

## Streamlining Quality Assurance & Enhancement

Mapping the healthcare education standards and processes of regulators, reviewers and others in Health and Social Care

### *Phase One – Mapping Standards:*

#### **1 Introduction**

In May 2006 Skills for Health published a set of Interim Standards to support commissioners (Strategic Health Authorities) in their responsibility to quality assure the non-medical education contracts they hold. The current value of these contracts is in excess of £1.2bn per annum. The Interim Standards are designed to meet the local and national requirements of the 'National Standard Contract (MPET) Framework' and with further development of the standards and processes will be a required component of the National Standard Contract Framework for all commissioners and providers. Importantly, the Interim Standards seek to describe a good and effective environment (academic and practice) for learning as opposed to the learning outcomes of healthcare education and learning.

Throughout the development of the Interim Standards it was clear that whilst the standards were not necessarily transferable, they did in fact reference similar areas of quality assurance as other regulatory bodies' standards. Indeed the areas of compatibility and commonality appeared to extend beyond those regulators who were seen to have a direct interest in the quality assurance of healthcare education in academic and practice settings. On publication of the standards, commissioners identified that academic and practice education providers<sup>1</sup> were subject to a plethora of standards and quality assurance processes that appeared to share some commonality of evidence and outcome.

Additionally, in its role as the Sector Skills Council for Health, Skills for Health facilitates a strategic level group of statutory, regulatory, reviewing and accrediting bodies with an interest in the quality assurance of healthcare education, (the Quality Assurance Partnership Group). The Group meets regularly to take an overview of activity in relation to quality assurance and improvement as well as to identify and share areas of common interest. Earlier in 2006 the Group identified the likelihood of some compatibility and commonality of standards and areas of assurance between the commissioners' responsibilities and standards and those of the regulators. It was anticipated that areas of commonality could elicit opportunities to examine potential shared evidence. In addition, the Partnership Group agreed that processes utilised by organisations and regulators for quality assurance and enhancement may also have some commonality and should be explored.

Skills for Health agreed to undertake a two phase activity, to map regulatory standards that have a direct bearing on healthcare education and then to map the processes used in the assessment of compliance with the standards. Where available, the standards of other

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<sup>1</sup> Practice Education Providers are healthcare organisations which support, train and educate students/learners mostly in partnership with higher and further education institutions

regulators and organisations which have a less direct but important impact on, or reference to, the outcomes of healthcare education were also to be mapped.

In addition, a number of the organisations at the QA Partnership Group are signatories to the Healthcare Commission Concordat and/or the Higher Education Regulation and Review Concordat. Mapping of standards and processes is in line with the requirements of both Concordats.

The following table is the completed and approved version of the standards mapping. QA Partnership Group organisations have reviewed and verified the publication of the mapping; however the detailed contents, analysis and judgement are those of Skills for Health.

## 2 Methodology

The process of mapping standards required a benchmark group or set of standards in order to generate a framework for mapping. Please note that 'benchmark' does not, in this mapping imply the best, most effective or indeed average set of standards. Neither should the term 'benchmark' in this context be confused with the Quality Assurance Agency (QAA) Benchmark Statements. It was agreed by the QA Partnership Group that in order to establish the framework for the mapping, the Skills for Health Interim Standards would be those against which other standards were mapped. QA Partnership Group organisations were requested to forward its organisation's standards so that they might be mapped. Where organisations were unable to do this, the standards were located (usually via a website) and were integrated into the process.

Each organisation's standards were reviewed in the format presented either on the website or directly to the Skills for Health QA Team. The QA Team when reviewing all the standards sought to identify compatibility of the standards with the 'Requirement' statements and 'Criteria Measures' of the Interim Standards. In addition, areas of healthcare education not covered in the Interim Standards have been documented in a 'Comments' column. If there are significant differences in the approach to the standards these are also documented. Overall, large amounts of narrative have not been included in the mapping document, which does require reference to individual organisations' standards documents in order to examine the mapping in detail.

It should also be noted that a number of organisations are in the process of reviewing, developing and consulting on new standards, therefore the general headings or principles of these developments and consultations have been mapped as opposed to the detail of actual standards.

