

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

Primary Care Network Learning Environment approval form

28 April 2023, Version 1.7

Primary Care Network Learning Environment form

Please complete electronically

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

Please note specific organisational details have been removed from this document.

Organisation and locality details

Name of organisation	
Type of organisation <i>e.g., Primary Care Network</i>	PCN
Integrated Care Board / System (ICB / ICS)	BOB
Nearest Community trust	
Nearest Secondary Care trust	
Has a local university recognised Learning Environment Audit (LEA) been undertaken for the PCN?	Yes

Placement details		
Please add details of the learner placements currently offered across your PCN		
Name of placement site	Type of placement site <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

Please note specific organisational details have been removed from this document.

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

Date of initial PCN site approval	
Form completed by	
Signature	
Organisational role	
Email address	
Date	

Health Education England Quality Standard assessment

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

Please demonstrate how well your additional site 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 / additional site 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.

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>Each practice has established policies and procedures in place for induction and timetabling of learners with protected time for supervision. The LE is supportive of all learners and all trainers have had undergone equality and diversity training. This translates to the appreciation of all staff as effective team members as evidenced by our learning reviews and CQC inspections.</p> <p>The quality of the learning that learners can gain has been enhanced by the introduction of a PCN manager who is responsible for co-ordinating rotas for learning across the practices and ensuring practice engagement and support for the learning environment. We have had joint teaching sessions (for example on MSK examination) and will use the LE to plan for further joint inductions of a range of learners across the PCN and opportunities for sharing of learning via timetabling of activities.</p> <p>There are training opportunities for the supervisors to further develop their attributes with both external courses which are supported as well as in house clinical meetings and learning events.</p> <p>All members of staff appreciate the mandated need to uphold equal opportunities and are aware with policies</p>

			at each site that such a breach is likely to lead to disciplinary action which could result in dismissal.
1.2	The Learning Environment is inclusive and supportive for learners of all backgrounds and from all professional groups	yes	<p>The PCN comprises established training practices which offer a wide range of experience to learners.</p> <p>The PCN sits within a diverse population zone with opportunities to understand the health priorities across a range of learning need.</p> <p>Education and training are supported and valued by all 3 practices as evident by their commitment to ongoing training.</p>
1.3	The organisational culture is one in which all staff are treated fairly, with equity, consistency, dignity, and respect	yes	<p>The PCN is an environment in which the organisation culture is to treat all staff / learners fairly and with equality, consistency, dignity, and respect.</p> <p>We have policies and procedures in place to protect those within the PCN and to manage any circumstance where there is a breach. Examples are our:</p> <ul style="list-style-type: none"> • Harassment and Bullying policy • Whistleblowing policy • Freedom to speak up Guardians. • Equal opportunities policy (Equality Act 2010). <p>All policies are available in the staff handbook and on our shared drive, which learners are signposted and have access too.</p> <p>Our timetables are flexible and therefore allow for individual learners needs based on their religious, social, or cultural values.</p>

1.4	There is a culture of continuous learning, where giving and receiving constructive feedback is encouraged and routine	yes	<p>The approach to our trainees is to create a positive space for learning, and one which allows for feedback which we review and act on. Feedback is collected during the placement and post placement,</p> <p>An example was a Physician Associate who wanted to practice consulting skills and there was a delay to obtaining log in codes to a practice/ We responded to the feedback and were able to adapt the induction procedures for the next learner to change this.</p> <p>The supervisors also learn from their clinical meetings about the student placements and recognise the importance of formal and informal feedback.</p> <p>We use our Appraisals as a way of discussing any new learning that can be used to improve the learning environment for learners and the quality of the educators. There is a strong learning and development across the PCN supervisors and workforce.</p> <p>Construction feedback with both formal and informal discussions is valued and used in a positive manner, and we use surveys and learner feedback processes to capture development needs. These are used to feed back into improvements.</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	All members of staff, including learners, have a line manager they meet with regularly. Conversations between line managers/supervisors and staff

