

# 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

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 note specific organisational details have been removed from this document.

## Organisation and locality details

Name of organisation	
Type of organisation	Primary Care Network
Integrated Care Board / System (ICB / ICS)	Hampshire and Isle of Wight
Nearest Community trust	Isle of Wight [but is becoming back of project fusion between IOW / Portsmouth / MH]
Nearest Secondary Care trust	St. Mary's Hospital
Has a local university recognised Learning Environment Audit (LEA) been undertaken for the PCN?	No

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

## Organisation declaration

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	
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 <i>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</i>

			<i>groups, constructive feedback, learner personal development plans (PDPs), tutorials, group teaching, reviews, portfolio</i>
1.1	The Learning Environment is one in which education and training is valued and championed	yes	<p>Newly established bi-monthly primary care network education events, provided for all staff (both clinical and non-clinical) on relevant topics which have been requested by staff.</p> <p>Individually protected teaching time weekly for Physician Associates, Advanced Nurse Practitioners, Paramedics, Foundation doctors/ Medical students, MSK practitioners.</p> <p>Dedicated supervision protected for Physician Associates, Dietician, Paediatric Care Coordinator, etc.</p> <p>Monthly clinical meetings where all clinical staff review cases and discuss relevant topics which need updating on.</p> <p>Protected time for appraisals (frequency dependent on profession)</p> <p>Protected time for all staff to complete mandatory training yearly via blue stream.</p>
1.2	The Learning Environment is inclusive and supportive for learners of all backgrounds and from all professional groups	yes	We have representatives in diverse multi-professional teams across each site. For example, our PCN represents a large multi-disciplinary team which includes GPs, ANPs, PAs, paramedics, health

			<p>and wellbeing coaches, dieticians, nurses, health care assistants, care coordinators, musculoskeletal practitioners, clinical pharmacists. This multi-disciplinary team comes with a very wide range of backgrounds, and clearly shows how we have diversity in professional groups.</p> <p>With regards to students, we have had students from various cultural backgrounds and diverse educational backgrounds, which may include both adult learners and younger learners.</p> <p>Our PCN is open to investing in staff who require additional education or with higher learning needs because of their professional and cultural backgrounds. For example, the PCN has hired an American trained dietician who although had experience within secondary care was new to primary care within the NHS and requires more support than a UK trained dietician who learned dietetics within the NHS. Similarly, practice X hired an American trained Physician Associate who again, requires more supervision initially, a longer induction in order to learn how the NHS works and how clinical management can differ between countries.</p>
1.3	The organisational culture is one in which all staff are treated fairly, with equity, consistency, dignity, and respect	yes	Thorough induction for all new employees with mandatory training which includes training on Equality & Diversity

			<p>Practice Code of Ethics at each site (employee handbook) expects and outlines that of respect for colleagues.</p> <p>Monthly clinical meetings where organisational culture is discussed if needed.</p> <p>Fairness especially within staff recruitment has been a priority and an example of how we demonstrate that at the PCN level is: before one location recruits another role, the PCN ensures that this role is offered at all locations across our PCN, so the full population is covered.</p> <p>Specific Example: a dietician was recruited and in order to be fairly used across the PCN rather than at one site she splits her week at three locations. The number of days she is at each location, represents the population of each practice (more patients served in Newport therefore she does one additional day at in practice X). We have the same approach with MSK practitioners, ensuring that all patient populations get coverage by and offered MSK practitioner evaluations.</p>
1.4	There is a culture of continuous learning, where giving and receiving constructive feedback is encouraged and routine	yes	Each profession undergoes an appraisal where multi-source feedback and patient feedback is expected. For example: Physician Associates obtain at least 10 multi-source feedback and patient feedback completed forms over the course of a year which is reviewed in a yearly appraisal.

			<p>Students obtain both patient and multi-source feedback [medical students, foundation doctors, physician associate students]</p> <p>Case reviews monthly in clinical meeting with multi-disciplinary feedback on complaints or significant events.</p> <p>Constant/routine review of patient complaints through complaints manager and business manager, with further discussion around each complaint if needed.</p>
1.5	Learners are in an environment that delivers safe, effective, compassionate care and prioritises a positive experience for patients and service users	yes	<p>For all new staff, learning needs assessments are done with ongoing supervision to support these learning needs.</p> <p>For professions which require daily supervision to maintain a safe and supported practice, supervision is provided through either GP supervisors or alternative profession supervisors.</p> <p>Practice X: ANPs, Physician Associates, Paramedics supervised by a named GP on the day. Practice nurses access lead nurse or supervising GP.</p> <p>Practice X: ANPs supervised by GP. Practice nurses seek advice by lead nurse or GP.</p> <p>Practice X: ANPs supervised by GP. Practice Nurses seek advice by lead nurse or GP.</p>

1.6	The environment is one that ensures the safety of all staff, including learners on placement	yes	<p>Patient safety and assurance of a safe practice is maintained by daily supervision of learners and a named supervisor or access to duty GP.</p> <p>All employees and new students are mandated to abide by and read the employee handbook. Please see attached mini handbook for reference which includes a health &amp; safety policy, whistleblowing policy which identifies who to contact if you feel in danger or have come across a dangerous situation, a bullying &amp; harassment policy, and a code of conduct policy which ensures a safe environment for everyone including students on placement.</p> <p>All staff are mandated to do health &amp; safety training, through blue stream yearly.</p>
1.7	All staff, including learners, are able to speak up if they have any concerns, without fear of negative consequences	yes	<p>Outlined in the employee handbook with a detailed whistleblowing policy. This policy outlines who it is to contact if there are concerns within the practice.</p> <p>Similarly, students also have the ability to go to leads within the university they are associated with or supervisor within the practice.</p> <p>We do have freedom to speak guardian, representative who remains impartial as she is not employed by a specific practice, but rather works across the PCN. We also have an informal representative for each practice.</p>



