**Health Education England Thames Valley & Wessex Primary Care School Primary Care Network-level approval of Primary Care learning environment project**

Expression of interest form

*This expression of interest form details the process to sign up for the above project, which should be read in conjunction with the HEE TVW PCN-level approval of PC learning environment project letter.*

**Becoming a Primary Care learning environment**

A learning environment is one which supports sustainable development and upskilling for its workforce. It provides placements for healthcare students, supporting them to meet the outcomes set by their future professions’ regulators. It enables and supports their existing workforce to undertake continuing professional development and upskilling development that meets the needs of your organisation.

Becoming a Primary Care learning environment can have huge benefits for your organisation. Supporting and developing not only the workforce of the future but your existing workforce as well has positive impact on recruitment and retention as well as contributing towards a safe and efficient organisation.

There is currently a huge expansion of the General Practice workforce so there has never been a better time to get involved and influence your future workforce whist retaining the workforce you have.

As part of the Primary Care Network (PCN) level approval of Primary Care learning environment project, Health Education England (HEE) are offering one-off funds to support educator and administrator time within the PCN to undertake this piece of work.

### How to apply

If you are interested in taking part in this project, please complete the expression of interest form overleaf and return to [PrimaryCareSchoolTVW.SE@hee.nhs.uk](mailto:PrimaryCareSchoolTVW.SE@hee.nhs.uk). Please populate the form electronically.

### How we will use your data

By completing this expression of interest form you give consent for your data to be used for necessary engagement as part of HEE Thames Valley and Wessex Primary Care School PCN-level Approval of Primary Care Learning Environments project. This includes but is not limited to administration and management of the project and ongoing compliance with applicable quality management procedures and regulations. Your data will not be shared outside of the Primary Care School unless otherwise disclosed and will be held on a secure network. Your data will be held in line with HEE’s Records Management Policy.

Should you wish to withdraw your consent, please contact [Ellie.Pickthall@hee.nhs.uk](mailto:Ellie.Pickthall@hee.nhs.uk)

For further information please see HEE's Privacy Notice - <https://www.hee.nhs.uk/about/privacy-notice>

### Primary Care Network details

|  |  |
| --- | --- |
| PCN name |  |
| PCN lead contact *(this is the person HEE will communicate with throughout the project)* |  |
| PCN lead contact email address |  |
| PCN lead contact role |  |
| Lead Practice name |  |
| Lead Practice address |  |
| PCN Business Manager name |  |
| PCN Business Manager email address |  |
| PCN Clinical Director name |  |
| PCN Clinical Director email address |  |

### Declaration

|  |  |  |
| --- | --- | --- |
| Do you have agreement from your Clinical Director for your PCN to become an approved learning environment? | Yes |  |
| No |  |
| Do you understand you will be required to coordinate a learning environment audit that includes all prospective sites across your PCN? | Yes |  |
| No |  |
| Do you understand you will be required to identify an education lead from within your PCN to work with the Primary Care School to undertake quality approval of your PCN to become a learning environment? | Yes |  |
| No |  |

|  |  |  |
| --- | --- | --- |
| Do you understand you will be required to identify an administrator from within your PCN to support your education lead to undertake quality approval of your PCN to become a learning environment? | Yes |  |
| No |  |
| Has the Lead Practice within your PCN signed the HEE Education  Contract? | Yes |  |
| No |  |
| If no to question above, would your Lead Practice be willing to sign the HEE Education Contract? | Yes |  |
| No |  |

### Signatures

|  |  |
| --- | --- |
| Name of signatory |  |
| Role |  |
| Electronic signature |  |
| Date |  |