		<p>members are encouraged and are continuous so that there are no surprises in annual appraisals. We model and encourage an open and honest culture where professional dialogue and constructive feedback is key to development and training.</p> <p>CPD is part of everyone's role and there a range of mandatory learning required such as information governance, confidentiality, and safeguarding that all staff, including learners, are required to complete. In addition, there are specific learning and development needs for staff who are encouraged to develop these on an individual basis as part of their professional development.</p> <p>The PCN LE is one in which we strive to deliver a positive experience for our patients and service users. To this end, we obtain feedback from the local ICB feedback as well as the Patient participation group. We use these forums as a check on the care we deliver and try to adapt any changes that can be introduced.</p> <p>We use the Patient Friends & Family test by patients and receive a strong response rate with positive feedback. Any recommendations for improvements are discussed at practice or PCN level as appropriate and then reassessed to see if the changes have made a difference and still being delivered.</p>
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1.6	The environment is one that ensures the safety of all staff, including learners on placement	yes	<p>Safety of staff and learners is of critical importance and all sites have bullying and harassment policies in place.</p> <p>Any such activity by one staff member to another will lead to disciplinary action.</p> <p>The PCN also has strict policy in place for service users and patient about treating the staff with respect and that no harassment will be tolerated.</p>
1.7	All staff, including learners, are able to speak up if they have any concerns, without fear of negative consequences	yes	<p>There are policies and procedures in place as part of our CQC and training approvals that ensure all staff can speak up about their concerns and that these are treated with respect, confidentiality, and the ability to take on learning and development.</p>

			<p>Whistleblowing policies are in place to cover this at all sites.</p> <p>Learners are signposted in induction and have access to these policies.</p>
1.8	The environment is sensitive to both the diversity of learners and the population the organisation serves	yes	<p>Practices value the learning gained by trainees as well as the learning they bring into the practice for the staff to further improve. To that end, the increased diversity of learners has to date allowed an enhanced two-way process of learning and sharing of knowledge. This will increase as more learners join. Our learning pathway includes exposure to diverse groups of patients and cross disease specific domains.</p> <p>Joint tutorials of learners allow us to impart information to a variety of learners and allow the learners themselves to gain from the benefit of being in a diverse group.</p> <p>For example, in a diabetes virtual ward round, we would have a GP trainee, medical student, physical associate student with the GP, trained PA, Pharmacist.</p> <p>Our Diabetes MDT offers the learning to Foundation and GP trainees, medical students, paramedic students in a meeting with 2 PCN Clinical Pharmacists, Practice Nurse, and GP.</p>

			<p>It is enlightening to see the diversity of the learning and the feedback and discussion amongst learners and their mentors for the session.</p> <p>As the LE further develops, we will plan to enhance the shared learning for the learners with a more systematic programme of joint tutorials on core topics (such as chronic disease management) and to co-ordinate this via our PCN manager. This will also involve the opportunity to be involved in virtual ward rounds with our Care Co-ordinator where they already sit in on learning disability annual checks.</p> <p>The PCN looks after two Care Homes in our region which provides opportunity for learners to be involved in elderly and dementia care as well as see some of the issues arising with palliative and nursing home patients. They have the opportunity to attend a weekly MDT ward round with GP's, PA's, and a Clinical Pharmacist in attendance.</p>
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	Trainees and students are encouraged to improve practice and standards within practices and to this end, to participate in clinical audit. We also encourage QIA and QIP. Research links into this and the PCN is involved in research projects through the Primary Care University Department.
1.10	There are opportunities to learn constructively from the experience and outcomes of patients and service users, whether positive or negative	yes	This is an essential part of our service development both as an organisation and learning environment.

			<p>Service users often contact Practice Managers with their comments and there is an open-door policy to discuss them.</p> <p>Constructive improvement of the service we provide is our aim and we use the feedback received to adapt and introduce changes.</p> <p>Staff appraisals are another way of encouraging development and any change as needed.</p> <p>Each practice has a safeguarding lead and any feedback that affects the PCN entity is collected by the PCN manager who discusses this on a weekly basis with the Clinical Executive Team.</p> <p>Learners are encouraged to attend Patient Participation Groups and have found this a useful experience as well as the opportunity to introduce patients to the wider workforce that is in primary care.</p>
1.11	The Learning Environment provides suitable educational facilities for both learners and supervisors, including space and IT facilities, and access to library and knowledge services and specialists	yes	<p>Practices have been assessed by the GP school, Oxford Medical School, Oxford Brookes University and Buckingham University as training environments for their learners prior to placement agreement.</p> <p>All practices have had Good CQC inspections which provides reassurance on the governance and ethical issues within this domain.</p> <p>We strive to improve the IT facilities to our learners with early information on any log in's, IT issues, smart</p>