### The standards mapped:

1. **British Psychological Society** 'Criteria for the accreditation of postgraduate training programmes in clinical psychology' (2002)
2. **General Dental Council** (Dentists) 'The First Five Years'
3. **General Dental Council** (Professions Complementary to Dentistry) 'Developing the Dental Team'
4. **General Medical Council** (GMC) Undergraduate medicine: 'Tomorrow's Doctors' (2003)
5. **GMC & Postgraduate Medical Education & Training Board** (PMETB) consultation document 'QA of the Foundation Programme'
6. **General Social Care Council** 'Assuring Quality in the Diploma in Social Work Parts 1 & 2'
7. **NHS Employers/Department of Health** (DH) 'Improving Working Lives'

8. **Healthcare Commission/DH** 'Standards for Better Health'
9. **Health Professions Council** (13 professions) 'Standards of Education & Training'
10. **NHS Litigation Authority** Standards for Acute trusts (*pilot*) & **CNST** Standards (Maternity/MH & Learning Disabilities)
11. **Nursing & Midwifery Council** Standards currently under revision. *Mapping based on new 'domain' provisional headings.*
12. **OFSTED** (Colleges of FE) 'Common Inspection Framework (CIF) for Inspecting post 16 Education & Training' & 'Handbook for Inspecting Colleges'
13. **PMETB** 'Generic standards for Training' (April 06) Domains 1-9 and
14. 'Standards for Curricula' (March 2005)
15. **Quality Assurance Agency (QAA)** *Code of Practice Section 2* (Collaborative Provision & Flexible & Distributed Learning) and *Section 7* (Programme design, approval, monitoring and review)
16. **QAA** *Code of Practice Section 9* (Placement Learning)
17. **Royal Pharmaceutical Society of Great Britain** (Pharmacists and Pharmacy Technicians) '*Consultation Principles of Pharmacy Education and Training*'
18. **Skills for Health**, 'Assuring & Enhancing the Quality of Healthcare Education' Interim Standards.

### 3 Findings

The mapping exercise presented here summarises the compatibility of standards to the benchmark (Skills for Health Interim Standards). It is important to note that the mapping is based on Skills for Health's interpretation of the standards provided. Therefore, this document should be read in conjunction with each organisation's definitive standards documents in order to confirm this interpretation and understanding applied to the mapping.

Key themes and areas of compatibility, which have emerged include:

1. There is considerable compatibility of standards across four of the SfH Interim Standards namely:

- **Requirement 2 (R2)** *Improving & Maintaining Quality*
- **Requirement 3 (R3)** *Resource Management & Governance*
- **Requirement 4 (R4)** *Teaching & Learning*
- **Requirement 5 (R5)** *Student/Learner Selection, Progression & Achievement.*

*(100% of the documents compare to either the Requirement Outcome or specific criteria measures)*

2. **R1 - Diversity, values, beliefs and safety** (diversity, equal opportunities and safety of patients, service users and the student/learner) is covered by **94%** of the standards. The specific standards of regulators are described in corporate/strategic terms and in the specific actions of individuals or subject areas.
3. **R6 - Student/Learner Support** is not directly identifiable in two of the standards/headings, namely those of the NHS Litigation Authority and the broad pre-consultation headings of the Nursing & Midwifery Council. **87%** of the standards reviewed demonstrate compatibility with R6.

4. **R7 - Assessment** shared compatibility with **81%** of the standards and documents mapped, one organisation's standards showed a limited compatibility, whereas Improving Working Lives and Standards for Better Health's contents were not relevant to R7.
5. The British Psychological Society (BPS) explicitly documents standards with regards to research and research governance not directly covered in the Interim Standards. Research governance is addressed in its widest context within Standards for Better Health.
6. Continuing Professional Development (CPD) Standards are covered in greater detail in two of the standards documents, specifically those of BPS and the Health Professions Council (HPC), however, other regulators include standards of CPD as standards of education provision as opposed to standards placed upon the individual.

