual learning needs, develops confidence and proficiency.	Yes		
9 - Teaching and learning needs Learners are supported by supervisors who are adequately prepared for the role and understand the underpinning principles regarding how individuals learn in a practice setting. They are recognised as learners rather than workers and enabled to develop towards independent practice.	Yes		
10 - Time and space for learning Learners are given time to reflect on and process learning experiences. They receive regular verbal and written feedback which provides opportunities for development and assessment to occur.	Yes		