1.8	The environment is sensitive to both the diversity of learners and the population the organisation serves	yes	<p>As above, all staff undergo mandatory training on equality and diversity. This ensures that staff is prepared to address patients from diverse backgrounds, but also work with colleagues from different backgrounds.</p> <p>Additionally, please reference the example noted above in 1.2 regarding multiple staff members across the PCN who required more significant training and support due to a diverse cultural background (multiple American trained professionals).</p> <p>We also allow for employees (multiple GPs) who do not practice English as their first language to have extra consultation time. For example, instead of 10 minutes, they are allowed 15 or 20 minutes.</p> <p>We have a GP across the island who has been identified as a Ukrainian support GP who offers to conduct consultations more sensitive to cultural backgrounds to make transition to the UK easier.</p> <p>Additionally, Practice X is a veteran friendly practice, we offer sign posting to veteran services locally and also offer veterans earlier referrals to specialist services. Updates on veteran services are offered to all staff, next is in January or February at a PCN wide education event.</p>
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1.9	There are opportunities for learners to take an active role in quality improvement initiatives, including participation in improving evidence-led practice activities and research and innovation	partially met	<p>This is encouraged for staff, but not mandatory aside from GP registrars who do a quality improvement project through their training.</p> <p>Pharmacists regularly undergo quality improvement initiatives through audits/medication reviews.</p> <p>Yearly audits performed by nurses on QOF, which students experience when shadowing nursing clinics throughout placement, please see example of this on physician associate rota attached.</p> <p>Quarterly PPGs which all practices are leading/participating in. Not only do practices encourage patients to join but additionally encourage new staff to join. Students certainly can join in PPG meetings; however, these are held out of normal working hours therefore not mandatory.</p> <p>Currently, it is not mandatory for students to perform a quality improvement project however going forward this can be incorporated into the curriculum across the PCN where a quality improvement project should be completed at one site across the PCN.</p>
1.10	There are opportunities to learn constructively from the experience and outcomes of patients and service users, whether positive or negative	yes	<p>Through complaints manager and review of any significant events. All significant events are discussed with a multi-disciplinary team during clinical meetings where further constructive feedback can be relayed or new quality improvement projects/activities can be established.</p>

			<p>Students are asked if they would like to attend the monthly clinical meetings during their placement, but at times may not attend as these run during lunch.</p> <p>Each learner who may have been involved in the significant event or area of improvement discussed in the meeting, are included in the discussion.</p> <p>An example of a recent significant event discussed at the October clinical meeting at Practice X is that of an elderly male who had a telephone consultation with a foundation doctor currently training at the practice in relation to an acute kidney injury. The foundation doctor planned to repeat the blood tests as no clear cause for acute kidney injury followed by a telephone review with supervising GP, however that supervising GP picked up the patient, referred for an ultrasound which showed subacute obstructive urinary retention. This was presented in the meeting, with all in attendance, and learning outcomes were discussed that any elderly male with acute kidney injury should be assessed face to face (rather than repeating blood tests and reviewing) for acute urinary retention with low threshold to send for ultrasound. All leads were at this meeting, and for those who could not attend, minutes were sent out by leads.</p>
1.11	The Learning Environment provides suitable educational facilities for both learners and	yes	IT facilities and meeting rooms at all sites.

	supervisors, including space and IT facilities, and access to library and knowledge services and specialists		Library accessible through team net or trust intranet.
1.12	The Learning Environment promotes multi-professional learning opportunities	yes	<p>Yes, as above, education for entire multi-disciplinary team as a group through clinical meetings or bi-monthly education events as well as team-based education more regularly.</p> <p>Learners are encouraged to attend both clinical meetings and bi-monthly education events. For example, recent physician associate student attended one clinical meeting and attended a bi-monthly PCN wide education event on Menopause (which was held virtually during the workday therefore working with his schedule).</p> <p>Learners on placement additionally have the opportunity to work with all members of the multi-disciplinary team, not only their profession.</p> <p>For example, please see our PA student rota. Within the first two weeks the student works/ shadows across multiple disciplines including administrative roles, nursing roles, MSK practitioners, mental health practitioners, care coordinators, clinical pharmacists, paramedics, etc.</p>
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	Expected for each profession to maintain continued education per their qualifications. Encouraged/ supported by practices through study leave/ compensation for learning events. CPD requirements

		<p>and compliance with them are reviewed in appraisals.</p> <p>Please see attached example of a yearly appraisal (physician associate) which formally documents what CPD was done through the year, what their previous yearly PDP was and whether they met those goals, and additionally depicts a plan for the forthcoming year for learning goals.</p> <p>Similarly, students meet with their supervisors regularly throughout placement to ensure learning needs are met (not only at the end), for example with physician associate students there are minimum mandatory assessment forms which are completed consistently through the placement. These include mini clinical evaluation exercises, direct observation of clinical skills, patient cases and reflections. See our physician associate course handbook page 12.</p>
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<b>For any criteria partially / not met – provide action plan</b>
1.9 Quality Improvement: although there are opportunities for anyone to do a quality improvement project, this is not mandated at the practice level. This may be a new mandatory project for all clinical staff to do (with protected time), which can be presented across the PCN rather than at practice level.

