# NHS England Thames Valley and Wessex Primary Care School – Training Hubs

# Approval form for Primary Care Network Learning Environment

28 April 2023, Version 1.7

# Primary Care Network Learning Environment approval form

*Please complete electronically*

| Legend | |
|---|---|
| | To be completed by applying organisation e.g., PCN |
| | To be completed by Thames Valley and Wessex Primary Care School (TVW PCS) verification panel |

<mark>Please note specific organisational details have been removed from this document</mark>

## Organisation and locality details

| | |
|---|---|
| Name of organisation | |
| Type of organisation<br>*e.g., Primary Care Network* | Primary Care Network |
| Integrated Care Board / System (ICB / ICS) | Buckinghamshire, Oxfordshire and Berkshire ICB |
| Nearest Community trust | Berkshire Health Foundation Trust |
| Nearest Secondary Care trust | Royal Berks Foundation Trust |
| Has a local university recognised Learning Environment Audit (LEA) been undertaken for the PCN? | Yes |

| Placement details | | |
|---|---|---|
| Please add details of the learner placements **currently** offered across your PCN | | |
| Name of placement site | Type of placement site<br>*e.g., GP practice, community pharmacy, care home, voluntary organisation* | Are you requesting approval for this site within this submission? |
| | GP Practice | Yes |
| | GP Practice | Yes |
| | GP Practice | Yes |

## Organisation declaration

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| By completing this application, we acknowledge and guarantee that any professional taking on the role of Educator / Supervisor of a learner on placement within this Primary Care organisation has been appropriately trained as per their regulatory requirements and is currently competent for that role in accordance with relevant education standards |
| Form completed by |

| | |
|---|---|
| Signature | |
| Organisational role | |
| Email address | |
| Date | |

# Health Education England Quality Standard assessment

| Legend | |
|---|---|
| | To be completed by applying organisation e.g., PCN |
| | To be completed by Thames Valley and Wessex Primary Care School (TVW PCS) verification panel |

Please demonstrate how well your PCN meets each of the standards set out in the Quality Framework with evidence to support your response. Please **only** provide evidence for sites you are currently seeking approval for.

Where quality standards are not met or partially met, this will not exclude a PCN from being approved as a learning environment. Please identify an action plan below setting out how these quality standards will be met.

Suggestions for evidence have been included. These are by no means comprehensive, and we encourage you to include all the information you feel is relevant. Please answer referring to all the organisations / learners referenced in this form.

Please note specific organisational details have been removed from this document

## Domain one - Learning environment and culture

| Quality standards | Does your PCN meet this criterion? | Evidence - please provide examples of activities, processes and or policies, how you create a Learning Environment and culture *E.g., induction, timetabling, protected teaching time, equality and diversity training, trainee feedback on practice to supervisor, whistle blowing policies, bullying etc, complaints procedure, audits, quality improvement projects, research, Quality and Outcomes Framework (QOF), patient participation* |
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| | | |

| | | | *groups, constructive feedback, learner personal development plans (PDPs), tutorials, group teaching, reviews, portfolio* |
|---|---|---|---|
| 1.1 | The Learning Environment is one in which education and training is valued and championed | yes | The PCN consists of 3 training practices, education and training is valued as central to our working practice. This culture of learning is supported by our PCN Director, board, GP partners, clinicians, and staff.  We have a designated PCN WSL and each practice prides themselves on the training they provide. Learning is valued and encouraged with employed staff within the practices. We encourage a culture of ongoing learning and training within posts supporting a variety of extra qualifications in areas such as clinical i.e. supporting prescribing course, family planning courses, diabetic training, GPN course etc. also non clinical role such as workplace mental health first aider training , healthcoach training and training for patient services manager in conflict management etc. We have recruited a wide number of ARRS roles across the PCN, the multidisciplinary team provides a wealth of training experience from clinical staff and accredited supervisors. An example includes 2 GP trainers have undertaken roadmap supervision training to support paramedics in completing the roadmap pathway.  We accommodate a variety of placements and apprenticeships, both clinical and non-clinical. |
| 1.2 | The Learning Environment is inclusive and supportive for learners of all backgrounds and from all professional groups | yes | Each practice has an induction programme and timetable for new staff where individual learning needs are identified and a personal development plan is |

| | | | initiated. This is reviewed at 3 and 6 months. During this time staff are encouraged to complete their mandatory training.  e-learning and in house training is provided. Additional measures are put in place to support learners where necessary i.e. a receptionist struggling with online learning was allocated a quiet room to work and 'buddy' to help her. A student nurse with dyslexia was allocated more time with her supervisor, who worked closely with the link lecturer/ university to support her individual learning needs. Newly qualified staff are provided with mentorship/ supervision and to complete appropriate training programmes as relevant to their role, i.e new practice nurses are supported in practice to complete the GPN fundamentals course and preceptorship programme. Newly qualified GP's and nurses participate in the fellowship programme. GP's have allocated supervision slots for on the day supervision and protected time for tutorials. Paramedics and Physicians Associates have protected monthly external training/supervision sessions where appropriate. In house training includes shadowing clinicians/ staff, shared clinics, external speakers i.e. clinical consultants, MDU, virtual wards i.e diabetes , learning from specialist teams, practice protected learning time (TIPs) Apprenticeships are in place for clinical and non-clinical staff , including RGN , ILM 5 operations and management and ILM 7 leadership. |
|---|---|---|---|

