**

PCI Educational Accreditation Application Form

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| **IMPORTANT!**  Applications must besent by email to [**accreditation@personalisedcareinstitute.org.uk**](mailto:accreditation@personalisedcareinstitute.org.uk)  The information you provide will enable the Accreditation Team to make an informed decision regarding your application. The Accreditation Team aim to process applications within 3-4 weeks from date of payment.  Once the PCI Accreditation Clinical Lead has determined whether the educational programme is, or remains, suitable for PCI Accreditation, the Accreditation Team will advise you of the appropriate fee which must be paid before your application can be sent out for Assessment. Payment can be made by bank transfer.  Before you submit your application for PCI Accreditation, please ensure you have the following information ready for submission. Tick the boxes as you work through and add your signature below to confirm that you agree to submit collated feedback on an annual basis, or when requested:  **NB Failure to submit the collated feedback when requested may result in withdrawal of accreditation**   |  |  | | --- | --- | | **Requirements** | **Provided?** | | Signatures in Sections 6 and 11 on the Application form (either handwritten and  scanned, or a digital signature. A typed signature will not be accepted as sufficient). |  | | A copy of the programme outline / agenda and teaching plan |  | | Pre-programme resources, programme handbook, handouts provided to learners, which should be fully referenced and include links where appropriate |  | | Bios or CVs for the programme developers, facilitators/presenters and nominated Professional |  | | Conflict of Interest declaration forms for everyone involved in the development and delivery of the programme and the nominated Professional |  | | A copy of the evaluation/feedback form used |  | | Collated feedback from participants who have completed the programme |  | | Copies of your Professional indemnity and public liability insurance documents |  | | A copy of your complaints policy |  | | A copy of your Health & Safety policy |  | | A copy of your Equality, Diversity and Inclusion policy |  | | A copy of your GDPR statement |  | | Policy on safeguarding (including DBS risk assessment) where patients are involved in the training |  |  |  |  |  | | --- | --- | --- | | **Name** | **Date** | **Signature** | |  |  |  | |

Governing Principles of PCI Accreditation

1. Be in accordance with, and promote the values of the Personalised Care Institute and the [NHS Constitution](https://www.hee.nhs.uk/about/our-values/nhs-constitutional-values-hub-0)
2. Promote ethical and professional behaviour towards patients and colleagues aligned to relevant professional standards, e.g. HCPC, RCN
3. Promote high quality, evidence based, cost effective training in personalised care that facilitates behaviour change, collaboration and reflection in the target audience and system change in the delivery of care for NHS patients
4. Aligns with professional standards for educational governance such as those of AoME and HPCP
5. Ensure training is tailored to the appropriate professional learning needs and context of the target audience, and that the needs of the wider system have been considered
6. Support innovation where appropriate and safe to do so.

Section 1: Applicant Details

|  |  |
| --- | --- |
| * 1. Name of applicant person/organisation: | Click or tap here to enter text. |
| Website:  (where applicable) | Click or tap here to enter text. |
| 1.2 Address or principal place of business: | Click or tap here to enter text. |
| 1.3 How did you find out about PCI Accreditation? | Choose an item. |

|  |  |
| --- | --- |
| 1.4 Name of contact person:  **(contact for administrative purposes)** | Click or tap here to enter text. |
| 1.5 Job title: | Click or tap here to enter text. |
| 1.6 Email: | Click or tap here to enter text. |
| * 1. Telephone: | Click or tap here to enter text. |

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| --- | --- | --- | --- |
| 1.8 Type of organisation: |  | Choose an item. |  |
| 1.9 Please state the nature of your organisation’s business, its experience of delivering training in PC to HC professionals working in the NHS, and whether the organisation is accredited e.g. Investors in People | Click or tap here to enter text. | | |
| 1.10 Please provide evidence that you have the availability and capacity to deliver within specific ICS/STP footprints: | Click or tap here to enter text. | | |
| 1.11 Please list your organisational values: | Click or tap here to enter text. | | |
| 1.12 Please provide evidence of effective leadership and educational governance including compliance with indemnity, health & safety, E&D & GDPR requirements. | Click or tap here to enter text. | | |

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| --- | --- |
| 1.13 Name of the nominated Professional responsible for the application\*: | Click or tap here to enter text. |
| **\*If the contact person is not a practicing Professional, then a practicing Professional must be nominated to be involved in reviewing the application and the content of all programmes submitted for PCI accreditation.** | |
| 1.14 Registration Number (e.g. HCPC, RCN etc) | Click or tap here to enter text. |
| 1.15 Job title: | Click or tap here to enter text. |
| 1.16 Email: | Click or tap here to enter text. |
| 1.17 Telephone: | Click or tap here to enter text. |