**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

The panel felt that this domain demonstrates a good quality learning environment, and would like to offer the following questions to support ongoing development of this domain:

- Standard 1.4 - Does each learner have named clinical or educational supervisor to support the continuous leaning/constructive feedback?
- Standard 1.6 - Is there a rostering process that identifies when learners are rostered and is there a process of escalation to the HEIs if the learner is not attending?
- Standard 1.7 - What process is in place for the escalation of concerns from students and linking these with their HEIs?
- Standard 1.9 - This would be welcomed and is a nice example of forward planning to improve practice placements, here are some examples of quality improvement projects student nurses have undertaken in primary care:
  - Overdue smear audit
  - Overdue child immunisations audit
  - Adult immunisation audit – shingles/ pnuemo.
  - Patients in hosiery search and doppler dates. Yearly doppler for all in compression hosiery and readvise re well leg care. (can audit this also)
  - Overdue Blood pressure checks – can search, call in and run clinic. Develop protocol for this including what to do if results out of range.
  - Prediabetes - diagnosis/ education/ monitoring.
  - An Audit on overprescribing and polypharmacy in patients with a HbA1C of less than 53
  - Policy/protocol for non attender – INRs
  - Long term conditions education sessions
  - Scope of practice for different members of the nursing team (local enhanced services)

Here are some examples of student led project work in primary care that you may find helpful:

- Vitamin b12 injection protocol for loading and maintenance treatments.
- Osteoporosis management- DEXA follow up, monitoring bloods for Prolia
- Testosterone replacement /injectable- monitoring – patient information leaflet
- CKD- urine acr/ renal function monitoring.
- The Provision of FRAX® Scoring and DXA Scanning for Women with a Diagnosis of Premature Menopause
- An audit of gout patients on Allopurinol, consider annual urate level monitoring test.
- An audit on the offering of a statin to patients with CKD stage 3 and 4 in the primary care setting

<ul style="list-style-type: none"> <li>➤ An audit on Dose adjustment of apixaban as per BNF: reduce dose to 2.5 mg twice daily in patients with at least two of the following characteristics: age 80 years and over, body weight less than 61 kg, or serum creatinine 133 micro-mol/litre and over.</li> <li>• The following standards 1.1, 1.4, 1.5, 1.10 and 1.12 were all noted as nice examples of good practice</li> </ul>	
<b>Please add comments regarding requirements to meet unmet or partially met standards</b>	
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 <i>E.g., named, and qualified educators, meeting records, learning needs assessment, policy for reasonable adjustments, timetables, portfolio evidence</i>
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	<p>Established educational lead for the wider workforce across the Isle of Wight.</p> <p>-responsible for outlining educational needs and supervisors for each team across the island including Paramedics, Physician Associates, Social Prescribers, Dieticians, Health &amp; Well Being coaches, Clinical Pharmacists, Patient Advisors, Care Coordinators.</p> <p>Established educational lead for the Primary Care Network.</p>

			<p>-visibly leading bi-monthly educational events for the entire multi-professional team across the PCN. This includes inter-professional education and training. Has performed learning needs assessments across the PCN for entire clinical/nonclinical staff.</p> <p>The Clinical director, previous EEL and has ongoing passion in education with leadership initiative.</p>
2.2	There is active engagement and ownership of equality, diversity and inclusion in education and training at a senior level	yes	<p>Yes, evidenced in yearly blue stream/ workforce mandatory training.</p> <p>Additionally, in everyday practice there is active engagement in EDI a few examples noted below.</p> <p>Example: One of our GP registrar learner is supported with extra time for exams and in protected supervision time to evaluate his consulting given English is second language.</p> <p>Example: As noted above, one of our GPs who speaks English as their second language is allowed longer consultation time and also allowed protected mentoring time.</p> <p>Example: There has been a recent update across the PCN in relation to COVID/Flu vaccinations where quiet spaces/ warm hubs are being developed to allow patients with specific needs such as elderly, learning disabilities, etc. to be vaccinated in a more comfortable less hectic environment.</p>



2.3	The governance arrangements promote fairness in education and training and challenge discrimination	yes	<p>There is a 'speak out person' in each practice who understands concept of whistleblowing, if any discrimination is seen to be notified.</p> <p>We additionally have a PCN wide freedom to speak up guardian who is available to discuss challenging situations or reporting discrimination.</p> <p>In order to ensure fairness in education among all staff, we offer all PCN education events whether clinical or non-clinical to all staff so anyone interested can attend. We actively promote education to increase awareness of education events.</p> <p>We do not discriminate against time worked within the PCN with regards to education. For example, it does not matter how long you have worked within the PCN everyone can access education equally.</p>
2.4	Education and training issues are fed into, considered, and represented at the most senior level of decision making	yes	<p>Quarterly updates are presented to PCN board from educational lead on progress/ needs. We also have monthly Education for the Wider Workforce meetings. The learning environment lead has regular meetings with PCN business manager.</p>
2.5	The provider can demonstrate how educational resources (including financial) are allocated and used	partially met	<p>The PCN Education lead discusses regularly with PCN business manager how educational resources can be used to meet educational needs across the PCN.</p>
2.6	Educational governance arrangements enable organisational self-assessment of performance	yes	<p>Continuous quality improvement of PCN wide education delivered is sought after proactively with</p>

	<p>against the quality standards, an active response when standards are not being met, as well as continuous quality improvement of education and training</p>		<p>feedback questionnaires distributed / completed after each PCN wide education event and changes are made appropriately.</p> <p>For example: the location of events has been addressed and spread out across the PCN. Timing has been addressed and mid-day virtual lunch &amp; learn sessions have been offered.</p>
2.7	<p>There is a clear strategy, involving working with partners, to ensure sufficient practice placement capacity and capability, including appropriately supported supervisors</p>	<p>partially met</p>	<p>There is a clear strategy, built into rotas to specify capacity for trainees (Foundation doctors, medical students, GP registrars, Physician Associate students, Dietician students). Supervision slots in each rota allow for the time to dedicate to teaching.</p> <p>There is supernumerary time allotted for new employees which clearly outlines appropriate placement for newly qualified employees and for students who are just starting on their placement. This allows for those who are learning to see patients and start work without the pressure of time.</p> <p>Most people who are supervisors have had supervisor training or specific training as a GP trainer/advanced practitioner roadmap training.</p> <p>However, there are also some who have not had specific training who provide daily clinical supervision and are allocated enough time to allow for supervision in their daily list.</p>