| 1.3 | The organisational culture is one in which all staff are treated fairly, with equity, consistency, dignity, and respect | yes | As per 1.2. All staff complete equality and diversity training, practices have policies in place for equal opportunities, grievance procedure, whistle blowing and bullying, staff have access to an external 'freedom to speak up guardian'. PHE provides a wide range of resources for patients in different languages. Staff with English as a second language are supported as necessary, and vice versa when their English is excellent, they are able to support patients and learners in their preferred language. Interpreter services are available, and resources can be accessed by patients and learners. Training needs are identified on recruitment, at appraisals also in advance of placements by HEI. Staff are encouraged to acknowledge their training needs and are supported in self-directed learning. They have access to the IT system and policies and procedures. |
|------|------|------|------|
| 1.4 | There is a culture of continuous learning, where giving and receiving constructive feedback is encouraged and routine | yes | All staff have an annual appraisal and individual CPD plan. Giving and receiving constructive feedback is encouraged and routine in practice, both on an individual and team basis. Supervision is in place as per 1.2. We follow a duty of candour, reflecting and learning from significant events and complaints. Feedback from learners is utilised to further develop and enhance the learning environment. We also learn from external sources of feedback including Patient Participation Groups, patient surveys (FFT), Healthwatch, CQC, ICB etc. and take positive steps to change practice where necessary. Learning outcomes |

| | | | | are shared with the wider team in meetings, by e-mail, news bulletins etc. |
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| 1.5 | Learners are in an environment that delivers safe, effective, compassionate care and prioritises a positive experience for patients and service users | yes | | As per 1.4 . Each practice has a designated safeguarding lead who provides leadership, advice and support to team members. An open-door policy promotes the sharing of concerns within a learning culture to help ensure a positive experience for patients and service users. Each practice offers in house training to clinical and non-clinical staff which learners can also access as appropriate to their role. |
| 1.6 | The environment is one that ensures the safety of all staff, including learners on placement | yes | | Health & safety risk assessments are in place, audits are completed for key areas i.e infection control. There is a policy in place for enhanced DBS checks, these are checked for students on placement. Students in their first year must have Occupational health clearance before they are in clinical practice. Policy for lone working, health & safety and fire evacuation procedures are included in induction, and orientation of a placement. Mandatory training for all staff. |
| 1.7 | All staff, including learners, are able to speak up if they have any concerns, without fear of negative consequences | yes | | As per 1.3. 1.4 and 1.5 There is an open culture for learning, learners are encouraged to speak up and their concerns are addressed with respect and transparency. We also utilise feedback from HEI and seek support via link workers and academic tutors. Follow up action in practice is taken as necessary. An example of this is a young apprentice heard a negative comment from a receptionist regarding the '*demanding behaviour*' of an asylum seeker that he felt uncomfortable with. This was discussed with his supervisor. Staff wellbeing is a high priority in all practices. Non-clinical staff receive |

| | | | basic training on managing abusive and challenging behaviour. There is a zero-tolerance policy in place for abusive behaviour towards staff. In this instance there had been difficulties accessing an interpreter via our current provider, we were able to source an alternative interpreter service and the patient was reviewed by our mental health practitioner. This case was discussed anonymously at the reception team meeting where learning points were shared. It raised several issues and further training needs were identified. We learn from student feedback and feedback is encouraged throughout the placement. There is a lone working policy in place for home / care home visits. |
|---|---|---|---|
| 1.8 | The environment is sensitive to both the diversity of learners and the population the organisation serves | yes | The environment is sensitive to the diversity of learners. Digital tools for population health analysis are utilised in practice. There is a wide range of resources available for patients both online and in printed format. Outreach work is undertaken i.e the PCN provided 'pop up' evening covid vaccination clinics for the homeless. Sessions have been held at a local hotel for asylum seekers on women's health, men's health, how to access healthcare services/ prescriptions etc. The supernumerary status of learners helps to enable flexible working arrangements if learners have family or carer responsibilities. Meeting peoples physical, mental and learning needs. |
| 1.9 | There are opportunities for learners to take an active role in quality improvement initiatives, | yes | Learners are encouraged to be involved with QOF, IIF and QUIPP work. Evidence based quality improvement audits to date have included a wide |

| | | | range of prescribing audits, UTI, HRT and management of ear infection / minor illness. Nonclinical projects include project management, patient access. |
|---|---|---|---|
| | including participation in improving evidence-led practice activities and research and innovation | | |
| 1.10 | There are opportunities to learn constructively from the experience and outcomes of patients and service users, whether positive or negative | yes | As per 1.4. Reporting system in place for significant events, 6 monthly reviews of all significant events and complaints to identify recurrent themes, learning outcomes are shared via the MDT. All staff and learners are invited to attend significant event meetings, minutes of the meetings are summarised and circulated (data is anonymised as appropriate) |
| 1.11 | The Learning Environment provides suitable educational facilities for both learners and supervisors, including space and IT facilities, and access to library and knowledge services and specialists | yes | Space is an issue that we overcome by providing IT facilities within our conference rooms, shared clinics, opportunities for placement days with a wide range of clinicians / service providers. We plan to explore this further with our local care homes and voluntary services. Learners have access to course relevant libraries i.e NHS Athens, university libraries and online management apprenticeship resources. |
| 1.12 | The Learning Environment promotes multi-professional learning opportunities | yes | As per 1.1, 1.2. Examples in practice include multidisciplinary admissions avoidance, safeguarding and all clinicians' meetings. TIPs - Protected learning time (PLT). There is scope to support wider MDT learning opportunities within the PCN encouraging interdisciplinary learning. Practice intranet sites are being developed as a resource for updates to be published, training opportunities are also circulated by e-mail and posters in practice. |