Section 2: Funding and Sponsorship

|  |  |  |
| --- | --- | --- |
| 2.1 If this is a new programme, how is it being funded, and by whom? | Click or tap here to enter text. | |
| 2.2 If the programme already exists how was it funded, and by whom? | Click or tap here to enter text. | |
| 2.3 Do you intend to charge participants a fee? | Yes | No |
| **If yes, please state the fee charged and explain the basis for the decision:** | |
| Click or tap here to enter text. | |
| 2.4 Have you received any external sponsorship or funding for the development or delivery of the programme? | Yes | No |
| **If yes, please provide further details, including the names of the sponsors, their involvement in terms of topics covered and/or speakers, and the amount received** | |
| Click or tap here to enter text. | |
| 2.5 Is the programme and any sponsorship or funding in accordance with the [RCGP Sponsorship Guidelines](https://www.rcgp.org.uk/-/media/Files/Publications/Advertising/RCGP-sponsorship-policy-jan-2019.ashx?la=en)? | Yes | No |

Section 3: Educational Programme Details

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 3.1 Title of programme: | Click or tap here to enter text. | | | |
| 3.2 Type of learning: | Click or tap here to enter text. | | | |
|  | **Details of the programme, including the philosophy, the format e.g. eLearning, workshop, seminar etc, whether it is facilitated or non-facilitated plus the learning hours and date of first launch.** | | | |
| 3.3 Duration of activity: | Length of activity in hours | | Click or tap here to enter text. | |
| Length of activity, start time and date and end time and date | Start time: | | Click or tap here to enter text. | |
|  | End time: | | Click or tap here to enter text. | |
|  | Start date: | | Click or tap here to enter text. | |
|  | End date: | | Click or tap here to enter text. | |
| 3.4 Location of programme delivery |  |  | |  |
|  | Click or tap here to enter text. | |  |
|  |  | |  |
| 3.5 Subsequent dates and locations of programme | Click or tap here to enter text. | | | |
| (if applicable) |  | | | |
| 3.6 Provide information on the delivery of the educational resource/activity over the last 12 months: | Click or tap here to enter text. | | | |
|  | **Details of the delivery method, venues and environment, number of attendees and breakdown of their professions, number of trainers in each session, or if online, the number of participants, whether the programme is currently accredited with another Professional Body, Regulatory Body or National Authority and if the programme leads to accredited status for learners who successfully complete it** | | | |

Please complete the following sections of the form providing evidence where required to support your responses and application.

Section 4: Scope and Purpose

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 4.1 Which core capabilities, models and approaches or components of the PCI Curriculum does the programme map to? |  | | |  |
| |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  | |  |  |  |  |  | | --- | --- | --- | --- | --- | | **Core Capabilities** | | | | | | Generic Professional capabilities | Values in Personalised Care | Capabilities in Personalised Care | | | |  |  | Core communication relationship building | Capability to engage people | Capability to support and enable people | |  |  |  |  |  |  |  |  | | --- | --- | | **Models and Approaches** | | | Range of consultation models |  | | MECC |  | | Health Literacy |  | | Knowledge Skills and Confidence |  | | Supporting Behaviour change |  | | Motivational Interviewing |  | | Health Coaching |  | | Personalised care in the remote and virtual environment |  |  |  |  | | --- | --- | | **Components** | | | Personalised Care and Support Planning |  | | Shared Decision Making |  | | Social Prescribing and Community Based Support |  | | Supported Self-management |  | | Personal Health Budgets |  | | Enabling Choices including legal rights of choice |  |   Please select up to 3 heading from the below options, where your course  will be tagged on the accredited courses section on our website.   |  |  | | --- | --- | | **Accredited Training Menu Options** | | | 4 Day Health and Wellbeing Coaching |  | | Apprenticeships |  | | Care Coordinator Training |  | | Children and Young People |  | | Health Coaching |  | | Group Approaches to Care |  | | Motivational Interviewing |  | | Personalised Care and Support Planning |  | | Shared Decision Making |  | | Social Prescribing |  | | Supported Self-Management |  | | Trauma Informed Approaches |  | | Yoga |  | | | | |  |
| **Please refer to the PCI Curriculum and select up to 3 headings per category.**  **For example:**  **A maximum of 3/5 of the Core Capabilities**  **3/8 of the Models and Approaches**  **3/6 of the Six Components.** |  |
|  |  | | |  |
| 4.2 Please provide details of the work have you done to date to ensure your training brings about system level transformation in the NHS delivery of personalised care & what further work is planned |  | | |  |
| Click or tap here to enter text. | | |
|  | | |
|  |  | | |  |
| 4.3 Target audience of the programme: |  | | |  |
| Click or tap here to enter text. | | |  |
| **The learning should be at an appropriate level for the stated target audience.** |  | | |  |
| 4.4Please provide evidence to show how the learning fits with the target audience’s learning needs and how this was identified |  | | |  |
| Click or tap here to enter text. | | |
|  | | |
| 4.5 Specify the learning outcomes\* for the programme and provide examples of how the educational methods used will achieve the stated objectives: |  | | |  |
|  | | |
| Click or tap here to enter text. | | |
| **\*Learning outcomes tell the audience what they ought to know or will be able to do after completing the training** | | |
| 4.6 Provide a detailed description of the training to include: |  |  | |  |
|  | Click or tap here to enter text. | |  |
| * **the opportunities available for participants to actively participate in the learning** * **the processes in place to encourage reflective learning** * **how the learning is, or will be, related to practice** * **how a safe learning environment for learners is ensured** |
|  |  | |  |
| 4.7 Provide details of:  i. any pre-learning the learner is required to undertake.  ii. any previous qualifications/training the learner is required to have to undertake the training |  |  | |  |
| Click or tap here to enter text. | |
| **i. are learners sent any materials prior to the course that they are expected to review/complete**  **ii. are learners required to have attended previous training, e.g. level 3 in Safeguarding, in order to be eligible for the training** | |
| 4.8 Are any formative and / or summative assessments of learning included as part of the training? |  | Yes | No |  |
| Click or tap here to enter text. | |
| **If yes, please provide details above, including the methods of assessment used, how they map to the PCI curriculum outcomes, and whether the training may lead to individual professional accreditation. If the training may lead to individual professional accreditation please provide a clear outline of how this may be achieved** | |
| 4.9 Are there provisions for self-assessment by the learner: |  |  | |  |
| 1. prior to the training? | Yes | No |
| ii. during the training? | Yes | No |
| iii. following the training? |  | Yes | No |  |
|  |  | **If yes, please provide a copy of the forms, or if the self-assessment is in another format please provide details below** | |  |
|  |  | Click or tap here to enter text. | |  |

