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

Approval form for Primary Care Network Learning Environment

Primary Care Network learning environment approval form

Please complete this form 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

Organisation and locality details

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

Locality details	
Name of PCN	
Integrated Care System (BOB, Frimley, Hampshire and Isle of Wight)	Hampshire and Isle of Wight
Organisation details	

Please list <u>all the GP surgeries</u> that are part of your PCN and state whether you are requesting their approval as a 'hub' training site

Please state any other organisations applying for approval as a 'hub' training site within your PCN

Name of 'hub' placement site	Type of placement site *e.g., GP practice, community pharmacy, care home, voluntary organisation*	Are you requesting approval for this 'hub' site?
	GP Practice	Yes
	GP Practice	No

- If applicable, state why any GP practices in your PCN are <u>not</u> applying for approval as a training site

Practice 2 currently do not have capacity to support additional student activity.

- How might you mitigate the potential impact of their nonparticipation on the PCN learning environment?

We have continued to take on students and encourage the learners to also shadow other teams that we have made strong links with such as OPMH, Pharmacy, Midwifery.

- How do you plan to work together towards integration in the future?

To share our best practice.

Organisation declaration

By completing this application, we acknowledge and guarantee:
- Compliance with the Quality Standards in the Health Education England Quality Framework and the six domains set out within this approval form
- 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 e.g. Senior Partner / Education Lead	
Role within the Organisation	
Email address	
Date	

If there is more than one site seeking approval within your PCN please add additional site tables from (Appendix 1)

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Panel comments or actions relating to organisation details

Quality self-assessment

The self-assessment below covers six quality areas mapped against the Health Education England Quality Framework (2021), which provides quality specifications of the standards of delivery of education and training required to assure the quality of clinical learning environments. You are required to provide evidence of how your PCN meets these quality measures, supported by relevant wider workforce learner examples.

Please note, the quality measures assessed below have been adapted and do not directly correlate to the six quality domains of the Quality Framework.

1. **Creating a culture of quality, safety, learning and continuous improvement**
2. **Educational governance and risk management**
3. **Delivering programmes and curricula**
4. **Facilitating learning**
5. **Supporting and developing learners**
6. **Supporting and developing supervisors**

To avoid duplication, we advise you to read all six sections below to understand the scope of evidence required **prior** to starting the self-assessment. We encourage you to try and use new examples, however, evidence can be cross-referenced if it demonstrates compliance in more than one area. However, for ease of panel review please 'copy and paste' relevant evidence into the evidence box, do not refer back to a previous section.

1. Creating a culture of quality, safety, learning and continuous improvement

No.	Quality measure	NHSE Quality Framework standards	Evidence Include examples of activities, processes or policies that demonstrate how you meet each quality measure Provide at least one learner example to support each quality measure If you identify areas that require further development, write a SMART action plan stating how these quality measures will be met
1	Learners are hosted in an environment that ensures the safety of staff, learners and patients; delivers effective, compassionate care; and prioritises a positive experience for patients and service users	1.5/1.6	The Practice is CQC regulated with a GOOD rating. We pride ourselves on ensuring a positive experience for our patients and regularly ask our patients to leave feedback on our service via [hyperlink] and also friends and family feedback.
2	Governance mechanisms are in place for learners, placement providers and HEI's to identify, raise, act on and share concerns. All staff, including learners, are actively supported to raise concerns without fear of negative consequences i.e., about standards of care or learner's knowledge	1.7/2.6/2.8/4.7	In practice we enable all staff/students to utilise our internal significant event reporting document. We use this tool in a non-blame culture and meet quarterly with the whole practice to identify learning and put improvements into place. In this meeting we will anonymise and discuss what has happened, what could have been prevented and what we would do differently going forward and if any process needs to be updated.