| 1.13 | The Learning Environment encourages learners to be proactive and take a lead in accessing learning opportunities and take responsibility for their own learning | yes | All learners both clinical and non-clinical are encouraged to take responsibility for self-directed learning by their named supervisor/ trainer. Clinicians who have a named supervisor / trainer include GP registrars, newly qualified staff, ARRS staff, staff on courses including the GPN course, independent prescribing course, diabetes course, roadmap supervision, phlebotomy course etc. Learners are encouraged to take a lead in a QOF / prescribing target(s) and feedback during staff meetings. Supervision for non- clinical staff includes apprentices and those new to practice and / or attending courses. An annual training needs analysis is not currently in place at PCN level. This is an area for possible development. Clinical supervision is offered in a variety of ways , i.e. in a clinical group for those providing family planning services, on the day care etc. and a new group is being introduced by our mental health practitioner which will provide protected time for reflection on complex / challenging cases that are worrying the clinician .The importance of debriefing after an event is also upheld for all staff. |

*For TVW PCS use only*

| Domain one - Assessment | | | |
|---|---|---|---|
| Standard achieved (please highlight) | Met | Partially met | Not met |
| Mandatory requirements (please highlight) | Yes | No | |
| Overall assessors' comments | | | |

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| Excellent examples of a learning environment culture<br>Standard 1.12 – The panel recommend an action plan to support MDT learning opportunities, such as other AHP learners e.g. Physios and OTs | |
| **Please add comments regarding requirements to meet unmet or partially met standards** | |
| Standard | Requirement |
| N/A | |

## Domain two - Educational governance and commitment to quality

| | Quality standards | Does your PCN meet this criterion? | Evidence - please provide examples of activities, processes and or policies that demonstrate educational governance and commitment to quality<br>*E.g., named, and qualified educators, meeting records, learning needs assessment, policy for reasonable adjustments, timetables, portfolio evidence* |
|---|---|---|---|
| 2.1 | There is clear, visible, and inclusive senior educational leadership, with responsibility for all relevant learner groups, which is joined up and promotes team-working and both a multi-professional and, where appropriate, inter-professional approach to education and training | yes | As per 1.1. The workforce support lead is leading on the PCN learning environment quality assurance programme with the support of our clinical director and a GP trainer. The PCN has 5 GP Trainers across 3 practices and 1 training to be a GP assessor, 2 Lead nurses are clinical educators and supervisors, we also have 3 clinical pharmacist and a paramedic / IT digital lead educator. |
| 2.2 | There is active engagement and ownership of equality, diversity and inclusion in education and training at a senior level | yes | As per 1.1<br>The PCN consists of 3 training practices, education and training is valued as central to our working practice. This culture of learning is supported by our PCN Director, board, GP partners, clinicians, and |

staff. We have a designated PCN WSL and each practice prides themselves on the training they provide. Learning is valued and encouraged with employed staff within the practices. We encourage a culture of ongoing learning and training within posts supporting a variety of extra qualifications in areas such as clinical i.e. supporting prescribing course, family planning courses, diabetic training, GPN course etc. also non clinical role such as workplace mental health first aider training, healthcoach training and training for patient services manager in conflict management etc. We have recruited a wide number of ARRS roles across the PCN, the multidisciplinary team provides a wealth of training experience from clinical staff and accredited supervisors. An example includes 2 GP trainers have undertaken roadmap supervision training to support paramedics in completing the roadmap pathway. We accommodate a variety of placements and apprenticeships, both clinical and non-clinical

As per 1.2
Each practice has an induction programme and timetable for new staff where individual learning needs are identified and a personal development plan is initiated. This is reviewed at 3 and 6 months. During this time staff are encouraged to complete their mandatory training. e-learning and in house training is provided. Additional measures are put in place to support learners where necessary i.e. a receptionist

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| | | | struggling with online learning was allocated a quiet room to work and 'buddy' to help her. A student nurse with dyslexia was allocated more time with her supervisor, who worked closely with the link lecturer/ university to support her individual learning needs. Newly qualified staff are provided with mentorship/ supervision and to complete appropriate training programmes as relevant to their role, i.e new practice nurses are supported in practice to complete the GPN fundamentals course and preceptorship programme. Newly qualified GP's and nurses participate in the fellowship programme. GP's have allocated supervision slots for on the day supervision and protected time for tutorials. Paramedics and Physicians Associates have protected monthly external training/supervision sessions where appropriate.<br><br>In house training includes shadowing clinicians/ staff, shared clinics, external speakers i.e. clinical consultants, MDU, virtual wards i.e diabetes , learning from specialist teams, practice protected learning time (TIPs) Apprenticeships are in place for clinical and non-clinical staff , including RGN , ILM 5 operations and management and ILM 7 leadership. |
| 2.3 | The governance arrangements promote fairness in education and training and challenge discrimination | yes | As per 1.12, 1.13. Education and training opportunities are circulated to all staff and discussed at annual appraisal.  A TNA is in progress for IT training and nurse training. The PCN provides a wide range of placements and work experience |