			<p>card issues, parking facilities as well as checking for any special needs.</p> <p>We provide space for learners for their study and rest periods and are actively looking at estate projects to further enhance this.</p>
1.12	The Learning Environment promotes multi-professional learning opportunities	yes	<p>We have had joint teaching sessions (for example on MSK examination) and will use the LE to plan for further joint inductions of a range of learners across the PCN and opportunities for sharing of learning via timetabling of activities.</p> <p>There are specific pan-PCN learning opportunities such as in disease specific pathways and Diabetes MDT.</p> <p>The care homes and virtual ward rounds are a means of introducing a range of learners to the opportunities that are available.</p> <p>Our PCN manager has created a pathway of the learning opportunities using the clinical staff and ARRS roles as well as the management at each practice.</p> <p>This allows us to create specific learning pathways and to interchange the learning available according to the learner needs. The timetables are flexible and can be altered to suit a learner.</p>

			<p>New team-working health care model provides clinical and non-clinical staff to work together to support the patients most in need.</p> <p>TIPs (Training in Practice) sessions 4-6 times a year – at least 2 per year are all staff together.</p> <p>Lunch and learn meetings have all clinical teams represented at them – GPs, Practice nurses, paramedics, PAs, Pharmacists, Pharmacy Techs and, when relevant, Health & Wellbeing coaches/Social prescribers.</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	partially met	See below

For any criteria partially / not met – provide action plan			
<p>1.9 – whilst this domain is being met with opportunities for QIA and QIP projects, as evidenced from medical school and trainee projects; an area of improvement will be for the PCN LE to allow learners to take part in learning activities across the PCN. To this end, trainees will:</p> <ul style="list-style-type: none"> • Work with the PCN manager to identify areas of QIA across the practices and the opportunity to present to a PCN wide audience to demonstrate QIA that is practice focuses, evidence led. • With regards to research, two of the practices are taking part in research through the primary school, the PCN LE affords us the opportunity to enhance this using PCN wide research projects. <p>1.13 This domain is being partially met with the current learners to date. Pre-placement and initial planning meetings occur with post attachment feedback. With a range of learners from different specialities, we have the opportunity to ensure allow learners to be more proactive in their learning and encourage a more adult learning approach. To this effect we will: Make a more learner focused pre-planning form allowing us to gauge the learning needs of the trainee more effectively.</p>			

For any criteria partially / not met – provide action plan

Use this to guide placement timetabling and allow the learners to select which types of learning opportunities benefit them most across the PCN.

Use this to identify areas of common learning and tutorials that will help this. Allow the learners to decide what tutorials would benefit them the most.

Identify the training resources within the PCN and allow the learners to take responsibility by approaching clinicians that can help with knowledge updates.

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			
We are aware that you are beginning to take wider workforce learners. Moving forward it would be nice to see how you develop your interprofessional learning opportunities and supervision. For example, use of the CLIP supervision model .			
Please add comments regarding requirements to meet unmet or partially met standards			
Standard	Requirement		
1.9	We agree with the PCNs action plan on page 24		
1.13	We agree with the PCNs action plan on page 24		

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>The practices have clear educational leadership in place and trainees are encouraged to provide constructive feedback both informally and formally with placement feedback.</p> <p>All trainers comply with equality and diversity training requirements and there are procedures and policies at each practice to monitor this and ensure arrangements are in place.</p> <p>We look at the feedback from placements and incorporate these into performance reviews that are done constructively to allow an enhanced learning environment.</p> <p>The senior educational team will provide the backbone of the enhanced supervision and work with the wider workforce to provide clinical supervision.</p>
2.2	There is active engagement and ownership of equality, diversity and inclusion in education and training at a senior level	yes	<p>The PCN LE opportunity has allowed us to further strengthen this and to develop a more robust arrangement of leadership, feedback collation and demonstrating areas of quality improvement.</p> <p>The PCN has regular management meetings, where EDI is discussed, and a workforce lead.</p>