			Each lead is responsible for addressing the limitations of a service when providing educational opportunities. For both physical capacity and time capacity of a supervisor. See below for ways we can improve placement capacity as well.
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	partially met	Proactive organisation of bi-monthly education events delivering education on topics which have been proactively identified by the workforce across the PCN through a learning needs assessment.  See below for ways we can improve this.
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, and key stakeholders (including NHSE and Education Providers.)	yes	Yes, when there are service changes, whether entire service or individual contributor, supervision/education is accounted in new service development.  An example: advanced practitioners (physician associates, advanced nurse practitioners, paramedics) had a weekly clinical meeting prior to re-development of an acute hub service where instead of individual lists, they moved to working on a shared list with on the day appointments. Supervision time (once weekly) was retained within the new policy structure and continues every week on a Tuesday.  Example: employees on flexible working contracts would continue to have supervision time, not unfairly discriminated. Those on flexible working (for example someone who does not work school

		<p>holidays) are still able/allowed to attend supervision sessions at any time during the year despite whether they are working or not working. This additionally applies to students, if it is not a working day (due to some flexibility in their schedule like foundation doctors at times not working Mondays) they are still able to attend scheduled supervision time even if not working during that period.</p> <p>Example: Foundations doctors receive protected weekly tutorials with a GP. Recently as there have been strikes and changes to their schedule, the tutorial days/ times have changed to allow it to fit within their amended schedule which changed due to strikes.</p> <p>See below for a way to improve this</p>
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<p><b>For any criteria partially / not met – provide action plan</b></p>
<p>2.5: The education lead for the PCN does not have an understanding of how all educational resources are allocated. However, going forward may be able to have quarterly meetings with the business manager specifically related to educational resources and funding. Partnerships are mindful of finite resources and willing at times to say no to placement opportunities due to risk of not providing a safe education environment for them. We can also have a look at various CPD funding opportunities which may be offered specific to primary care which may allow for additional educational resources for staff.</p> <p>2.7: to ensure that supervisors are additionally supported, with appropriate training to provide on the day supervision we have been granted funding for a project to audit and consider re-design of our supervision model as well as provide additional supervision training to all those across the PCN who are expected to supervise. Additionally, working alongside NHSE/HEE primary care school will help us characterize our capacity.</p>

**For any criteria partially / not met – provide action plan**

2.8: Presently for students we do not have an organisational partnership with a specific higher education institute, other than having informal discussions with Portsmouth University to facilitate arranging a Physician Associate student each year. In order to improve having regular collaborative work to deliver effective education to students, it may be that we work closer with NHSE/ HEE primary care school to develop the capacity in which we can have students, and more importantly any standardized materials in which we can use to standardize supervisor / training standards, as well as develop upon our student expectations.

2.9: Obtaining feedback from both students and learners within our employed team to get their opinion on whether they feel service changes have affected their ability to access education will be done through a survey.

**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			
<p>The panel felt that this domain demonstrates good educational governance and commitment to quality, and would like to offer the following questions to support ongoing development of this domain:</p> <ul style="list-style-type: none"> <li>• Standard 2.2 –                             <ul style="list-style-type: none"> <li>➢ What PCN policies are in place to support EDI?</li> <li>➢ What is in place for learners that experience racism, physical or verbal assault? Please note, the HEI would need to be informed and involved.</li> </ul> </li> <li>• Standard 2.3 - Noted as examples of good practice.</li> </ul>			
<b>Please add comments regarding requirements to meet unmet or partially met standards</b>			
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 <i>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</i>
3.1 Learners are encouraged to access resources to support their physical and mental health and wellbeing as a critical foundation for effective learning	yes	<p>All learners, whether students or those developing their role have discussions re: physical and mental wellbeing in their induction.</p> <p>We have a newly established Health &amp; Wellbeing service for all primary care staff called Vivup which offers 24/7 helpline, face to face counselling, self-help resources, and a wide range of mental, physical, financial and personal resources. We have named Well – Being champions within the PCN who are named for each practice and can be local support or help with sign posting for employees and students. Students additionally have their named supervisor to access if requiring further assistance with health &amp; wellbeing.</p> <p>Through appraisals and routine supervision meetings, wellbeing is questioned and addressed with ever changing services. Please see attached example of appraisal which has a section specifically to address “health &amp; probity”.</p>

3.2	There is parity of access to learning opportunities for all learners, with providers making reasonable adjustments where required	yes	<p>All staff across the PCN (whether clinical or non-clinical) have access to bi-monthly education sessions (arranged by the learning environment), webinars (arranged by clinical dietician) and blue stream training.</p> <p>Students additionally have access to weekly learning opportunities (this includes any students within the PCN at that time). This is either with protected tutorial time (mainly for foundation doctors, but any other students on site are invited to these weekly tutorials) or within advanced clinical practitioner weekly supervision.</p> <p>For example: recent physician associate student on placement attended weekly supervision sessions which were multidisciplinary including any medical students on site, advanced nurse practitioners, physician associates and paramedics. The physician associate student attended but also lead and presented at two of these. One was on ECGs and the other was on heart murmurs.</p>
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	<p>As previously stated, learning needs assessments are individualized for all learners upon starting. Therefore, differences in educational attainment are recognised and tailored into a supervision plan.</p> <p>An example for how this has been demonstrated is that within the ANP group in Practice X. There are some ANPs who started highly experienced or after</p>