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| | | | opportunities for learners of all backgrounds. Learning opportunities are identified at individual and population level. All staff complete mandatory equality and diversity training. A competency framework is in place for some roles where new to general practice. |
| 2.4 | Education and training issues are fed into, considered, and represented at the most senior level of decision making | yes | Training issues are fed back and where necessary further advice sought from the relevant training provider i.e Deanery , NHSE primary care school , Universities, WSL meetings etc. .Baseline mapping of practices current training provision, placements and work experience opportunities has taken place with the PCN WSL,  practice managers and GP Trainers. Feedback from the WSL relating to the ongoing development of the PCN learning environment is an agenda item for PCN board meetings and practice business meetings. |
| 2.5 | The provider can demonstrate how educational resources (including financial) are allocated and used | yes | Practices providing placements are funded by a learner tariff or grant. The learning environment funding is being utilised to develop the PCN as a learning environment. We aim to develop a PCN induction programme and PCN placement profile. It will enable admin support for this initial work, and some backfill for clinical educators. The Levy funding for apprenticeships and the learner's tariff will be utilised to sustain placements in future, this will be regularly reviewed both at practice and PCN level. |
| 2.6 | Educational governance arrangements enable organisational self-assessment of performance against the quality standards, an active response | yes | Organisational self-assessment of performance is well established in GP training practices, practices seek and act on feedback from a variety of sources |

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| | when standards are not being met, as well as continuous quality improvement of education and training | | as well as from learners and training providers. The WSL meetings have provided further information about training standards for clinicians and apprenticeships. The PCN will consider how we adopt regular processes and governance based on practice feedback and bench mark against other GP practices. |
| 2.7 | There is a clear strategy, involving working with partners, to ensure sufficient practice placement capacity and capability, including appropriately supported supervisors | yes | Yes, with NHSE TV Primary Care school. We recognise practice placement capacity can fluctuate and are sensitive to the changes in practice that may impact on this. All placement requests are discussed with the relevant supervisor(s) to ensure capacity. The work with NHSE TV Primary Care School on the PCN learning environment will help identify shared placement opportunities and further pathways for learning. Different placement models are in place, we are exploring interdisciplinary approaches and will pilot the CLIP model in future. |
| 2.8 | There is proactive and collaborative working with other partner and stakeholder organisations to support effective delivery of healthcare education and training and spread good practice | yes | Refer to 2.7. Practices work collaboratively with education providers and are proactive in the delivery of healthcare education and training, good practice is shared at practice and PCN level. The PCN is a member of BWPCNs (a collaborative organisation of 14 PCNs from Berkshire West). This is a forum for sharing good practice and a platform through which many collaborative initiatives have been delivered. |
| 2.9 | Consideration is given to the potential impact on education and training of services changes (i.e., service re-design / service reconfiguration), taking into account the views of learners, supervisors, | yes | Service changes are considered and the potential impact on education and training are considered. A key issue is estates capacity, remote working can impact on training, and we continue to look at |

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| and key stakeholders (including NHSE and Education Providers.) | alternative pathways to support learners, i.e. the hub and spoke models of delivery of placements may support estate and capacity issues. Learners are activity encouraged and support audit and research elements of the practices and PCN. |

*For TVW PCS use only*

| Domain two - Assessment | | | | | |
|---|---|---|---|---|---|
| Standard achieved (please highlight) | Met | | Partially met | | Not met |
| Mandatory requirements (please highlight) | Yes | | | No | |
| Overall assessors' comments | | | | | |
| Good examples of educational governance and commitment to quality | | | | | |
| **Please add comments regarding requirements to meet unmet or partially met standards** | | | | | |
| Standard | Requirement | | | | |
| N/A | | | | | |

## Domain three - Developing and supporting learners

| | Quality standards | Does your PCN meet this criterion? | Evidence – please provide examples of activities, processes and or policies that demonstrate development of and supporting learners<br>*E.g., tailored training resources, enhanced induction, enhanced supervision, communication training, Induction timetables, communication with appropriate 'School' and/or education team, reflective comments on any experience of this* |
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| 3.1 | Learners are encouraged to access resources to support their physical and mental health and | yes | Learners are encouraged to access resources in practice as below, they can also access coaching and |