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3	The learning environment is sensitive to the diversity of both learners and the patient population a placement serves. Evidence of engagement in workforce planning to support the development of learners who meet the needs of the local population. Evidence of engagement and ownership of equality, diversity, and inclusion to create a learning environment that is fair, inclusive, and supportive of all learners, regardless of background or professional group	1.2 /1.3 /1.8/ 2.2/6.3	In practice ensure we are inclusive for all learners. For example, we have recently adapted a non-clinical room into a prayer room for students who were on placement with us while observing Ramadan. Another example of how the practice engages with the needs of the population is that we have recently been involved in a trial run by Hampshire County Council which linked us with a charity called Autism Hampshire. Due to the practice having a large autism register we were able to receive extra training for staff and learners if on placement at the practice of how to support the unmet needs of a person with autism.
4	The learning environment can demonstrate parity of access to learning opportunities and support for learners with a variety of learning and educational needs, making reasonable adjustments where required. Any potential differences in educational attainment are identified and addressed	1.2/2.3/3.3/3.2	Before starting with the practice, we liaise with both the student and university to understand if there are any adjustments required. If a student requires any support, we make sure that their supervisor whilst in practice is aware and ensure we support them. An example of this, is we recently had a student who had a back problem and couldn't stand for long periods of times. We met with her regularly and ensured she had the right equipment and took adequate breaks in her working day.
5	Learners are valued members of the healthcare team whilst in the placement area and enabled to actively contribute to the team's work	1.1/1.2/3.8	Yes, all learners are treated as part of the team. Although supernumerary we actively engage them to support the clinical workforce in helping in clinics. For example, when we have had mental health students on placement they have helped with the physical examination with SMI patients. This has meant they have taken weight, height, BP

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			measurements and then also shadowed the HCA complete the rest of the physical examination.
6	The learning environment values and champions learning. There is a culture of continuous learning where giving and receiving constructive feedback is both encouraged and routine practice	1.1/1.4	A good example of this is at the end of each student placement we ask them to fill out a questionnaire on how their placement was at the Practice. The questionnaire can be completed anonymously if required and is submitted through survey monkey. We ask questions that will help improve future placements.

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1 - Creating a culture of quality, safety, learning and continuous improvement			
Quality measures (please highlight)	Achieved	Not fully achieved	Not achieved
Overall assessors' comments			

Areas of good practice:
- Good examples of supporting students / learners and patients, and adapting as needed e.g. accommodations for Ramadan and neurodiversity
- Example of liaising with students / learners and Higher Education Institutes (HEIs) to understand individual learner needs and put adjustments in place
- Example of adapting to meet supernumerary status of learners where appropriate, whilst also providing learning opportunities
- Established mechanisms are in place to regularly collect learner feedback. Examples in 2.8 of responding to, sharing, and acting on feedback to improve learner placements

Actions:
- Fully complete the educator database with the qualifications of your supervisors, so that the panel can be assured that they are able to support wider workforce learners

Please add comments regarding requirements to meet unmet or partially met standards	
Quality measure	Action required
Not applicable	

2. Educational governance and risk management

No.	Quality measure	NHSE Quality Framework standards	Evidence Include examples of activities, processes or policies that demonstrate how you meet each quality measure Provide at least one learner example to support each quality measure If you identify areas that require further development, write a SMART action plan stating how these quality measures will be met
7	There is clear, visible, inclusive and joined up senior educational leadership, committed to continuous quality improvement of education and training. Education and training issues are fed into the most senior level of decision making	2.1/2.4/2.6	Our Nurse Partner champions training at the practice and PCN and is our EELs role. However, due to volume of students and improvement of education for our own team we recently have promoted an Advanced Nurse Practitioner – to be our Education Lead for the practice. As part of the role, he ensures smooth running of all the student placements and also ensures our own staff training is being completed (mandatory training). Education has a stand-up agenda within our weekly leadership meeting, where all the practice leads and partners come together to discuss high level information.
8	Placement evaluations are completed, acted upon and shared with supervisors / assessors to assure ongoing development of the learning environment	2.4/2.6	As mentioned, all students are sent a follow up questionnaire once their placement has come to an end. Once we receive the questionnaires back, we share amongst all the supervisors and

