

College of Integrated

Chinese Medicine

Audit Form

August 2018

# College of Integrated Chinese Medicine

# External Clinical Observations Placement Provider Safety and Quality Assurance Audit

The purpose of this audit is to monitor safety and assure the quality of the practice learning environment. The audit process leads to the production of a specific action plan for the Placement Provider, where needed. The purpose of the action plan is to ensure that the learning environment meets required safety and quality standards.

|  |  |  |
| --- | --- | --- |
| Name of person completing the Review: |  |  |
| Date of Review: |  |  |

SECTION A: Placement Provider Details

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Placement Provider: |  | | | | | | | | | | |
| Primary contact: |  | | | | | | | | | | |
| Address: |  | | | | | | | | | | |
| Telephone number: |  | | | | | | | | | | |
| Email address: |  | | | | | | | | | | |
|  | | | | | | | | | | | |
| Qualified Practitioner’s name: |  | | | | | | | | | | |
| BAcC membership number: |  | | | | | | | | | | |
| Telephone number: |  | | | | | | | | | | |
| E-mail address: |  | | | | | | | | | | |
|  | | | | | | | | | | | |
| Additional Qualified Practitioner: |  | | | | | | | | | | |
| BAcC membership number: |  | | | | | | | | | | |
| Telephone number: |  | | | | | | | | | | |
| E-mail address: |  | | | | | | | | | | |
|  | | | | | | | | | | | |
| **Clinic type** (highlight as appropriate) | | | | | | | | | | | |
| Multibed | | One-to-one | | | NHS | | | | Multidisciplinary | | |
| Other (please specify): | |  | | | | | | | | | |
| List institutions other than CICM using this clinic as a Placement Provider for Student Observer learning: | |  | | | | | | | | | |
| When are clinical sessions typically available for Student Observer learning? | |  | MON | TUE | | WED | THU | FRI | | SAT | SUN |
| Start time |  |  | |  |  |  | |  |  |
| Finish time |  |  | |  |  |  | |  |  |
| Maximum number of Student Observers assigned to one Qualified Practitioner during each clinic session: | | | | | | | | | | |  |
| **Student Observer requirements** | Proof of enrolment on BAAB accredited course: | | | | | | | | | Yes / No | |
| White coat: | | | | | | | | | Yes / No | |
| Other (please specify): | | | |  | | | | | | |

|  |
| --- |
| **It is essential to notify CICM immediately of any service provision changes that might affect Student Observers’ ability to meet the learning outcomes specified in this Review.**  Details of any anticipated changes: |

SECTION B: Health & Safety and Professional Conduct

|  |  |  |  |
| --- | --- | --- | --- |
| Health & Safety contact: | |  | |
| Telephone number: | |  | |
| E-mail address: | |  | |
|  | | | |
| Does the Placement Provider understand that CICM Student Observers are not allowed to administer any acupuncture, moxibustion, cupping, gua sha or tuina treatment during their placement? | | | Yes / No |
| Do Qualified Practitioners understand the requirement to alert CICM of any serious untoward incidents that involve Student Observers? | | | Yes / No |
|  | | | |
| Will the Placement Provider’s insurance cover any liability incurred by the Student Observer as a result of their attendance at the clinic? | | | Yes / No |
| Does the Placement Provider have Public Liability Insurance? | | | Yes / No |
| Expiry Date: | |  | |
| If Qualified Practitioners are employees of the Placement Provider, does the Placement Provider have Employer Liability Insurance? | | | Yes / No |
| Expiry Date: | |  | |
|  | | | |
| Do Placement Provider staff have access to and are they aware of the following policies/guidance documents, where appropriate? | | | |
| BAcC Safe Practice Guidelines | | | Yes / No |
| BAcC Professional Conduct Guidelines | | | Yes / No |
| Confidentiality Policy | | | Yes / No |
| Equality and Diversity Policy | | | Yes / No |
| Safeguarding Children, Young People and Adults | | | Yes / No |
| Fire Safety | | | Yes / No |
| Other (please specify): |  | | |
|  | | | |
| Is a formal procedure in place for reporting and recording accidents and incidents? | | | Yes / No |
|  | | | |
| Date of most recent BAcC Safe Practice Self-Audit: | | |  |
| Date of most recent BAcC Professional Conduct Self-Audit: | | |  |
| Do the BAcC Self-Audits demonstrate that all reviewed BAcC standards have been met? | | | Yes / No |

SECTION C: Learning outcomes, opportunities and standards

|  |  |  |
| --- | --- | --- |
| Learning opportunities available to Student Observers in the clinic setting: |  | |
|  | | |
| **Learning Standards** | | |
| The organisation and delivery of individualised patient centred care is evident, and Student Observers are made aware of the importance of consent, privacy, dignity and confidentiality. | | Yes / No |
| Qualified Practitioners will gain patient consent for a student observer to be present and avoid ‘coercive consent’, as stated in the BAcC Code of Professional Conduct (64). | | Yes / No |
| Practice reflects TCM and/or 5 Element diagnosis, and Traditional Acupuncture techniques. | | Yes / No |
| Practice staff and Student Observers are aware of the procedures for raising concerns. | | Yes / No |
| Every Student Observer has a named Qualified Practitioner for each period of clinical observations and the Qualified Practitioner is present for the full duration of the observation sessions to ensure learning is facilitated at all times. | | Yes / No |
| Qualified Practitioners are familiar with the Student Observer’s programme and have the ability to select and support a range of appropriate learning opportunities based on individual Student Observers’ needs. | | Yes / No |
| Qualified Practitioners agree to discuss with the student at the beginning of the placement the extent of the interaction they would like to student to have with their patient(s) | | Yes / No |

SECTION D: Summary and Action Plan

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Overall strengths of Placement Provider: |  | | | |
|  | | | | |
| **Action Plan** | | | | |
| Action | | | Review date | Key person |
| 1 | | |  |  |
| 2 | | |  |  |
| 3 | | |  |  |
|  | | | | |
| **Persons present during the Review** | | | | |
| Name | | Designation | | |
|  | |  | | |
|  | |  | | |
|  | |  | | |

The College of Integrated Chinese Medicine and the Placement Provider will work together to provide placements for students to learn through clinical observation, which is a requirement of the BSc (Hons) Acupuncture degree course at the College of Integrated Chinese Medicine.

By signing this agreement, the Placement provider agrees for their contact details (name of primary contact, practice address, telephone number and/or email) to be included on the College of Integrated Chinese Medicine List of Approved Clinical Observations Placement Providers. The List will be made available through the College’s Virtual Learning Environment (Canvas). Placement Provider details will not be used for any purpose other than for:

* Students to contact providers to arrange and/or discuss placements
* The College of Integrated Chinese Medicine to contact placement providers to discuss the Clinical Observations Placement Process (audit, feedback, issues arising).

Signature: Signature:

Date: Date:

Authorised Officer on behalf of: Authorised Officer on behalf of:

The College of Integrated Chinese Medicine

19 – 21 Castle Street

Reading RG1 7SB