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| | | wellbeing as a critical foundation for effective learning | | pastoral support virtual day session via NHSE TV primary care school 'Wednesday sessions' and through some educational providers. Staff wellbeing is key to effective service delivery, this is now recognised in QOF. Practices have a mental health 1st aiders training plan in place and 5 staff have courses booked, this will help enable early recognition of mental health concerns for staff and learners and signposting to relevant resources. Staff wellbeing sessions are provided by a mental health practitioner and staff physical health checks are planned in future. Practices also hold social events for staff and learners, ie quiz evenings , Saturday breakfast ! Concerns will be raised to HEI via academic assessors, all supervisors and assessors within practice are aware of escalations processes. |
| | 3.2 | There is parity of access to learning opportunities for all learners, with providers making reasonable adjustments where required | yes | As per 1.2 ,2.2 Reasonable adjustments are made for staff. Staff needing functional skills can complete these before an apprenticeship. Occupational health advice is sought if needed. Adjustments for learners are made in collaboration with the universities and the Primary Care School. |
| | 3.3 | The potential for differences in educational attainment is recognised and learners are supported to ensure that any differences do not relate to protected characteristics | yes | As per 1.2, 1.3 and 1.4 Training is tailored to the specific person. When they first meet, the supervisor will assess the student with regards to their experience, confidence and expectations. Focus can then be driven to the most critical areas and pace set as appropriate. No unrealistic or rigid timeframes are put in place, the |

| | | | learning schedule is reviewed frequently and adjusted as needed. |
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| 3.4 | Supervision arrangements enable learners in difficulty to be identified and supported at the earliest opportunity | yes | As per 1.2, 1.4 and 3.1<br>Learners induction includes initial meetings with their supervisor and clinical team, linking with the academic assessor or link tutor at the earliest opportunity to collaborate and seek support and guidance Regular review meetings are held with their supervisor and feedback is sought from the learner and team(s) in which they are working, enabling early difficulties to be picked up and the learner supported. Additional supervisor time may be allocated as appropriate. |
| 3.5 | Learners receive clinical supervision appropriate to their level of experience, competence, and confidence, and according to their scope of practice | yes | As per 1.13 different models of supervision are in place to ensure supervision is appropriate to the learner. Clinical supervision is provided by a named supervisor. In the event of supervisor sickness - cover is provided on the day by an alternative clinician to ensure clinical safety. Alternative supervision arrangements would be made in the event of long-term supervisor sickness. Feedback from learners enables supervision to be reviewed and adapted in practice as necessary. |
| 3.6 | Learners receive the educational supervision and support to be able to demonstrate what is expected in their curriculum or professional standards to achieve the learning outcomes required | yes | Assessors and supervisors are appropriately trained and attend regular training updates. Practice assessment documents are completed in a timely manner, assessors, and supervisors work with educational providers/academic assessors/ link lecturers to ensure learning outcomes are achieved according to professional standards. |

| 3.7 | Learners are supported to complete appropriate summative and/or formative assessments to evidence that they are meeting their curriculum, professional standards, and learning outcomes | yes | Those supporting learners are familiar with the curricula/PAD etc. Placement meetings are held with the HEI's / academic providers. Reasonable adjustments are made to meet a personalised plan for neurodiversity and possible other learner needs. |
|---|---|---|---|
| 3.8 | Learners are valued members of the healthcare teams within which they are placed and enabled to contribute to the work of those teams | yes | Learners are e-mailed prior to their placement. They are welcome to come into site prior to their first day and join the team for coffee! Their induction timetable enables them protected time to meet healthcare teams. Any gaps in mandatory training can be completed as part of their induction. The practice/PCN profile is shared, and learners have opportunity to contribute to work across teams as relevant to their placement. |
| 3.9 | Learners receive an appropriate, effective, and timely induction into the clinical Learning Environment | yes | As per 1.2 and 3.8 |
| 3.10 | Learners understand their role and the context of their placement in relation to care pathways, journeys and expected outcomes of patients and service user | yes | This is included within their induction and opportunities provided for interprofessional learning and working. For example, we are using a population health approach to learning for some care pathways i.e diabetes. The number of patients who are diabetic is increasing annually requiring a multidisciplinary approach to training for future care provision. A health coach is following a new diabetic patient pathway in view of running group consultations in future for pre-diabetic patients. Clinical pharmacists are undertaking further training in diabetes / CVD and have identified diabetes for their independent prescribing course. A paramedic has recently completed a diabetes course. |

| | | | | Practice nurses work closely with the diabetes specialist nurses to manage complex diabetic care and insulin conversion. A wider understanding of neighbourhood working is gained through spoke placements. |
|---|---|---|---|
| 3.11 | There are opportunities for learners to receive appropriate careers advice from colleagues within the Learning Environment, including understanding other roles and career pathway opportunities. | yes | HEI, Thames Valley apprenticeships, NHS England, PMA, BMA  etc. provide an array of information on career pathway opportunities , learners are signposted to relevant personnel /resources and support can be provided by the WSL. Placements will provide the opportunity for learners to understand primary care in the context of the wider health system and it is hoped that greater exposure to Primary Care may encourage more applicants to join our teams. |
| 3.12 | Learners are supported, and developed, to undertake supervision responsibilities with more junior staff as appropriate | yes | This is in place to some extent; we will explore utilising the CLIP model in practice. This would support learners to take on ownership or lead roles in managing a situation, for example a 3rd year nursing student taking on wound clinics. Learners take part in clinical meetings audits, QI's and are able to feedback to the team. |
| 3.13 | Transition from a healthcare education programme to employment and/or, where appropriate, career progression, is underpinned by a clear process of support developed and delivered in partnership with the learner | yes | Links continue with HEI and career progression is supported by access to fellowship programmes, preceptorship, paramedic roadmap etc. In practice clinical supervision is provided for newly qualified staff. Apprenticeship opportunities are encouraged in practice. Career progression is also supported with non-clinical apprenticeships, where ILM7 and ILM5 apprenticeships are progressing senior staff within management roles in practice. The business and |