Section 5: Development

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 5.1 Provide the name and contact details of the nominated Professional who has been consulted on the programme and agreed this is appropriate for Personalised Care: |  | |  | | | | |  |
|  | | Click or tap here to enter text. | | | | |  |
|  | |  | | | | |  |
| Click or tap here to enter text. | | | | |
|  | |  | | | | |  |
| 5.2 Describe how or attach evidence to show that the content is based on current published evidence in Personalised Care and is free from unjustifiable claims or bias. You may attach a list of reference sources: |  | |  | | | | |  |
| Click or tap here to enter text. | | | | |
| **References should (in order of preference) be:**  **Evidence-based, using references from peer-reviewed articles where possible and based on best practice standards**  **Content lacking in evidence should be avoided, or the lack of evidence should be highlighted.**  **This hierarchy of evidence should be referred to to help explain the** [**level of evidence**](https://consumers.cochrane.org/levels-evidence) | | | | |
| 5.3 Provide evidence that the course meets existing NHS standards and/or those of the relevant Professional Body |  | |  | | | | |  |
| Click or tap here to enter text. | | | | |
|  | | | | |
| 5.4 Does the applicant own the intellectual property rights to the final content of the programme? |  | | Yes | | No | | |  |
|  | | | | |
| 1. if not, who is the intellectual property owner of the content? |  | |  | | | | |  |
| Click or tap here to enter text. | | | | |
| Evidence must be provided of a licence to use the IPR if it is owned by another person/organisation | | | | |
| 5.5 Are the name and contact details of the content’s copyright owner, and country and date of publication stated in the content of the educational resource/activity? |  | | Yes | | | No | |  |
| 5.6 List below the details of all people involved in the development of the educational resource/activity and submit their CVs\* or biographies\* with the application: | | | | | | | | |
| **\*These must be current and have been updated no less than 12 months prior to this application. Please ensure these include GMC//NMC/HCPC etc numbers where applicable** | | | | | | | | |
| Name | | Representing Body\* | | Development role | | | Relevant experience and qualifications | |
| Name | | Memberships / Associations | | Role in development of resource | | | Qualifications / Experience | |
| Name | | Memberships / Associations | | Role in development of resource | | | Qualifications / Experience | |
| Name | | Memberships / Associations | | Role in development of resource | | | Qualifications / Experience | |
| Name | | Memberships / Associations | | Role in development of resource | | | Qualifications / Experience | |

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| 5.7 Provide details of your educational resources/activities development plan for the coming year: |  |  |  |
|  | Click or tap here to enter text. |  |
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Section 6: Conflicts of Interest Declaration