			<p>working within Practice X for years. Recently a new ANP began who is new to primary care and did all training online, therefore her learning needs during her first year of employment are different than a more experienced ANP. Her learning needs have been incorporated into weekly ANP supervision and the rest of the team has taken an initiative to cover topics needed.</p>
3.4	Supervision arrangements enable learners in difficulty to be identified and supported at the earliest opportunity	yes	<p>All newly qualified, or new employees receive regular supervision meetings to discuss role development and career/position growth. These meetings occur every 4-6 weeks. These include review of learning needs identified by the learner but also through objective needs identified through random notes review and case reviews.</p> <p>For students, there are regular (at least once weekly if not more frequent) meetings with supervisor where through case discussions learning needs are identified. If struggling with something action plans on placement are developed and if still struggling, would consult with the HEI which the student is from. We have not established a way to consult academic tutors or assessors although this can be a consideration in the future.</p> <p>An example: a newly qualified physician associate within one practice in our PCN, as do all new employees underwent a learning needs assessment. After multiple case discussions and her identification</p>



			<p>of a learning need, it was found she was struggling with women's health/gynaecology examinations. An action plan for improving her competence in women's health was developed together. This included a course in menopause (provided by PCN), protected time for shadowing in a smear clinic within the practice, and an observed clinic with supervisor in attendance to in the moment provide support and improve skills. In monthly supervision sessions, confidence in women's health is addressed and discussed alongside case review to ensure improving.</p>
3.5	Learners receive clinical supervision appropriate to their level of experience, competence, and confidence, and according to their scope of practice	yes	<p>At the start of employment, learning needs assessment is done and supported in regular supervision (monthly – 6 weekly, etc). Daily clinical supervision is provided, in varying degrees depending on level of experience, competence and confidence and most importantly, ensuring time/space to have that daily supervision for all in advanced practice leaves room for variability in that support depending on above. Although employees are not students, we feel all employees continue to be lifelong learners and the above model with clinical supervision ensures that education is prioritised for all employee's development as learners.</p> <p>For students, there is clear communication with all supervisors prior to placement what their competence is and what is expected of them on placement. There is a similar model of supervision</p>

			where they have daily clinical supervision, discussing all cases (depending on the student) and weekly completing case discussions (for physician associate students this is a mini-Cex for example) and additional portfolio documents.
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	<p>See below, supervision time is blocked for necessary professions to fulfil and document their education in order to meet professional standards.</p> <p>As indicated in additional places through this document, AHP learners are also provided with weekly supervision for education (ANPs, Paramedics, Physician Associates, HWB coaches etc). This is also individualized to meet individual AHP learning needs, for example: one physician associate at Practice X prefers to do a monthly education session rather than weekly therefore she attends the SESPAs Monthly regional sessions.</p>
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	<p>Yes, this varies depending on the learning role. For example, the summative and/or formative assessments vary whether you are a paramedic on primary care roadmap training or if you are a dietitian student. Although both roles are learners.</p> <p>Everyone has an appraisal where they demonstrate what learning they have done for the year and how that is meeting their professional standards. For students, there are placement documents which are completed and come together to contribute to a placement portfolio.</p>

			<p>An example, a working Physician Associate gets 53 hours yearly supervision hours (most get one hour weekly, others get 4 hours monthly) in addition to 7 days of study leave in order to maintain 50 hours of yearly CPD and complete a yearly portfolio (for appraisal). This has working time blocked for dedicated education time which is required for professional regulation.</p> <p>An example, a Physician Associate student completes 3 mini-Cex's, 3 DOPs, 10 multi-source feedback, 2 patient feedback, patient cases and reflections for each placement. There is dedicated weekly time to complete this while on placement with supervisor.</p>
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	<p>Learners of all kinds are highly valued, hence why supervision and educational time is prioritised and protected.</p> <p>Students are regularly incorporated into daily rotas.</p> <p>Students are encouraged to present to all staff on various topics during clinical meetings or during protected tutorials and clinical supervision.</p> <p>For example: recent physician associate student presented in clinical supervision multiple times, one being ECGs and another on heart murmurs.</p>

			CPD funding is provided for all staff, to allow for access (both time and financially) to education through the year. After attending conferences or educational events, the learner is encouraged to present topic from the conference at monthly clinical meetings to staff.
3.9	Learners receive an appropriate, effective, and timely induction into the clinical Learning Environment	yes	<p>This varies depending on the role, however an example of this is an attached starting Physician Associate induction plan. Notably on this, timing of supernumerary work/ consultation times is highly individualized and reviewed/monitored through regular supervision (initially monthly). For example, with recent new physician associate, she had 2 weeks of shadowing and 4 weeks of supernumerary work for a total of 6 weeks induction.</p> <p>There is a separate induction pack for students which I have also attached for you to review. This includes an induction checklist and introduction to all PCN sites.</p>
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	<p>Expectations and students' roles are identified/established during induction. Once these expectations are reviewed, during weekly meetings with supervisor, learning outcomes are reviewed. There is a final meeting at which point a competency form is completed. During this final meeting, learning objectives are discussed as well and supervisor feedback is obtained.</p>