			The LE is supported by all the practices who are committed to its development.
2.3	The governance arrangements promote fairness in education and training and challenge discrimination	yes	<p>The practices are already demonstrating the impact of education and training opportunities and each practice has its own mini-LE.</p> <p>The PCN LE has allowed this to be formalised and for each practice to benefit from hosting a range of learners and the trainees themselves to benefit from seeing increased diversity of learning opportunities</p>
2.4	Education and training issues are fed into, considered, and represented at the most senior level of decision making	yes	The PCN has a network agreement and an educational leadership team in place, including a PCN manager and senior Practice Managers that ensure fairness in education, performance management and ensuring quality of the training that we offer
2.5	The provider can demonstrate how educational resources (including financial) are allocated and used	yes	<p>Practices have robust educational financial arrangements that are transparent.</p> <p>The finances are discussed regularly at Executive and Board level, and we use our educational funding to look for ways of improving service to our learners. This may include purchase of equipment for rooms or access to improve IT and remote laptops.</p> <p>We keep a training log of learners for audit purposes and are able to use this to correlate with past and present feedback to look for any commonality service improvement and to further see if learning has resulted in an improvement.</p>

			<p>We have supported our staff with courses to improve their learning and this translates into an improved learning environment for our learners. Examples are:</p> <ul style="list-style-type: none"> • Mental health for our health and wellbeing coach as well as motivational coaching. • Social prescribing for our care coordinator • IELF fellowship support for our PCN manager.
2.6	Educational governance arrangements enable organisational self-assessment of performance against the quality standards, an active response when standards are not being met, as well as continuous quality improvement of education and training	yes	<p>Governance and quality are at the centre of our PCN commitment to teaching, supervision, and education.</p> <p>All practices have demonstrated satisfactory governance with educational and clinical assessments to date.</p>
2.7	There is a clear strategy, involving working with partners, to ensure sufficient practice placement capacity and capability, including appropriately supported supervisors	partially met	<p>We work and have established links with the following: HEE Primary Care School and WSL training/support. Supported by Thames Valley Primary Care School open dialogue with LEL if we have workforce or capacity issues.</p> <p>Good relationships built up with care homes. Opportunities to shadow all clinicians and health and wellbeing team.</p> <p>Links to local mental health charities and turning point drug and alcohol service. We use these to further strengthen the environment.</p>
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	See below

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	Quality assurance and standards are at the centre of the PCN LE and our senior educational team can quality check our standards against the external frameworks of assessment
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For any criteria partially / not met – provide action plan			
2.7 Working with partners is already being discussed but this will be more formalised using our senior educational meeting and them working with our PCN executive and PCN board to ensure we try to increase placement capacity and supervisor motivation. Being an established training zone will be important to this process.			
2.8 An area of improvement will be to more consistently work with stakeholder and partner organisations to broaden the learning experience and effectively increase the LE and training opportunities. This is done at each practice level, but we will now make this a more co-ordinated arrangement looking for and identifying areas of more collaborative working to deliver an enhanced healthcare spread for our learners.			

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			
What is your relationship like with the HEIs you work with regards to escalating and responding to learners concerns? Are you aware that HEIs are a really valuable resources for escalating and supporting concerns.			
Please add comments regarding requirements to meet unmet or partially met standards			
Standard	Requirement		
2.7	We agree with the PCNs action plan on page 28		
2.8	We agree with the PCNs action plan on page 28		

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>As a set of training practices, policies, and procedures to demonstrate support for learners are in place. This commences before the supervision with contact and early needs assessment. Planning meetings allow for tailored learning and induction plans, and these are monitored and refined as the attachment progresses.</p> <p>Supporting learners from all backgrounds to ensure they maximise the learning and take advantage of the learning opportunities is at the centre of our process.</p> <p>We offer pastoral support and mental health first aid support and other health and wellbeing support available to staff and learners. There is also resilience support offered for our supervisors.</p> <p>We have ensured our supervisors have completed some formal supervisor development. Examples of formal training include Clinical educator programmes; PgCert in clinical</p>

			<p>education; practice educator programmes; local supervisor training courses. For our GP supervisors, there are the:</p> <ul style="list-style-type: none"> • Roadmap Supervision supervisor training (RMSV) • RCGP Clinical Supervisor Training • RCGP Education Supervisor Training <p>A “Supervisor readiness checklist’ has been developed which allows us to look further in their readiness before agreeing to take on the role.</p> <p>We have strong links with the training schools, deanery, HEI link tutors and academic tutors and are aware of the escalation pathways if the placement is not progressing.</p>
3.2	There is parity of access to learning opportunities for all learners, with providers making reasonable adjustments where required	yes	<p>Learners receive an induction which is well standardised across the PCN practices and are familiarised with essential practice workings, where to gain support / raise concerns and how to access further information on these using the practice intranets / training folders. Learners are encouraged within this framework to offer feedback at an early opportunity so we can adapt and modify their placement as early as possible, if there are some positive changes we can make.</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>We offer individualised rotas for different learners. This individualised timetabling allows different learners to gain experience in different areas of practice according to their learning needs – examples of areas of learning are: care home visits, diabetes and virtual ward rounds, safeguarding meetings, chronic disease clinics, home visits as well and primary care consulting / nurse and HCA clinics. We offer a range of clinicians such as GP’s, Nurses, Physician</p>