			assessors for review and ensure any feedback for improvement is discussed and if feel there is improvement then take on board. An example of this, is that we have had feedback from a PA learner that they would have liked to spend more time with a GP whilst on their placement. The team took this feedback on board and ensured that we regularly check in with the learners to ask if their timetable is varied enough and adapt if required.
9	The learning environment works collaboratively with other stakeholder organisations and HEI's to support effective delivery of healthcare education and training; spread good practice; and minimise the impact of service changes on education and training provision and capacity	2.7/2.8	The practice has met with many other local practices in the past to share good practice of how to host students and increase capacity when hosting students. For example, in 2022 we were one of the first practices to take on Mental Health Nurses in primary care. Due to the success of this and the change in mindset that primary care does need mental health support, we have regular mental health nurses on placement with then most of them considering a job outside of a hospital-based environment. Another example of how the practice share good practice is that we recently had an article written by the TVW Apprenticeship[Lead regarding how we encourage apprenticeships and engage them in our workforce. We currently have 2 Nursing Associates, both about to do the RN Top Up scheme while still being employed by the practice. I have included the article as part of the submission.
10	The learning environment can demonstrate how educational resources (including financial) are allocated and used	2.5	The practice recently submitted a bid for additional funding, for innovative projects, to support the development of the PCN learning environment. In this bid we were able to buy 5 Ipads which increases accessibility where we may have space

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			constraints. The learners will be able to use the Ipads whilst in practice and would be able to do their portfolio work without requiring a desktop.

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2 – Educational governance and risk management			
Quality measures (please highlight)	<mark>Achieved</mark>	Not fully achieved	Not achieved
Overall assessors' comments			
Areas of good practice: • Evidence of your leadership teams commitment to education - establishing a PCN education team, and education on standing agenda at weekly leadership meeting • Good examples of collaboration and sharing of good practice across local networks to expand and support student / learner placements • Good example of innovatively overcoming capacity issues by purchasing iPads Areas of feedback: • 9. The panel felt there was insufficient evidence of the mitigation of work pressures and service changes on ongoing education and training provision and capacity. However, it is noted that the delivery of learner placements has been upheld throughout a time of challenge within the PCN, demonstrating strong educational resilience			
Please add comments regarding requirements to meet unmet or partially met standards			
Quality measure	Action required		
Not applicable			

3. Delivering programmes and curricula

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No.	Quality measure	NHSE Quality Framework standards	Evidence Include examples of activities, processes or policies that demonstrate how you meet each quality measure Provide at least one learner example to support each quality measure If you identify areas that require further development, write a SMART action plan stating how these quality measures will be met
11	The learning environment provides suitable educational facilities, including adequate estate, IT systems, library and knowledge services, policies, procedures and guidelines	1.1/1.11/1.12	Yes, all students can access all the same system/equipment and knowledge as core staff. On the student's induction day, we ask them to complete their E learning for health for students on placement and provide certificates upon completion. All our policies and protocols are stored on Microsoft teams which they are all able to access.
12	All learners receive an inclusive and comprehensive induction/orientation into the learning environment	1.11 / 3.9	On the student first day at the Practice, they spend the morning with our HR Coordinator who completes a full health and safety tour of the practice. We evidence this induction and keep on file for health and safety purposes. On the learners first day, we take a picture of each individual leaner (if they consent to do so) and welcome them via our team's general chat.