			We do not deliberately match learning outcomes with care pathways at this point, although this can be looked at for future students.
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	<p>Yes, although all of the supervisors within the learning environment may not be a learners named supervisor (to help support with career advice), each supervisor within the learning environment is open to supporting all interested in seeking advice on career pathway opportunities.</p> <p>When discussing career progression in primary care to students, we feel the most important way to show how primary care can be an attractive career choice is by emphasizing flexibility. Showing how many avenues you can take in primary care, particularly ensuring they shadow with team members who have developed their career in different ways. For example, emphasizing that there are flexible hours options, ways to incorporate special interests like dermatology clinics or joint injection clinics, etc.</p>
3.12	Learners are supported, and developed, to undertake supervision responsibilities with more junior staff as appropriate	yes	<p>Those who have had more experience within their specific role are encouraged to supervise more junior staff in early stages of their career.</p> <p>For example, a working physician associate who after working for &gt; 1 year underwent a clinical supervision course and is now the lead physician associate for more junior physician associates within the practice. Additionally, started taking on physician</p>

			associate students (has now taken on 4) as a mentor for training Pas.
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	<p>There are multiple ways this is done, some more formal than others.</p> <p>However, a good example of formal support from healthcare education to employment is that of the paramedic roadmap training. This is a clearly outlined stepwise process identifying how those learning to work in primary care are trained/supported while clinically working.</p> <p>Additionally, we have developed a similar roadmap to practice within our PCN for new physician associates if they do not wish to apply for the preceptorship funding. However, if they are interested in the preceptorship the PCN would support this. Please see our roadmap for new physician associate's document.</p>

**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			
<p>The panel felt that this domain demonstrates good developing and supporting learners, and would like to offer the following questions and comments to support ongoing development of this domain:</p> <ul style="list-style-type: none"> <li>• Standard 3.1 – please note students can also access health &amp; wellbeing resources through their HEI and link tutors.</li> <li>• Standard 3.2 - Are there any PCN policies that relate to EDI (e.g. reasonable adjustments)?</li> </ul>			

<ul style="list-style-type: none"> <li>• Standard 3.3 - Learners can also seek support for their HEIs (student support services)</li> <li>• Standard 3.4 - The Primary Care School Learning Environment Lead will support with this.</li> <li>• Standard 3.8 – <ul style="list-style-type: none"> <li>➢ Please note student nurses need to be supernumerary on the rotas.</li> <li>➢ Is there a PCN placement profile that learners and students have access to pre placement?</li> </ul> </li> <li>• Standard 3.12 - Has the PCN come across the <a href="#">CLIP model of supervision</a>?</li> <li>• Standards 3.1, 3.7 and 3.9 were all noted as examples of good practice.</li> </ul>	
<b>Please add comments regarding requirements to meet unmet or partially met standards</b>	
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 <i>E.g., supervisor course, peer review visit, quality panel feedback, appraisal evidence, advanced supervisor course, learner feedback, continuous professional development (CPD) time</i>
4.1	Supervisors can easily access resources to support their physical and mental health and wellbeing	yes	There is not a clear pathway for supervisors to access additional support for themselves directly related to supervision whether it be physical or mental, however within each practice there is support available for all employees. Our PCN has newly gained access to Vivup which offers 24/7 helpline, face to face counselling, self-help resources, and a wide range of mental, physical, financial and personal resources. We have named Well – Being champions within the PCN who are

			named for each practice and can be local support or help with sign posting for employees and students.
4.2	Formally recognised supervisors are appropriately supported, with allocated time in job plans/ job descriptions, to undertake their roles	yes	<p>The current model of supervision being used is that of “supervision slots” made available in each “on the day supervisors” patient list to allow for experienced clinicians to provide daily support. This allows for enough time to support on the day support.</p> <p>In addition to on the day protected time, there is protected time for monthly – 6 weekly meetings for clinical supervision (between supervisor and supervisee) however this does not include time to do any additional documentation of that paperwork for learners which often gets done during lunch or personal time out of work. This can be considered in our new project where our supervision model will be reviewed, and we can consider more protected time to ensure supervisors are supported.</p>
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	<p>There are different degrees in which each supervisor role requires for formal training.</p> <p>For being a daily supervisor as a senior clinician: the senior, experienced title (? That of GP) meets criteria for being able to provide on the day supervision to a less qualified colleague. We have applied for project funding on a feasibility study of our supervision model, specifically to identify ways we can additionally support these senior clinicians, so they feel comfortable in supervising.</p>



		<p>GP Trainers: two GP trainers in Practice X remain compliant with appropriate training.</p> <p>Paramedic Roadmap Supervisors: one in Practice X, one in Practice X remain compliant with appropriate training.</p> <p>Prescriber Course Supervisors: those supervising training independent prescribers continue to have prescriber experience and demonstrate good prescribing practices.</p> <p>Physician Associate Student Supervisor: one at Practice X, up to date with current Physician Associate licensing and have also done supervisor course.</p> <p>Dietician Student Supervisor: one across the PCN, up to date with current Dietician licensing.</p> <p>Newly qualified ANPs, Physician Associates, etc. are currently supervised/supported by senior members of their specific role. This does not require formal training, however those who are deemed senior members are more experienced in their role. This applies to qualified practitioners noted above, who are developing their career therefore deemed learners within our workplace.</p>
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			For students, we currently do not have any nursing students however are looking to expand our capacity and have one nursing student across the PCN. With this plan the supervisor/assessor would be trained for this which can be done through eLFH or Open University course online prior to prospective placement.
4.4	Clinical Supervisors understand the scope of practice and expected competence of those they are supervising	yes	<p>Roles which require supervision (all AHP learners) are discussed ahead of time, clearly documented, and in each induction a learning needs assessment is undertaken to identify where those competencies are.</p> <p>Practicing nurses who are new to practice, therefore felt to be workplace learners follow a similar induction, although are supervised by senior nurse.</p>
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 learners' programmes and career pathways, enhancing their ability to support learners' progression	yes	<p>This varies depending on the learning, however for example: Those who are paramedic roadmap supervisor undergo specific training in order to be familiar with what is needed to support a paramedic undergoing roadmap training. It is the same for GP registrars and foundation doctors where specifically trained supervisors are taught.</p> <p>For roles which do not require specific training to be a supervisor, for example a supervisor for physician associate students. The supervisor has regular contact with the HEI and reviews a manual provided from the university explaining the role of the</p>