It is clear that there is a high level of compatibility between the QA Partnership Group's standards that include, address or reference healthcare education. It is likely that as standards are compatible, the evidence used to demonstrate attainment of the standards will be similar, if not the same in many instances. This high degree of compatibility provides support to the QA Partnership Group's decision to endorse a research and scoping activity into the development of a web-based solution as a repository for shared and similar evidence. This project is facilitated by Skills for Health in its role as the Sector Skills Council for Health.

The next phase of this QA Partnership Group sponsored process requires the detailed interpretation and mapping of each organisation's processes for quality assuring, monitoring, reviewing and inspecting health and social care services and education providers.

Skills for Health are grateful to all Partners for their assistance with this mapping exercise over the past few months, particularly for the time given to checking and modifying documents, which has been greatly appreciated.

QA Team  
2 January 2007

Standards Map December 2006								
Organisation & key documents	<i>SfH R1- Diversity, Values, Beliefs and Safety</i>	<i>SfH R2- Improving and Maintaining Quality</i>	<i>SfH R3- Resources, Management and Governance</i>	<i>SfH R4- Teaching and Learning</i>	<i>SfH R5- Student / Learner selection, progression and achievement</i>	<i>SfH R6-Student / Learner support</i>	<i>SfH R7- Assessment</i>	Comment including differences in approach
<b>British Psychological Society</b> 'Criteria for the accreditation of postgraduate training programmes in clinical psychology' (2002)	BPS Criteria 1.2; 5.6; 12.8 - 12.9 Also B1.1.1 - B1.1.3	BPS B2 (structure of training) identifies a number of ways in which needs of different stakeholder groups are met. 8.9 refers to improving quality in practice learning environments. See also BPS 4.7 and 14.1-14.5	BPS Criteria 2 (staffing resources) all compatible with R3. Section 4 (organisation) refers explicitly to governance and the management of resources.	BPS B1 (Required Learning Outcomes); BPS B2 (Structure of Training) compatible with R4. BPS standards less explicit emphasis on IPLD compared with SfH, although B1 includes 'working in multi-disciplinary teams'	BPS12.1 relates specifically to appraisal for progression purposes and 13.5 to evaluation of competence and fitness to practice	BPS 8.3 - 8.6; 10.8 compatible with R6	BPS 10.3 and 10.5 relate to assessment of research competences	BPS standards include an emphasis on research not included directly in SfH requirements but linking indirectly to R3, A11 (appropriate and effective academic teaching resource) and R3, P7 (clinical governance requirements for practice).
<b>General Dental Council</b> (Dentists) 'The First Five Years'	GDC paras 21-23; 37-38; 44; 71-73; paras 112 and 115 - 121 all compatible with R1	R2 more detailed than GDC paras 129-136 but compatible	GDC paras 31-35 and 39-42 compatible with R3	GDC para 36 compatible with IPLD requirements of R4. Participation of students and practice staff in curriculum development: GDC paras 132 and 134-135 compatible with R4	GDC para 21 compatible with R5 on selection. GDC para 25 on APL/exemptions compatible with R5. Rest of R5 more detailed than GDC but not incompatible	R6 more detailed than GDC but not incompatible.	GDC paras 112-128 compatible with R7	Different approach in GDC document to SfH: Explicit mention of opportunities for employers and service users to influence learning outcomes not fully explored
<b>General Dental Council</b> (six Professions Complementary to Dentistry) 'Developing the Dental Team'	Safety; PCD paras 35; 55-56 & 190-198 compatible with R1. Diversity Values & Beliefs: R1 compatible with PCD paras 52-54 and detail of individual PCD Learning Outcomes (LO's)	R2 more detailed than PCD paras 208-213, but compatible. R2/S10 compatible with PCD para 214	R3/S12 compatible with PCD para 29. R3/A9- A13 and R3/P7-11 compatible with PCD paras 29-39	PCD document contains frequent references to IPLD among dental team and beyond. R4/P12-14 compatible with PCD para 39.	R5 more detailed but not incompatible. PCT para 26 re APL compatible with R5	R6 more detailed than PCD but not incompatible.	PCD paras 200-207(R7 S27; P21 & A27-A28) compatible with R7	Different approach in GDC document to SfH: Explicit mention of opportunities for employers and service users to influence learning outcomes not fully explored
<b>GMC</b> Undergrad medicine. 'Tomorrow's Doctors' (2003) <b>DN AWAITING CONFIRMATION</b>	Standards for curricular content, structure and delivery; standards for assessing student performance and competence and standards for student health and conduct all compatible with R1	Quality of teaching included in standards for curricular content, structure and delivery/delivering the curriculum/teaching and learning. Compatible with R2	'Putting the Requirements into Practice' covers governance and responsibilities of medical schools. Compatible with R3	Standards for curricular content, structure and delivery/delivering the curriculum/teaching and learning compatible with R4. Includes IPLD, service user focus and changing patterns of healthcare	Standards for assessing student performance and competence/student progress compatible with R5.	Standards for student support, guidance and feedback compatible with R6.	GMC standards for student performance and competence compatible with R7.	
<b>GMC &amp; PMETB</b> consultation doc 'QA of the Foundation Programme'	Criteria for Domain 1 (patient safety) compatible with R1. R1 compatible with but goes further than criteria for Domain 3 (equality, diversity and opportunity) which focuses on data collection and legal obligations. R1 also compatible with equal ops criteria for Domain 4 (Recruitment, Selection 7 Appointment)	R2 compatible with Domain 2 ( Quality Assurance, Review & Evaluation)	R3 highly compatible with Domain 7 (Management of education and training) and Domain 8 (Educational resources & capacity).	R4 compatible with Domain 6 (Support and development of trainees, trainers and local faculty)	R5 compatible with Domain 4 (Recruitment, Selection and Appointment) and Domain 6 (Support & Development of trainees, trainers and local faculty).	R6 compatible with Domain 6 (Support and development of trainees, trainers and local faculty)	Domain 5 (Delivery of curriculum including assessment) compatible with R7	<i>Consultation outcomes to be announced</i>