			This ensures that all staff know we have lots of learners in the building and welcome them if they haven't already met them.
13	Timetables and workload enable learners to attend planned / timetabled education sessions needed to meet curriculum requirements	5.6	Yes, we ask all learners to provide dates and or times they need to be not rotated while on placement so they can attend. For example, we have received an email from the university advising that 2 learners have exams on a day they would be on placement. We take note of that for their timetable and ensure they are planned out for the day.
14	The learning environment has sufficient supervisor/assessor capacity to support all learners. A record of supervisors / assessors is held. Supervisors/assessors are highlighted on placement rota's so all staff can identify when they have a learner working with them and can ensure supernumerary status if required	4.2/4.4	The practice encourages if able all the clinicians to ensure they are trained in assessor or supervisor level. We have a strong mix of both across the MDT. Copies of the student timetables are pinned in staff areas (non-patient facing) so if there was any issue regarding uncertainty of who was working and where, anyone could quickly identify using the timetables available. An example copy of the learner timetable is shown below.
15	The learning environment facilitates the delivery of relevant parts of training programmes and provides learners with a diverse range of learning opportunities, i.e., voluntary, care sector, digital health, across care teams and providers. Learners are empowered to take responsibility for accessing learning opportunities.	1.1/1.13/2.7/5.1/5.2/5.3	When students are on placement at the Practice we like to diversify their rota. We have good links with pharmacy, midwifery, district nursing teams which we regularly ask our students to spend time with them. We will initially contact those teams but empower the learner to arrange times and dates suitable to coordinate their placement.

	Placement areas work collaboratively with programme leads and stakeholder organisations to coordinate delivery of curricula across placements		
16	All learners have access to multi-professional learning and, where appropriate, inter-professional learning opportunities that includes specialist practitioners / consultants	1.1/1.12/2.1/5.4	Yes, whilst on placement each student will spend time with the whole MDT. We do this by running to sessions and change this from AM – PM across the week. On placement the learner will also be able to shadow specialist clinics such a women's health (implant/pessary/coil clinics), steroid injection and baby immunisation clinics. We also link in with consultants from the hospital who come to deliver training to the clinical team. We recently have had a COPD education training session delivered by Dr (QA Hospital) which learners whilst on placement
17	The learning environment develops new and innovative methods of education delivery to develop learners who are responsive to meet the changing needs of patients and services. E.g. a) involving patients, service users and learners in training development and delivery b) use of technology c) working with the local Voluntary, Community and Social Enterprise sector d) peer and group supervision models	5.4/5.5/6.3	a) As part of the Autism Hampshire trial that has previously been mentioned, the practice also engaged with service users to understand their need from their perspective. For example, we received feedback that our waiting rooms can be overwhelming for some patients on the autism spectrum. With this in mind, we have requested a box of sensory equipment and also encourage our receptionists to recognise the signs when a patient is in distress and ask if they would like to access a side room to wait instead. b) As a research practice, we recently completed a FENO trial and due to the volume of patients we screened we were

			able to keep the machine. We now conduct regular FENO clinics and spirometry clinics which the learners can shadow whilst on placement.
			c)the practice has a very good relationship with the Horizon gym group, and they have recently been in collaboration with Havant County Council. As part of this collaboration, they introduced a 'health hub' in the local shopping centre and the practice was a key stakeholder in supporting the launch of this hub. The hub enables our patients to access blood pressure monitoring, diet advice, exercise referrals all free of charge. Our health and wellbeing coach regularly spends time in the hub to support and encourages the students to also visit with her.
			D) a good example of supervision models that we use frequently in the practice is within the mental health team. Each week the team have an MDT meeting as a group where they discuss patients within our PCN and with colleagues from Southern Health. The practice team also then have individual supervision which is documented. We have included a copy of the template we use in practice.

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3 - Delivering programmes and curricula			
Quality measures (please highlight)	Achieved	Not fully achieved	Not achieved
Overall assessors' comments			

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Areas of good practice:
• Evidence that learners are valued, and education is prioritised. The photos and welcome message are a nice touch to and great to see the whole team are made aware of students / learners. Good practice that learners and staff have clear timetables that are easily accessible to all
• Evidence of working with Higher Education Institutes (HEIs) and learners to tailor timetables and placement provision
• Examples of getting involved with the wider community and other stakeholders, as well as responding to patient needs while incorporating students / learners

Thank you for providing such strong examples, the panel felt this was an extremely strong section. We particularly liked your accompanying supervision document, to help support learners to look back and reflect on their learning and take actionable points forward. The learner voice was strong in your submission