| | administration apprenticeship provides opportunity for young people locally and can act as a steppingstone to advance their career in health care, in the past apprentices have gone onto become a dental nurse, phlebotomist, a qualified dispenser, and a deputy practice manager. An example of clinical apprenticeship career progression is where a Health Care Assistant was accepted as on the RGN student nurse apprenticeship training, working towards her ambition to become a practice nurse on completing her apprenticeship. |
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*For TVW PCS use only*

| Domain three - Assessment | | | |
|---|---|---|---|
| Standard achieved (please highlight) | Met | Partially met | Not met |
| Mandatory requirements (please highlight) | Yes | No | |
| Overall assessors' comments | | | |
| Lots of good examples of developing and supporting learners<br><br>Can we check who is supervising the nursing student in Practice X as there is not a nurse supervisor / assessor noted in their educator list on page 10? | | | |
| **Please add comments regarding requirements to meet unmet or partially met standards** | | | |
| Standard | Requirement | | |
| N/A | | | |

## Domain four - Developing and supporting supervisors

| Quality standards | | Does your PCN meet this criterion? | Evidence - please provide examples of activities, processes and or policies that demonstrate how you develop and support supervisors *E.g., supervisor course, peer review visit, quality panel feedback, appraisal evidence, advanced supervisor course, learner feedback, continuous professional development (CPD) time* |
|---|---|---|---|
| 4.1 | Supervisors can easily access resources to support their physical and mental health and wellbeing | yes | Refer to 3.1 . There is a variety of support available from the Oxford Deanery for GP trainers such as experienced trainers' course, physician heal thyself, professional support unit (coaching /mentoring) Supervisors are provided support within practices as per 3.1. There is a buddying system available for new supervisors and assessors. Team leaders and managers also provide support to supervisors. HEI provide regular updates and further support where necessary. NHSE also provide coaching and mental health wellbeing courses – looking after you too- our NHS people, practitioner health. BOB provides opportunities for coaching/mentoring all staff. |
| 4.2 | Formally recognised supervisors are appropriately supported, with allocated time in job plans/ job descriptions, to undertake their roles | yes | Refer to 2.5. All educational supervisors have protected/ allocated time which is ring fenced to allow them to undertake their roles. Proof of this forms part of the supervisor reapproval process. |
| 4.3 | Those undertaking formal supervision roles are appropriately trained as defined by the relevant regulator and/or professional body and in line with any other standards and expectations of partner organisations (e.g., Education Provider, NHSE) | yes | Refer to 1.4 and 3.6 Formal supervisor roles require peer appraisal and regulation, and each practice site has a copy of the recent review and next approval dates. There is a BOB regional AHP and also nursing supervisor and assessor forums they can access. |

| 4.4 | Clinical Supervisors understand the scope of practice and expected competence of those they are supervising | yes | Refer to 3.6. This is part of the mandatory training and updates to provide this role. |
|---|---|---|---|
| 4.5 | Educational Supervisors are familiar with, understand and are up to date with the curricula of the learners they are supporting. They also understand their role in the context of leaners' programmes and career pathways, enhancing their ability to support learners' progression | yes | Demonstrated by ongoing educational PDP of supervisors and by attending deanery-based training. Educational supervisors attend regular updates and receive further information about the curricula for learners they are supporting. The WSL circulates details of different pathways for apprenticeships, pre-reg and post reg learners to support learners' progression.  WSL and Educational supervisors highlight clinical practice experiences that ensure learning outcomes adhere to different curricula. |
| 4.6 | Clinical supervisors are supported to understand the educational needs (and other non-clinical needs) of their learners | yes | See 1.4 (educational) and 3.1 (other needs) By encouraging the whole practice to be involved as a learning environment and teaching/tutorials there is more multisource feedback and ongoing support for both trainee and supervisor. Support and advice can be sought from HEI, Deanery and NHSE primary care school. |
| 4.7 | Supervisor performance is assessed through appraisals or other appropriate mechanisms, with constructive feedback and support provided for continued professional development and role progression and/or when they may be experiencing difficulties and challenges | yes | Appraisals are in place, updates, peer support and buddying system for new supervisors and assessors. Feedback from learners. Protected time to support them to complete the role. See 4.1<br><br>This is a mandatory requirement of approval |

*For TVW PCS use only*

| Domain four - Assessment | | | |
|---|---|---|---|
| Standard achieved (please highlight) | <mark>Met</mark> | Partially met | Not met |
| Mandatory requirements (please highlight) | Yes | <mark>No</mark> | |
| Overall assessors' comments | | | |
| I can see the clear thought processes and cross referencing the use of this quality framework throughout this submission. The panel asked – "for Standards 4.2 & 4.3 – does proof of the supervisor reapproval process meet all regulatory body requirements?<br><br>Please continue to maintain the PCN educator database you developed for this submission.<br><br>Can I check that the nurse supervisor/assessors noted in the educator list on page 6 and 8 have completed their NMC SSSA (supervisor and assessor) training? | | | |
| **Please add comments regarding requirements to meet unmet or partially met standards** | | | |
| Standard | Requirement | | |
| N/A | | | |