<p><b>General Social Care Council</b> 'Assuring Quality in the Diploma in Social Work Parts 1 &amp; 2'</p>	<p>Detailed equal opportunities policy statement required for all provision. Implementation monitored by GSCC. Compatible with R1, but more detailed. Requirements on user orientation of programme compatible with R1</p>	<p>17 Requirements for programme approval + quality review process based on providers' own QA system to maintain and adhere to these requirements . Compatible with overall approach in R2 (self evaluation/published action plans/external scrutiny)</p>	<p>GSCC requirements for Programme Management &amp; Organisation, Assessment and Learning &amp; Assessment highly compatible with R3</p>	<p>GSCC requirements for collaborative approach to programme development compatible with R4. Effective interprofessional working explicit in underpinning core competences for the award.</p>	<p>R5 compatible with GSCC requirements for Access to Learning and Assessment.</p>	<p>GSCC requirement on Information for students and Student -centered approach compatible with R6, S23. R6, A24-26 and P17-18 compatible with GSCC requirements for Learning &amp; Assessment and underpinning core competences.</p>	<p>R7 highly compatible with GSCC requirements on Learning &amp; Assessment and underpinning core competences</p>	<p>GSCC approach comprises core competences, requirements (standards) for approval plus review/inspection framework to monitor maintenance of and adherence to its requirements using providers' own internal QA system</p>
<p><b>NHS Employers/DH 'Improving Working Lives'</b></p>	<p>S1 and S4 compatible with evidence for IWL 4. P2 compatible with evidence for IWL5</p>	<p>S7 and P6 compatible with evidence for IWL1 (HR strategy supports local clinical governance procedures)</p>	<p>A14; P7 and P9 compatible with IWL 5 (mandatory and other training for practice staff) and with IWL 2 (flexible working and training)</p>	<p>IWL 3 (team based working and training patterns) compatible with S16 (practice learning environments) and P14</p>	<p>P16 compatible with IWL 5 (invest in preparation and updating of supervisors/mentors) and IWL 3 (supervisors/mentors experience of team based working and training)</p>	<p>IWL 5 (re investment in preparation of new supervisors/mentors and updating supervisors/mentors) compatible with R6, P17 - 18</p>	<p>Not directly relevant</p>	
<p><b>Health Care Commission/DH Standards for Better Health</b></p>	<p>Compatible with Safety Domain, Core standard 1, 2, 3 and 4 in terms of supervision of learners and provision of service. Patient Focus Domain, C 13, 14 and C16, also Developmental Standards D8 Governance Domain D7</p>	<p>Compatible with Clinical &amp; Cost Effectiveness Domain C5b &amp; d, D2c &amp; Patient Focus Domain C14a</p>	<p>Compatible with HC Clinical &amp; Cost Effectiveness Domain C5b; Governance Domain C7a,b,c,d,e,f; C10, C11 C12 and D3, D5 in relation to providing assurance of good governance.</p>	<p>Compatible with HC Governance Domain C11a,b,c</p>	<p>Compatible with HC Governance Domain C10</p>	<p>Compatible with Clinical &amp; Cost Effectiveness Domain, C5b</p>	<p>Not directly relevant</p>	<p>The broader Domain Outcome statements are compatible with the SfH Requirement Outcomes. Accumulation of criteria measures in the interim standards is often compatible with only 1 core standard due to the breadth and focus of Standards for Better Health</p>
<p><b>Health Professions Council (13 professions) 'Standards of Education &amp; Training'</b></p>	<p>HPC standards 2.3, 5.8, 5.10, 5.13 (equal op's); 3.8 - 3.10 (welfare and well being of students and patients); 3.4 (values); 4.2 (philosophy and values of the profession) 5.3 - 5.4 (safety); 5.12 (respecting rights and needs of patients); 6.6 (professional aspects of practice) all compatible with R1</p>	<p>HPC whole of SET's 3-5 are compatible with R2</p>	<p>HPC programme management and resource standards and HPC practice placement standards all compatible with R3. R3/P11 ensures HPC requirements for practice learning supervision are met (HPC section 3).</p>	<p>A17 ensures all HPC Curriculum standards are met (HPC section 4). R4 compatible with HPC 5.5 - 5.7 (collaboration between academic and practice staff/relationship of placements to learning outcomes); HPC 4.4 ensures curriculum content is relevant to current practice. For IPLD see elements of R4).</p>	<p>R5 ensures all HPC selection requirements are met (HPC SET'S 2 and 3 + HPC 6.7.2 &amp; 6.7.3. HPC 5.2 compatible with R5, P16; HPC 6.4 &amp; 6.7.1 compatible with R5, S22/A22/P15.</p>	<p>R6, P17 ensures all HPC requirements for practice supervisors are met (HPC 5.8.1 - 5.8.3) R5, S23 &amp; A24 - A26 compatible with HPC 5.9 - 5.11.SET 2.3, 3.7-3.10 and 3.12-3.13</p>	<p>R6/A27 ensures all HPC assessment standards are met (HPC section 6)</p>	<p>HPC approach includes standard for CPD and research development (HPC 3.6) not directly covered in SfH requirements but links indirectly to R3/A11 (appropriate and effective academic teaching resource) and R3, P7 (clinical governance requirements for practice). SfH Interim Standards requirements relating to Interprofessional Learning and Development (R4, A19 and R4, P14 less explicit in HPC standards.</p>