Please add comments regarding requirements to meet unmet or partially met standards	
Quality measure	Action required
Not applicable	

4. Facilitating learning

No.	Quality measure	NHSE Quality Framework standards	Evidence
			Include examples of activities, processes or policies that demonstrate how you meet each quality measure
			Provide at least one learner example to support each quality measure
			If you identify areas that require further development, write a SMART action plan stating how these quality measures will be met

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18	Learners are supported to complete summative / formative assessments to meet the learning outcomes for their course, in a timely manner, as per programme requirements	1.1/3.7	As part of the learner placement, they are given dates at the start of their placement where they meet their assessor to review their assessments and ensure their portfolio is being updated. If the learner alerts the assessor that they are struggling to complete the assessments, then we have adapted their timetable to support them further. We have also been to offer catch up hours and placements for students who were not meeting course requirements.
19	Learners demonstrate clear understanding of their role and the context of their placement in relation to care pathways, service user journeys and expected outcomes for patients and service users	3.10	In the placement we encourage our learners to understand the patient journey, with one of the important aspects being able to spend some time with the reception team. The reception team are an integral part of the practice and help signpost to the relevant clinician with the type of appointment.
20	Learners are supported and developed to undertake supervision responsibilities, relevant to their stage of learning, with more junior staff/students	3.11	Although we generally do not have learners supervise junior staff in a clinical setting, we do encourage the learner to share audit findings in teaching sessions. For example, previous Physician associates have completed clinical audits of smoking cessation and referral times in consultations.
21	The learning environment provides opportunities for learners to engage in quality improvement initiatives which may include improving evidence-based practice, clinical audit, research and innovation	1.9	Whilst in practice we actively encourage our learners to take part in clinical audits. An example of this is that we currently have a physician associate completing an audit of smoking cessation referrals completed within the practice and how we could improve accessibility and pathways for patients in the future. The PA has engaged in the audit by speaking to different members of the clinical team and the

			administrative team about supporting building searches and gaining information of our current processes. We actively encourage the learners when undertaking an audit to deliver the results in our weekly practice meetings so all teams are aware of improvements we can make.
22	Learners are supported to learn constructively from the experiences and outcomes of patients and service users, both positive and negative. Evidence that students are actively involved in service user feedback and incident reviews	1.10	Yes – as previously mentioned we encourage all incident reviews to be submitted through our significant event recording channel which they have access too. We then host meetings where we discuss the outcomes and try to have an open discussion to improve outcomes. For positive reviews we also actively encourage staff to promote any good feedback through our 'Good Deed Feed' channel we have on teams. I have shared some of the recent feedback received from patients that we store on our channel. Positive feedback from a student MH nurse who shadowed the MH team for a day :) Good Morning Lauren, Just wanted to thank you for giving me the opportunity to shadow with your team last week. It was a pleasant experience and I acquired some skills and knowledge. Please pass on my message to Paula who took her time to show me part of the work that you do. Proud of you and what you have accomplished. All the best in the future. Kind Regards,
23	Learners receive appropriate careers advice from placement colleagues within the learning environment, including an understanding of other roles and career pathway opportunities	4.5/6.2/6.4	At the practice we are proud to have recruited students that have spent time with us whilst on placement. For example, we now have 2 Mental Health trained nurses (both spent time with us on placement from Portsmouth University). Having ex-students recruited and now key members of the team promotes how placements can lead to potential future recruitment.

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I wanted to express my gratitude to all of you. Your support and guidance in helping me learn have been invaluable. You provided a safe and encouraging learning environment.

Your encouragement and promoting an environment for students to learn and explore is amazing

I am grateful for the opportunity to have worked with you all.