			<p>Physician Associate student and how to support the student.</p> <p>For support of newly qualified employees who are AHP learners, current supervision is provided by a senior member within their specific team. Therefore, those who are more experienced in that role understand how the career can progress and how learning is expected in the first few years of work, based on experience.</p>
4.6	Clinical supervisors are supported to understand the educational needs (and other non-clinical needs) of their learners	partially met	<p>For those supervising as a senior clinician (with on the day support) the supervisors are familiar with the colleagues and the clinical limitations in which they are supervising. However, they may not be aware of specific career progression/training required in each role.</p> <p>Senior clinicians who supervise students (as identified above), newly qualified roles and AHP learners (as identified above), prescribing students, or specific training pathways (GP training, foundation doctors, etc) are up to date with career specific educational needs. For those supervising students there is support provided by the HEI and this is referenced throughout placement. However, we currently do not utilise resources from NHSE primary care school much, which going forward can be reviewed and incorporated into our model. A reasonable way to review this would be with our new project on supervision.</p>

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	For those who are supervisors, they undergo appraisals where their role as a supervisor is addressed. Supervisors are encouraged to obtain constructive feedback from supervisees on their support. This is done with a standard feedback form presently. However, going forward can consider utilising a 360-degree feedback system, particularly for supervisors who support AHP learners year-round.
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**For any criteria partially / not met – provide action plan**

We have recently applied for funding on a project to review our supervision model, within each practice and across the PCN. This will allow for us to determine whether our current supervision model is the most effective although more importantly give an opportunity to assess whether our supervisors require more support/training in the long term with the planned supervision model. With this plan, finding ways to support supervisors in understanding specifics of each role they support can be reviewed.

**For TVW PCS use only**

Domain four - Assessment			
Standard achieved (please highlight)	Met	Partially met	Not met
Mandatory requirements (please highlight)	Yes	No	
Overall assessors' comments			
<p>The panel felt that this domain demonstrates good developing and supporting supervisors, and would like to offer the following questions and comments to support ongoing development of this domain:</p> <ul style="list-style-type: none"> <li>• Standard 4.1 – The panel felt that this standard had been met and have changed it accordingly.</li> <li>• Standard 4.4 – please also consider <ul style="list-style-type: none"> <li>➢ The use of student PADs</li> <li>➢ Supervisor training e.g. NMC SSSA for nurse supervisors / assessors</li> <li>➢ Engagement with HEIs and your Primary Care School Learning Environment Lead (LEL)</li> </ul> </li> <li>• Standard 4.5 – Please note HEIs provide workshops to support understanding and use of student curricula, practice assessment documents (PAD) for new learners to the PCN.</li> </ul>			

<ul style="list-style-type: none"> <li>• Standard 4.6 - The Primary Care School would encourage and support this through your linked LEL.</li> <li>• Standard 4.2 - Noted as an example of good practice</li> <li>• The project to review your supervisor model is noted and demonstrates a forward-thinking Learning Environment.</li> </ul>	
<b>Please add comments regarding requirements to meet unmet or partially met standards</b>	
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 <i>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</i>
5.1	Practice placements must enable the delivery of relevant parts of curricula and contribute as expected to training programmes	yes	Delivery of curricula on placement varies depending on the student understandably. We work alongside the HEI to ensure a placement across our PCN meets these criteria and relevant parts of the curricula are included. Please see two attached packets of documents relating to dietician student (student schedule, student placement handbook, practice assessment document) and to physician associate student (schedule, student placement handbook with summary of placement expectations)

5.2	Placement providers work in partnership with programme leads in planning and delivery of curricula and assessments	yes	<p>There is close contact prior/during/after placement with the HEI in and outlining of expectations on placement between Portsmouth University, AECC (dietician), Medical Training Council (GP reg/foundation doctors). You can see examples of this in the documents included in the question above.</p> <p>However, presently we do not have any members from our PCN on any HEI curriculum planning boards or meetings. This may be a consideration in the future depending on capacity of our supervisors.</p>
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	<p>GP trainers: collaborate with professional bodies re: any changes in medical training and apply that to timetables and assessment paperwork being done.</p> <p>PA students/ Dietician students: collaboration prior to each placement with programme leads at respective universities.</p> <p>As noted above at beginning of this form, we are looking to host a nursing student as well (have not yet), where the nursing student supervisor would collaborate with NMC and HEI to ensure appropriate placement content is delivered.</p>
5.4	Placement providers work in collaboration with partners at a systems level to ensure delivery of curricula across placements	yes	<p>With our recent physician associate student and dietician student, these students worked across all three sites within the PCN as well as in the community.</p>

			<p>Please see attached dietician student schedule, as you can see, she worked 1-2 days at each site depending on the week. Her community engagement was at the Family Centre, and she additionally incorporated some time in the hospital experiencing an aspect of secondary care.</p> <p>Please see our physician associate student schedule which outlines the majority of his time in Practice X, but notably had multiple shadowing days at two other sites across the PCN. He also had multiple days within the community pharmacy in Practice X and multiple days at various care homes within the community.</p>
5.5	Placement providers proactively seek to develop new and innovative methods of education delivery, including multi-professional approaches	yes	<p>All three placement sites utilize shadowing opportunities of the multi-disciplinary team, working under the supervision of multiple disciplines, being taught in formal education events and also teaching a multi-disciplinary team.</p> <p>For example: Physician Associate student shadows across all non-clinical and all clinical professions. Works under supervision of both GPs and physician associates. Taught two educational sessions to a multi-disciplinary team during weekly supervision. And also attended a PCN wide clinical education event.</p>
5.6	The involvement of patients and service users, and learners, in the development of education delivery is encouraged	yes	Mandate that with each student, there must be patient feedback obtained for portfolio.