<p><b>NHS Litigation Authority</b> Standards for Acute trusts (pilot) &amp; CNST Standards (Maternity/MH &amp; Learning Disabilities)</p>	<p>P1 aligns with NHSLA standards for safe environment. P2 aligns with NHSLA standards for same and with standards for competent &amp; capable workforce</p>	<p>P4-P6 compatible with NHSLA Governance standards.</p>	<p>P7-P11 compatible with NHSLA standard 1 (Governance) &amp; standard 2 (Capable and Competent Workforce); e.g. NHSLA Acute Trusts 2.2.6 - Risk Management Training for all Staff. NHSLA more detailed</p>	<p>P14 (IPLD) compatible with standard 2 requirements for specified training in all staff groups. P14 also compatible with CNST (Maternity) criterion 5.1.3 (multidisciplinary training sessions). P13 compatible with NHSLA Governance standards on responding to recommendations and requirements of external agency visits, inspections and accreditations.</p>	<p>P16 compatible with NHSLA Acute Trusts 3.2.5 (supervision of medical staff in training) and CNST (Maternity) standard 5 (Induction, Training and competence)</p>	<p>P17-P18 not directly aligned except for medical staff in training (e.g. NHSLA Acute trusts 3.2.5).AND CNST (Maternity) standard 5</p>	<p>Aligned only for medical staff in training (e.g. NHSLA Acute Trusts 3.2.5).AND CNST (Maternity) standard 5</p>	<p>NHSLA/CNST: Approach consists of 3 levels (Policy/Practice/Performance) with an emphasis on risk management. References in NHSLA Acute Trusts Standard 2 (workforce) refer to staff in training specifically "medical staff in training" only</p>
<p><b>Nursing &amp; Midwifery Council Standards currently under revision.</b> Mapping based on new 'domain' provisional headings, to be confirmed. No other detail available at time of writing</p>	<p><i>NMC Domain 1 'The Practice Environment' likely to cover similar range of issues as R1?</i></p>	<p><i>Will need to refer to NMC Domain 7 'Quality Enhancement' for detail</i></p>	<p><i>Will need to refer to NMC Domain 6 'Securing Resources' for detail</i></p>	<p><i>Will need to refer to NMC Domain 2 'Learning' for detail</i></p>	<p><i>R5 ensures all Reg.Body selection requirements are met. Will need to refer to NMC domain 4 'Selection and Admission'</i></p>	<p><i>Not clear to which NMC Domain this will refer</i></p>	<p><i>Will need to refer to NMC Domain 3 'Assessment'</i></p>	<p><i>Will need to map compatibility between SfH Interim Standards and new NMC domains when detail made available. Timescale not clear at time of writing</i></p>
<p><b>Ofsted (Colleges of FE) 'Common Inspection Framework (CIF) for Inspecting post -16 Education &amp; Training' &amp; 'Handbook for Inspecting Colleges'</b></p>	<p>R1 requirements on diversity (A1) compatible with CIF requirements on educational and social inclusion (Handbook para 119). R1 requirements on safety (A2) compatible with CIF requirements on promoting learners' health and safety (Handbook paras 120 and 133)</p>	<p>R2 requirements A3-A6 compatible with Handbook section D "The quality of provision" (paras 168-169 &amp; para 171) R2 requirements A7-8 compatible with handbook paras 220-221 (external requirements and employers' needs)</p>	<p>R3 requirements A9-A15 compatible with CIF requirement to evaluate how well resources promote learning, address full range of learners' needs and meet course or programme requirements. (Handbook Section A "Overall Effectiveness"</p>	<p>CIF requirements on quality of Teaching &amp; Learning (Handbook paras 169; 171; 174-176; 179-194) compatible with R4 A16 - A18, R4/A19 (interprofessional