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4 – Facilitating learning			
Quality measures (please highlight)	Achieved	Not fully achieved	Not achieved
Overall assessors' comments			
Areas of good practice: • Evidence of sharing positive feedback with team, including examples of positive student / learner feedback • Great example of recruiting mental health nurses who had previously completed student placements with the practice Areas of feedback: • The panel identified potential opportunity as you develop your PCN wide Learning Environment to work with the Primary Care School and HEIs to further develop peer to peer learning and supervision opportunities for both learners and staff			
Please add comments regarding requirements to meet unmet or partially met standards			
Quality measure	Action required		

Not applicable	

5. Supporting and developing learners

No.	Quality measure	NHSE Quality Framework standards	Evidence Include examples of activities, processes or policies that demonstrate how you meet each quality measure Provide at least one learner example to support each quality measure If you identify areas that require further development, write a SMART action plan stating how these quality measures will be met
24	Learners receive the supervision and educational support they need to demonstrate curriculum requirements and / or professional standards and, achieve core learning outcomes. Supervision is tailored to learners' level of experience, competence and confidence, and appropriate to their scope of practice, ensuring supernumerary status where required	1.1/2.7/3.5/3.6/4.4	We encourage all learners to build their knowledge and scope while on placement at the practice and this is done by spending time across the whole MDT. All learners will be supervised and classed as supernumerary but if the assessor feels that they are able to run their own clinic (normally 2/3 patients per day) we will allow them to do this. Again, this is supervised by a clinical staff member. We have had lots of student's feedback that this was a great way of learning. Feedback example from a student: *This placement has been great for my learning and development, the team have built my confidence and*

			allowed me the opportunity to develop my knowledge and skills. They have encouraged me to be assertive and take charge of learning and well as guiding me in accomplishing the goals I set out. I felt included and very involve through it this placement and they trusted me to run my own clinic under the supervision of the staff members. Working in the primary care setting has been an eye opener and the Holistic care approach the team abide by too allowed both student and staff to work in a uniform way providing the best care they could give regardless of the strain. This is a very ideal placement for students. Thank you for all you support.
25	Learners know how to seek support and are encouraged to access resources to support their physical and mental health and wellbeing	3.1	Whilst working in the practice on placement all the learners can utilise the resources that are available to our own colleagues. We display the information on our staff noticeboards in our kitchen area. If the learner also does raise issue the assessor would encourage to also seek support from pastoral care based at the university.
26	Supervision arrangements enable learners in difficulty to be identified at the earliest opportunity. Learners and supervisors / assessors are encouraged to raise concerns and communicate difficulties regarding meeting learning outcomes to HEIs, actively work with them to mitigate avoidable learner attrition from programmes	1.1/1.6/1.7/3.4/4.1/6.1	Through regular catch ups in the learner placement any concerns are raised to the student in a supportive manner. The concerns will be documented in the meeting and if the concerns continue then we would escalate this to the university. We recently had an example of this where a learner, was consistently late to the placement and fell asleep numerous times while shadowing a clinician. The feedback was raised to the student, and we tried to discuss options to improve timekeeping and matters in personal life. Unfortunately, the concerns worsened, and the assessor did not feel that the student would be able to

		pass their placement. We ensured that we kept an open dialogue with the learner and feedback to the university our feedback and concerns.

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5 – Supporting and developing learners		
Quality measures (please highlight)	<mark>Achieved</mark>	Not fully achieved	Not achieved
Overall assessors' comments			
Areas of good practice: • Good example of protecting students / learners supernumerary status where required, whilst tailoring learning opportunities to learners level • Awareness demonstrated of resources and pastoral support available to students / learners from HEI			
Please add comments regarding requirements to meet unmet or partially met standards			
Quality measure	Action required		
Not applicable			

6. Supporting and developing supervisors

No.	Quality measure	NHSE Quality Framework standards	Evidence Include examples of activities, processes or policies that demonstrate how you meet each quality measure Provide at least one learner example to support each quality measure