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| --- | --- | --- | --- | --- |
| Conflicts of interest can be defined as any situation in which an individual or organisation (either private or governmental) is able to exploit a professional or official capacity in some way for their personal or organisational benefit.  A conflict of interest exists where an organisation, or an individual involved in the provision of educational content, has an interest in a commercial or other organisation which may conflict with their duty to act independently. | | | | |
| **Please complete and sign the conflict of interest (COI) form. Applications will not be accepted without a signed COI form from all those involved in the development and delivery of the programme, plus the applicant and nominated Professional**  **These should include both pecuniary and non-pecuniary interests.**  Please tick this box to confirm that this educational programme does not contain any promotional advertising  **The programme should not contain any branded medications/products as this could be perceived as advertising.** | | | | |
| Signature of applicant:  (click on the space to the right to open a window to select a scanned signature image – jpeg, gif, png or tif) | Print name: |  | Click or tap here to enter text. |  |
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| For users with digital ID/digital certificates, please click on the right: |  |  |
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Section 7: Clarity and Presentation of the Educational Resource/Activity

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| --- | --- | --- | --- |
| Provide evidence below that the presenters and/or facilitators have the experience to deliver the learning objectives using the methods chosen. Please remember to submit biographies\* or CVs\*: | | | |
| **\*These must be current and have been updated no less than 12 months prior to this application. Please ensure these include GMC/RCGP/NMC/HCPC etc. numbers where applicable** | | | |
| Name | Organisation | Role | Qualifications/experience |
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Section 8: Support for Learning

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| --- | --- | --- | --- |
| 8.1 What support materials are available to aid the implementation of the learning? |  |  |  |
|  | Click or tap here to enter text. |  |
|  | **What are the learners provided with during the learning to facilitate their learning, and what follow up is offered? This may range from buddying with peers, refresher sessions and action learning sets through to formal supervision requirements where appropriate, e.g. for health coaching** |  |

Section 9: Quality Assurance

|  |  |  |  |
| --- | --- | --- | --- |
| 9.1 Summarise your internal Quality Assurance procedures: |  |  |  |
|  | Click or tap here to enter text. |  |
|  | **This should Include the selection criteria of content developers, presenters and/or facilitators; how they are supported and developed, how often reviews of the educational content take place and the process followed to ensure that quality is maintained for learners over time** |  |
|  | | | |
| 9.2 Provide details of the Quality review of your programme over the last 12 months: |  |  |  |
|  | Click or tap here to enter text. |  |
|  | **Please include details of any peer review conducted and how any complaints were handled** |  |

Section 10: Evaluation, Review and Feedback

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 10.1 Describe the feedback mechanisms in place for learners.  Please provide a copy of the feedback form and collated feedback: |  |  | |  |
|  | Click or tap here to enter text. | |  |
|  |  | |  |
| 10.2 Give details of how feedback is, or will be, utilised to review and update the content and delivery of the resource/activity: |  |  | |  |
| Click or tap here to enter text. | |
| **Please provide examples of changes made to the content based upon feedback from learners** | |
| 10.3 Provide details of the feedback received and explain how any issues have been addressed |  | |  |  |
|  | | Click or tap here to enter text. |  |
|  | | **A summary of the evaluation of each activity/resource should be provided to support your answer. Please also include details on the attendance, attrition process and impact evaluation as per the standards** |  |
| 10.4 Please provide evidence to show how the programme contributed to enhancing local capacity for example by the development of local champions or train the trainer programmes |  | |  |  |
| Click or tap here to enter text. |
|  |

Section 11: Confirmation

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| I confirm that I have the authority to complete the application form on behalf of the applicant organisation and that the information provided in this application is accurate to the best of my knowledge.  *.* | | | | | |
| Please tick the box and sign below to acknowledge this statement: | | | | | |
|  | | | | | |
| Signature of applicant  (click on the space to the right to open a window to select a scanned signature image – jpeg, gif, png or tif) | | | Signature of nominated Professional  (click on the space to the right to open a window to select a scanned signature image – jpeg, gif, png or tif) | | |
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| Date |  |  | Date |  |  |
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| *For users with digital ID/digital certificates, please click below* | | | *For users with digital ID/digital certificates, please click below* | | |
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| Date |  |  | Date |  |  |
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Section 12: Invoicing Information

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| --- | --- | --- | --- | --- |
| 12.1 Name and email address to which the invoice should be sent: |  |  | |  |
|  | Click or tap here to enter text. | |  |
|  | |
| Click or tap here to enter text. | |
|  |  | |  |
| 12.2 Reference, cost centre information:  Please state whether it is a reference number or a cost centre: |  |  | |  |
| Click or tap here to enter text. | |
| **Please indicate whether it is a reference or cost centre information** | |
| 12.3 Is a purchase order number required? |  | Yes | No |  |
|  | |
| PO Number: | Click or tap here to enter text. | |
|  | |