nature of health and social care) compatible with Handbook paras 220-221 (external requirements and employers' needs)</p>	<p>R5, A21 (selection criteria) compatible with CIF requirements on meeting external requirements and employers' needs (handbook paras 220-221.R5, A22 (performance and progression) compatible with Handbook section D "The quality of provision" (para 161, paras 168-171; and para 201)</p>	<p>R6, A23 compatible with handbook para 164, and paras 227-228 (enrichment activities) R6, A24 compatible with Handbook paras 220-221 &amp; para 128. R6, A25-26 compatible with Handbook paras 208-210.</p>	<p>CIF requirements on the suitability and rigour of assessment (Handbook paras 170-171; paras 201-207) compatible with R7, A27 - 28</p>	<p>CIF structured around five key questions relating to overall effectiveness (of the provision); achievement and standards; quality of the provision and leadership and management.</p>
<p><b>Postgraduate Medical Education and Training Board (PMETB) 'Generic standards for Training' (April 06) Domains 1-9 and 'Standards for Curricula' (March 2005)</b></p>	<p>R1 compatible with but goes further than PMETB Domain 1 (patient safety) and Domain 3 (equality, diversity and opportunity) R1 compatible with curriculum standards 5 (supervision and feedback) and 8 (equality and diversity)</p>	<p>R2 compatible with PMETB Domain 2 ( quality control procedures of Deaneries)</p>	<p>Strongly compatible with PMETB Domain 7 (Management of Education and Training) &amp; Curriculum Standard 6 'Managing Curriculum Implementation'</p>	<p>R4 compatible with PMETB Domain 6 (Support and development of trainees, trainers and local faculty) including IPLD. Little overlap with 'Standards for Curricula'</p>	<p>Domain 4 (Recruitment, selection and appointment) compatible with R5</p>	<p>PMETB Domain 6 (Support and development of trainees, trainers and local faculty) &amp; Curriculum standard 5 (Supervision and feedback) compatible with R6</p>	<p>PMETB Domain 5 (Delivery of curriculum including assessment) compatible with R7</p>	
<p><b>Royal Pharmaceutical Society of GB [Pharmacists and Pharmacy Technicians] 'Consultation Principles of Pharmacy Education and Training'</b></p>	<p><i>None identified</i></p>	<p><i>Assessment principle relates to S10 and P6. Resources principle relates to A9, A11, A12, P10 and P11 Quality Assurance principle relates to overall requirement outcome and specifically S10, A3, A4</i></p>	<p><i>Curriculum principles relate to Requirement outcome and S16, A16, A17, A19. Teaching and Training principle relates to S17</i></p>	<p><i>Curriculum principles relate to Requirement outcome and S16, A16, A17, A19 Teaching and Training principle relates to S17 Selection principles relate to S18, S19, A20 Assessment principles relate to P16</i></p>	<p><i>Fitness to Practice principle relates to A22 and P15</i></p>	<p><i>Selection Principles relate to overall Requirement outcome. Fitness to Practice principle relates to S23, A23 and A25. Teaching and Training principles relate to P17</i></p>	<p><i>Assessment principles relate to the overall Requirement outcome and specifically to S26</i></p>	<p><i>Some specifics do not map directly but maybe inferred in the broader Interim Standards: examples are: "all registered pharmacists and technicians should be willing to contribute to training students and colleagues" "QA processes should be efficient, effective and proportional taking account of the costs and the effectiveness of the programmes as well as the QA process itself"</i></p>