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			If you identify areas that require further development, write a SMART action plan stating how these quality measures will be met
27	Supervisors / assessors are supported to access resources to support their physical and mental health and wellbeing	1.6 / 4.1 / 4.3	All staff have access to VIVUP which is a web-based portal. VIVUP offers 24/7 access 365 days of the year through telephone counselling and face to face support at no cost to the employee.
28	Supervisors / assessors have allocated time to complete learners' assessments and documentation (formative / summative / interviews etc.)	4.2	Yes, all learners' assessments are completed in protected admin time for the supervisors/assessors – and do not impact clinical time.
29	The placement area can demonstrate that supervisors / assessors receive constructive feedback on their role, that their training needs are identified in relation to supporting and assessing learners, and how they are supported if considering a formal supervision role	4.3/4.6/4.7	Yes, all staff at the Practice have yearly appraisals with their line management. In the appraisal we will discuss their individual education roles and how as line management we can support them if there has been constructive feedback.

Although at the practice we have received very little constructive feedback, if deemed urgent and could not wait to yearly appraisal we would complete a one-to-one meeting to discuss any issues or concerns raised. |
| 30 | All supervisors/assessors have been appropriately trained (in line with Professional Bodies, Regulators and HEI requirements) and have up to date knowledge of the programmes they are supporting, enhancing their ability to support learners' progression | 4.3/4.4/4.5/4.6 | Yes – all the supervisors and assessors are registered professionals and have all undertaken the e learning available relevant to supervising students whilst on placement. |

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6 – Supporting and developing supervisors			
Quality measures (please highlight)	Achieved	Not fully achieved	Not achieved

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Overall assessors' comments
Areas of feedback: • The panel encourage your PCN to consider developing a peer review system across your PCN, as a tool for assuring quality and supporting your educator's continuous professional development • 30. Further clarification on the e-learning available to supervisors would have been helpful, to assure panel that supervisors are clear on the requirements of each type of learner

Please add comments regarding requirements to meet unmet or partially met standards	
Quality measure	Action required
Not applicable	

Assessment outcome and recommendations

Outcome	
Approved as a PCN learning environment	☒
Approved as a PCN learning environment with actions	☐
Not approved as a PCN learning environment	☐

Comments and actions
Congratulations, your PCN has been approved as a Primary Care Network Learning Environment as 18/04/2024. Thank you for all the work you have put into developing such a high standard Learning Environment. The panel felt your PCN is already operating as a PCN-wide Learning Environment in many areas. Your Learning Environment comes across as welcoming and supportive of students / learners and provides lots of learning opportunities. The panel noted you are already providing wider workforce placements and would encourage you to work closely with your Learning Environment Lead as you continue to develop your Learning Environment. It was also great to see your incredibly positive friends and family feedback as part of the submission. We look forward to working with your PCN in the role of Learning Environment Facilitator. It was commended by panel that your PCN has demonstrated good resillience in light of recent events. We advise you to work closely with HEIs and the Primary Care School if your PCN undergoes organizational change, to support the continued delivery of quality placements. Please be aware you are required to inform the Primary Care School of any major changes such as reconfiguration of the PCN. The Primary Care School will review the change and notify if any action including reapproval is required. FOR ACTION: •   Add the types of supervisor and educational qualifications (pages 11-12) •   Provide signature within organization declaration (page 13) Please return your amended approval document to england.primarycareschooltvw.se@nhs.net for our records.

Panel Members

Role
Primary Care Clinical Learning Environment Lead NHS England Workforce Training & Education (WT&E), Thames Valley and Wessex Primary Care School
Head of School of Pharmacy

NHS England WT&E, South East
Associate Dean (Quality) NHS England WT&E, Thames Valley and Wessex Primary Care School
Head of Practice Education, Faculty of Health and Life Sciences Oxford Brookes University
Primary Care Clinical Learning Environment Lead NHS England WT&E, Thames Valley and Wessex Primary Care School
Head of Practice Education, Faculty of Health and Social Sciences Bournemouth University

Administrative support

Role
Primary Care Programme Coordinator NHS England WT&E, Thames Valley and Wessex Primary Care School

TVW PCS ratification and sign off

Approval summary	Approved as a PCN learning environment
Date of ratification	18/04/2024
Signature of Panel Chair	Dr Olivia Jagger