			<p>Physician Associate students obtain patient feedback. Foundation doctors obtain patient feedback. GP registrars obtain patient feedback.</p> <p>Although our students have not yet been engaged in the health &amp; wellbeing sessions run for patients, it can be a consideration in future placements to have their quality improvement project incorporate direct patient interaction and feedback.</p>
5.7	Timetables, rotas, and workload enable learners to attend planned/timetabled education sessions needed to meet curriculum requirements	yes	<p>Attach timetables, attend respective teams weekly vs. monthly supervision. Physician Associate student attends weekly Tuesday education with a multi-disciplinary team (ANPs, Paramedics). Teaching at two of them. Also attended a bi-monthly clinical education event.</p> <p>Dietician student was offered ability to attend monthly education session.</p>

**For TVW PCS use only**

Domain five - Assessment			
Standard achieved (please highlight)	Met	Partially met	Not met
Mandatory requirements (please highlight)	Yes	No	
Overall assessors' comments			
<p>The panel felt that this domain demonstrates good developing programmes and curricula, and would like to offer the following questions and comments to support ongoing development of this domain:</p> <ul style="list-style-type: none"> <li>• Standard 5.3 – The HEIs would welcome this and your Primary Care School LEL can support this to happen</li> <li>• Standard 5.6 – <ul style="list-style-type: none"> <li>➤ How do you link learners to your PPG?</li> </ul> </li> </ul>			



<ul style="list-style-type: none"> <li>➤ How is student feedback and actioned? What happens if there is negative patient feedback?</li> <li>• Standard 5.2, 5.4 and 5.7 – Noted as examples of good practice</li> </ul>	
<b>Please add comments regarding requirements to meet unmet or partially met standards</b>	
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 <i>E.g., evidence of PDP, attendance at training, appraisal, tutorial record, meetings, updates with stakeholders</i>
6.1	Placement providers work with other organisations to mitigate avoidable learner attrition from programmes	yes	<p>Students/learners on placement are supported by supervisor on placement but also the program they attend in order to ensure wellbeing of the learner. In each induction, there is emphasis on wellbeing and a supervisor is identified so the student understands who to seek advice/help from.</p> <p>If there are concerns from the learner, it is essential to speak with their prospective HEI early in order to devise an action plan. This would be done via collaboration with the HEI. I do not have any specific examples of this, as our recent student did not have any concerns. However, as you can see in the attached dietician practice assessment document, there are key contacts clearly outlined at the beginning which identifies who helps in this situation.</p>

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	<p>Each AHP learner within a practice has a named supervisor and that supervisor can provide advice on career progression, educational/developmental opportunities.</p> <p>Often discussed through PDP in appraisals.</p> <p>For example: A Physician Associate Yearly Appraisal outlines a section specifically for career development through PDP. This is a place where not only educational needs are discussed, but additionally career progression and what specific steppingstones/ pathways you can take to meet goals you have for career progression. There is also a summative self-assessment included, which gives space for the learner to identify how they may want to progress their career ensuring discussion with supervisor.</p>
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	<p>The development of learners is discussed regularly through yearly appraisals in all roles. This allows specific discussion on how skills / knowledge / behaviours require adaptation to meet the changing needs of patients and service.</p> <p>Larger educational needs are discussed at senior levels across the PCN regularly particularly when discussing additional or new roles in practice. These roles are additionally supported by our Wider Workforce Educational Lead.</p>

			Presently most of our supervisors are not contributing to teaching or learning within a HEI, however during review of our supervision model it can be a consideration in order to help develop our learning environment.
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	<p>Advanced practice roadmaps have been utilized and followed at multiple sites across the PCN. For similar AHP roles (clinical pharmacists, ANPs, dieticians, MSK practitioners, etc) when new to practice, similar pathways are utilised to give support in the first year +. However, I have included the two examples below for you to reference.</p> <p>-Paramedic roadmap training (please see attached roadmap which our PCN follows)</p> <p>-New to practice Physician Associate training (please see PCN specific roadmap that we have developed to provide support for new to practice physician associates). We do support and offer physician associates the ability to apply for the preceptorship although we do not mandate it and hope that the roadmap, we have developed mirrors the preceptorship enough to support.</p>

**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			

The panel felt that this domain demonstrates developing a sustainable workforce, and would like to offer the following questions and comments to support ongoing development of this domain:

- Standard 6.1 - Has the PCN seen the [RePAIR work](#)?
- Standard 6.3 - The HEIs would welcome this and the Primary Care School can support planning and implementing this.

**Please add comments regarding requirements to meet unmet or partially met standards**

Standard	Requirement
N/A	

## Assessment outcome and recommendations

**For TVW PCS use only**

### 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 Thames Valley and Wessex
Learning Environment Lead – Frimley Thames Valley and Wessex Primary Care School
Associate Dean, Education Quality Thames Valley
NHSE Quality Improvement Fellow 2023 TV&W Primary Care
Senior University Practice Learning Advisor / Joint Year 1 Practice Unit Lead Bournemouth University
Associate Head (Placements & Employability) Portsmouth University
Project Support Officer working across Hampshire & Isle of Wight

### Outcome

Outcome	Comments
<i>Delete as appropriate</i>	
ALL criteria met <input checked="" type="checkbox"/>	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 <input type="checkbox"/>	
Criteria NOT met <input type="checkbox"/>	

### TVW PCS ratification and sign off

Approval summary	All domains have been met.
Date of ratification	15/11/2023
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.