The workplace learning environment is crucial. Trainers, educators and academics are clear about that. Creating a culture where everyone is encouraged to share and gain knowledge from their day-to-day responsibilities is central to developing skills. It lifts morale, helps staff retention and improves patient care. Further, it boosts an organisation’s reputation and service delivery.

However, while the positives may seem self-evident and overwhelming, it is always challenging to achieve such an environment, especially balancing service against training needs. It is a huge cultural shift, and one that demands input from many sources.

What’s more, the struggle to do so is not a new one, nor is it confined to the health service. For decades, academic papers have examined the meaning of a ‘learning organisation’ and how it can be achieved. Researchers have also agonised over the practical and cultural barriers that impede its introduction.

Much of this research would apply to any organisation, be it in the private or public sector. One of the leaders in this field is US academic Peter Senge. In his book The Fifth Discipline he describes learning organisations as those ‘where people continually expand their capacity to create the results they truly desire, where new and expansive patterns of thinking are nurtured, where collective aspiration is set free, and where people are continually learning to learn together’.

But what are the specific challenges facing managers, clinicians and learners in NHS South Central who want to build a learning environment? And what are the benefits this type of culture would bring?

According to Maggie Stiles, Quality Manager in the Quality, Practice Learning team at NESC, organisations must ‘be prepared to develop and embed a culture of questioning and challenging that supports change’. Experience has taught her that ‘a workplace with power struggles, and a fixed hierarchy that stifles learning and creativity, is compromising to building a learning environment’.

Take every opportunity to share knowledge: Dr David Meredith, Renal Registrar, and Allie Thornley, Acting Matron – Renal Transplant Urology, at the Churchill Hospital, Oxford Radcliffe Hospitals NHS Trust
How you can help develop a dynamic learning culture

- **Be supportive** of peers who are helping learners on placement. Allow trainers and trainees time for reflection and study activities.
- **Encourage** experienced educators to share the benefits of supporting learners with others in the team, department or organisation, through learning sets and CPD sessions.
- **Develop buddy** systems for new staff.
- **Encourage staff to participate** in practice education forums and meetings with education provider partners.
- **Participate in new staff, student and trainee induction programmes**.
- **Support work experience** programmes for school students.
- **Develop education materials** for students, learners and trainees on placement within the team or department.
- **Share good practice** across teams and departments at organisation-led educational events.
- **Develop an education notice board** for the team or department.
- **Develop a learning and development or education page** on the organisation website.
- **Participate in careers events** for prospective new students, trainees, learners or staff.
- **This may be in partnership with universities**.
- **Develop interprofessional learning activities** within the team or across teams and departments that could be linked to patient journey pathways.

Source: Maggie Stiles and Toni Sanderson, Quality, Practice Learning team, NESC.

*A workplace with power struggles that stifle learning and creativity is compromising to building a learning environment*
there was a lack of skill. Importantly, he adds, the outcomes can be built upon.

David Slingo, Head of Learning & Development at Oxfordshire and Buckinghamshire Mental Health NHS Trust (above)

‘Leaders must model behaviour by listening, making sure people with ideas are able to challenge inefficiency’

This could see a form of learning in which people act as facilitators of change, not just as trainers, but that their role as an educator or facilitator “becomes part of the day job”. ‘You can build learning into every moment of every day,’ agrees Dr Plint. ‘This raises the quality of everybody’s leadership, clinical and management skills and improves the whole service delivery.’ And this directly applies equally to those offering the training. ‘Every minute is a learning opportunity. As a trainer there is the chance to reflect on every interaction and to promote reflection.’

Toni Sanderson, Quality Manager in the Quality, Practice Learning team at NESC, agrees this is fundamental. ‘Supporting learning in practice is a professional responsibility for all registered healthcare professionals and this should be supported via staff appraisal systems and continuing professional development processes which are a “must do” for all.’

And she adds that staff can support the development of a learning culture by ‘harnessing and encouraging the development of all staff knowledge and skills within the team’. (See box on page 12 for other measures.)

For Mr Slingo there are 10 crucial elements an organisation should have in place if it is to build this type of learning environment:

• Openness to feedback
• Skills in giving feedback
• Objective collection of information and facts
• Considered analysis – not taking things on face value
• Knowledge of standards that could have been applied
• Empowerment to change
• Respect for others’ views
• The capacity to ensure change is supported
• The ability to measure impact
• Recognition of achievement.

This sounds great and while the outcomes are hugely welcome, Dr Plint is conscious that there are always service delivery pressures. He acknowledges that GPs are in a privileged position because this culture is embedded in training. ‘You have to value GP trainees and remember they are here primarily to learn and secondarily to provide service.’

To make the most of trainees, he says that staff should remember:

• That trainees should be valued as individuals
• To respect the fact they are here to learn
• That trainees should never be exposed to situations where they are expected to take responsibility beyond their competence.

Dr Plint says having the opportunity to take responsibility is the way to develop new skills. ‘Participation rather than observation is a much more effective way of learning for patient safety.’

But he says it is vital for GP trainees to realise when they are out of their depth. He says it is important that there isn’t a culture of blame: ‘And people should share what they don’t know. I know a doctor is safe when he admits he doesn’t know something.’

This importance of avoiding a blame culture develops or witch-hunts follow mistakes, then creativity, innovation and change will stop. People will hide the problem and only follow safe instructions.’

There is recognition that staff, patients and organisations themselves would benefit from a learning culture, but having the courage and time to introduce it effectively presents problems. But is worth the input. ‘The more you share the more you get back [by learners’] contributions,’ Dr Plint says.

As Ms Stiles adds: ‘We have to remember we are all on the same side. It is all about the patients and about the professions working together.’

Further reading


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Further reading


Provide some reassurance for learners and trainers alike. ‘As learning practices (LPs) [defined as “GP (or similar) units where individual, collective and organisational learning and development are systematically pursued ... to enhance service provision”] try out new things, innovate, encourage new ways and learn to take measured risks – mistakes will happen,’ the research says. ‘All humans err. However, an LP ensures its systems (mentoring, work shadowing, support, training, allocation of task(s) are strong enough – so that nobody is placed in such an exposed situation that a simple mistake becomes a disaster.’

And the research warns: ‘If a blame culture develops or witch-hunts follow mistakes, then creativity, innovation and change will stop. People will hide the problem and only follow safe instructions.’

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Do you have any questions or comments on this article? We want to hear your views. Please email residences@nesc.nhs.uk