<b>Quality Assurance Agency (QAA) Code of Practice Section 2 (Collaborative Provision and Flexible and Distributed Learning) and Section 7 (Programme design, approval, monitoring and review)</b>	Compatible with QAA Section 7 General precept (GP) 1 - need to take due account of external reference points including requirements of employers. R1 more specific on diversity and patient/service user dimensions.	R1, S7-S10, A3-A6 and P4-P6 all compatible with QAA Section 7 requirements in GP's 1-10 and with Code of Practice Section 2	R3 more detailed than Section 7 (or Section 2) on commissioners' requirements but compatible with Section 2 principle A3	R4, A17 and P12-14 compatible with all QAA Section 2 and Section 7 requirements	R5 compatible with QAA Section 7 GP7	R6 compatible with Section 2, principle 5 and with Section 7 Appendix 3	R7 compatible with QAA Section 2, A14 and with Section 7, GP7	
<b>QAA Code of Practice Section 9 (Placement Learning)</b>	Compatible with QAA requirements for health and safety of students on placement. Rest of R1 goes further than QAA requirements, e.g. patients and service users	All R1 compatible with QAA Section 9 requirements in GP's 1-8. R1 requirements on partnership between HEI and practice compatible with Code of Practice Section 2	R1, P7-P11 some compatibility with QAA Code of Practice Section 9 General Principles 1-8	Section 9 Principles 1-8 compatible with R4, P12 - 14	R5, P15-16 compatible with QAA Section 9 GP's 2 and 5	R6 ,P17-18 compatible with Section 9, GP's 3 and 5	R7 compatible with QAA Section 9, GP1	
<b>KEY:</b>	<b>R1/2/3/4/5/6/7</b> = SIH Interim Standards Requirement. A broad statement describing the total outputs achieved by meeting Criteria Measures							
	<b>S</b> = Shared Criteria Measure							
	<b>A</b> = Academic Education Provider Criteria Measure							
	<b>P</b> = Practice Education Providers Criteria Measure							