## Domain five - Developing programmes and curricula

| Quality standards | Does your PCN meet this criterion? | Evidence – please provide examples of activities, processes and or policies that demonstrate how you develop programmes and curricula<br>*E.g., learning needs assessments, planning of educational content, workload assessment and case mix, timetables, innovations in practice, different ways of working, opportunities to be engaged in wider context – partnership meetings, forums, Integrated Care Board (ICB) meetings etc* |
|---|---|---|
| | | |

| 5.1 | Practice placements must enable the delivery of relevant parts of curricula and contribute as expected to training programmes | yes | As per 4.5<br>Demonstrated by ongoing educational PDP of supervisors and by attending deanery-based training. Educational supervisors attend regular updates and receive further information about the curricula for learners they are supporting. The WSL circulates details of different pathways for apprenticeships, pre-reg and post reg learners to support learners' progression.  WSL and Educational supervisors highlight clinical practice experiences that ensure learning outcomes adhere to different curricula. |
|------|-----------------------------------------------|-----|-----------------------------------------------|
| 5.2 | Placement providers work in partnership with programme leads in planning and delivery of curricula and assessments | yes | The PCN / practices have links with HEI, NHSE TV primary care school, Deanery etc and work in partnership with programme leads.  We are aware of the different training and development pathways including apprenticeships, preceptorships, fellowships, FCP road maps etc. |
| 5.3 | Placement providers collaborate with professional bodies, curriculum/ programme leads and key stakeholders to help to shape curricula, assessments, and programmes to ensure their content is responsive to changes in treatments, technologies, and care delivery models, as well as a focus on health promotion and disease prevention | yes | See above 5.2 and 1.8, 1.9, 1.12, 1.13, 3.10. |
| 5.4 | Placement providers work in collaboration with partners at a systems level to ensure delivery of curricula across placements | yes | See 2.8 and 5.2<br>PCN work closely with ICB, GP School, Thames Valley Primary school and HEI. |

| | | | Collaborate with wider community across the PCN Some examples of collaboration are links with the voluntary sector for care of asylum seeker, we also work with our local nursing homes. |
|---|---|---|---|
| 5.5 | Placement providers proactively seek to develop new and innovative methods of education delivery, including multi-professional approaches | yes | See 1.5 and 1.10. The varied nature of practices offers learners lots of opportunities and experiences. In future for example - MDT and interprofessional learning where each practice provides a different model of same day access for patients, providing an opportunity for paramedics, physicians associate, student nurses and GP registrars to experience how triage / minor illness care works well with different multi-professional approaches. Practice X don't have any care homes in their practice boundary whereas our other practices both cover quite diverse care homes, providing an opportunity for future learners to have reciprocal placements and perhaps in future care home placements. |
| 5.6 | The involvement of patients and service users, and learners, in the development of education delivery is encouraged | yes | See 1.5. Feedback from patients, service users and leaners is essential to developing and improving the care we provide, education and learning is encouraged for all staff and learners. An example of this was within group consultations held for patients with long covid.  The sessions had different topic areas i.e. diet, exercise /physiotherapist, mindfulness etc. patients had time out within the sessions to share their experiences and feedback to clinicians how they were feeling and what was working well for them. This was at a time when there was limited research/ evidence-based practice available in this |

| | | | |
|---|---|---|---|
| | | | area. Their experience was shared at clinical meetings enabling clinicians and learners to have a better understanding of the issues patients were facing with long covid and how different resources may be of help in their future term care. |
| 5.7 | Timetables, rotas, and workload enable learners to attend planned | yes | See 1.2, Timetables and rotas are arranged in advance with the agreement of the supervisor and learner. Workload is relevant to post, time adjustments are made as necessary to the stage of learner within the placement, the element of supervision required, and activities undertaken. For example, a clinical post may start with 30–45-minute appointments, the length of appointment would then be reduced as the learner gained confidence and was assessed as clinically safe /competent. |

**<span style="color:red">*For TVW PCS use only*</span>**

| Domain five - Assessment | | | |
|---|---|---|---|
| Standard achieved (please highlight) | Met | Partially met | Not met |
| Mandatory requirements (please highlight) | Yes | No | |
| Overall assessors' comments | | | |
| The panel asked – "how do you use learner feedback in your PCN? Do you promote the use of / engage with The National Education and Training Survey (NETS) | Health Education England (hee.nhs.uk) | | | |
| **Please add comments regarding requirements to meet unmet or partially met standards** | | | |
| Standard | Requirement | | |
| N/A | | | |

## Domain six - Developing a sustainable workforce

| Quality standards | | Does your PCN meet this criterion? | Evidence – please provide examples of activities, processes and or policies that demonstrate how you develop a sustainable workforce *E.g., evidence of PDP, attendance at training, appraisal, tutorial record, meetings, updates with stakeholders* |
|---|---|---|---|
| 6.1 | Placement providers work with other organisations to mitigate avoidable learner attrition from programmes | yes | See 3.1 PDP are in place, regular reviews are held to avoid learner attrition due to health and wellbeing or when reasonable adjustments or personalised plans are not met. The PCN offers varied and interesting learning and experience opportunities to keep learners engaged. Staff are advised of the requirements and commitments required to successfully undertake a programme of learning, as well as the benefits and opportunities it presents. We are also aware of the ICS CPEP team and the role to support expansion and attrition of learners. |
| 6.2 | There are opportunities for learners to receive appropriate careers advice from colleagues within the Learning Environment, including understanding other roles and career pathway opportunities | yes | See 3.13 Further careers advice is readily available from HEI (including HEI open days) the NHSE learning environment team, Thames Valley Apprenticeships lead and from staff /clinicians in practice. NHSE also provides career advice. Learners can also shadow different roles within the multidisciplinary team to gain a better understanding of the role. Networking across practices provides a wide range of career pathway opportunities. BOB ICB circulate weekly updates with training opportunities with links to webinars that provide learning pathways for different |

| | | | roles. These can be a useful insight for career progression. |
|---|---|---|---|
| 6.3 | The provider engages in local workforce planning to ensure it supports the development of learners who have the skills, knowledge, and behaviours to meet the changing needs of patients and service | yes | The PCN engages in workforce planning both at practice level and PCN level where currently social prescribers, mental health practitioner and first contact physiotherapy are shared across practices. Learners have developed new skills and knowledge to meet the needs of an increasingly frail elderly population with complex morbidities. For example, care co-ordinators have undergone further learning to undertake dementia and care plan reviews with patients and their relatives. The Fuller stocktake focussed on access, prevention & continuity and staff roles are continuously being developed in practice to meet a new approach to primary care delivery through the education and learning of our workforce. |
| 6.4 | Transition from a healthcare education programme to employment and/or, where appropriate, career progression, is underpinned by a clear process of support developed and delivered in partnership with the learner | yes | See 3.10, 3.13 and 5.5 Career progression is underpinned by a clear process of support both in practice and from education providers, examples in practice are a receptionist/administrator who undertook further learning to become a prescriptions clerk, later combined this with a phlebotomy post , she enjoyed the clinical aspect but was uncertain of her future career pathway. In time with support from her practice manager, she met with the WSL and had further discussions with Thames Valley Apprenticeship lead and HEI. She is now aspiring to do her RGN training |

| | | via the Nurse Associate route and is starting her first placement in October. A very experienced paramedic was supported in practice to developing his IT Digital lead role across the PCN. Clinical pharmacists and paramedics are supported in practice to undertake the independent prescriber course, currently 3 are specialising in either CVD, diabetes or respiratory care. In future the opportunity to become an advanced practitioner maybe a consideration for these clinicians. |
|---|---|---|

*For TVW PCS use only*

| Domain six - Assessment | | | |
|---|---|---|---|
| Standard achieved (please highlight) | Met | Partially met | Not met |
| Mandatory requirements (please highlight) | Yes | No | |
| Overall assessors' comments | | | |
| Thank you – this is a great example of developing a sustainable workforce. Have you see the Reducing Pre-registration Attrition and Improving Retention \| Health Education England (hee.nhs.uk) work? | | | |
| **Please add comments regarding requirements to meet unmet or partially met standards** | | | |
| Standard | Requirement | | |
| N/A | | | |

# Assessment outcome and recommendations

## Overview of assessment

| Standard | Achievement | | | Mandatory actions and / or recommendations | Review date |
|---|---|---|---|---|---|
| | Met | Partially met | Not met | | |
| 1 | Yes | | | N/A | N/A |
| 2 | Yes | | | N/A | N/A |
| 3 | Yes | | | N/A | N/A |
| 4 | Yes | | | N/A | N/A |
| 5 | Yes | | | N/A | N/A |
| 6 | Yes | | | N/A | N/A |

## Assessor details

| Title |
|---|
| Head of Primary Care School<br>Thames Valley and Wessex Primary Care School |
| Training Hub Programme Director (Quality)<br>Thames Valley Wessex Primary Care School |
| Lecturer, Clinical Coordinator & Director of SLT Clinic<br>University of Reading |
| Faculty Director of Practice Learning<br>University of Winchester |
| Primary Care Learning Environment Lead<br>Thames Valley and Wessex Primary Care School |
| Project Support Officer<br>Thames Valley and Wessex Primary Care School |

## Outcome

| Outcome<br>*Delete as appropriate* | Comments |
|---|---|
| ALL criteria met ☒ | Congratulations you have been approved as a PCN level learning environment. It is clear from your approval's paperwork that your PCN has established an educational culture that is a forward-thinking, open, supportive learning environment. |
| SOME criteria met ☐ | |
| Criteria NOT met ☐ | The panel were particularly impressed with the standard of this submission – thank you for all the work you have put into developing such a high standard learning environment. |

# TVW PCS ratification and sign off

| | |
|---|---|
| Approval summary | All domains have been met. |
| Date of ratification | 02/11/2023 |
| Name of Lead Assessor | Sue Clarke |
| Comments and conclusion | Thank you for becoming a PCN level Learning Environment. The panel note the significant time that was spent developing your approval paperwork. It is clear as a PCN that you are committed to developing your learning environment. We look forward to working with you supporting learners across primary care. |