			<p>Associates, Paramedics, HCAs in which the learners can gain experience from, as well as experienced Administrators.</p> <p>Diversity of learners is valued and respected and to this end we consider the neurodiversity or protected characteristics of our learners and any changes to timetabling that allow for an enhanced experience are discussed and implemented with the learner's consent.</p>
3.4	Supervision arrangements enable learners in difficulty to be identified and supported at the earliest opportunity	yes	<p>We offer individualised rotas for different learners recognising their diversity not only in terms of learning preferences but also previous experiences. This individualised timetabling allows different learners to gain experience in different areas of practice according to their learning needs – examples of areas of learning are care home visits, diabetes and virtual ward rounds, safeguarding meetings, chronic disease clinics, home visits as well and primary care consulting / nurse and HCA clinics.</p> <p>We offer a range of clinicians such as GP's, Nurses, Physician Associates, Paramedics, HCAs in which the learners can gain experience from, as well as experienced Administrators.</p> <p>To this effect, we provide a tailored induction timetable, enhanced supervision in the form of named educational and sessional supervisors and a structured teaching timetable for our current learners.</p>

			<p>We can provide changes to our learning programme and timetabling to reflect on the learner needs and to cater for variabilities such as neurodiversity of learners for example. Our PCN Manager can discuss any challenges with our colleagues in HEE and the LEL's. We understand the escalation process as needed for specific challenges.</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>To this effect, we provide a tailored induction timetable, enhanced supervision in the form of named educational and sessional supervisors and a structured teaching timetable for our current learners.</p> <p>This PCN LE recognises that all wider workforce learners are regarded as supernumerary unlike GP Trainees who are part of the workforce.</p> <p>We also support out supervisors with training opportunities and adding in for example MECC training and experienced AP supervision training</p>
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>Trainees are encouraged to take part in supervised consulting sessions and to participate in the care home ward rounds.</p> <p>The senior educational team will provide the backbone of the enhanced supervision and work with the wider workforce to provide clinical supervision.</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>Learners are encouraged to continue their learning throughout their attachment and undertake informal and formal assessments. These can take the form of:</p> <ul style="list-style-type: none"> • COT's and CBD • Prescribing audits

			<ul style="list-style-type: none"> • QIA projects • Procedural competency • Debriefs. <p>These are not only with their educational supervisor but with wider members of the team who have had some training in supervision.</p> <p>Training timetabling includes working with different teams e.g. paramedics, PNs, PAs, GPs, DNs agreed between trainer and trainee and scheduled in.</p> <p>There is time given to CPPE learning if applicable for trainee and mentor supervision.</p> <p>Learners can take on ownership of clinics within their capability such as nursing student taking on the wound clinics and final year PA students doing supervised clinics. This is especially important when learners are on their leadership and management courses (3rd year nurses). CLIP model could support this. Clinical placement supervision models NHS Employers.</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	The PCN LE has allowed us to standardise the procedures and inductions and to maximise the learning opportunities that are available at a PCN, taking advantage of the inter-practice differences in patient demographics and intra-practice clinical expertise.

			<p>Trainees are encouraged to take part in supervised consulting sessions and to participate in the care home ward rounds.</p> <p>Some learners can have their own supervised clinics towards the end of their placements such as our final year Physician Associate students.</p> <p>Learners are made to feel inclusive in our team, for example social events, supporting audits and QI projects. Feedback from learners enhances and develops the learning environment and supervision they receive. We have had positive feedback about their involvement in the diabetes MDT and virtual ward round and have made this part of some learners timetabling.</p>
3.9	Learners receive an appropriate, effective, and timely induction into the clinical Learning Environment	yes	<p>Our PCN Manager is providing the timetabling and processes for our learners including the introduction of learner-led learning pathways that maximise the opportunities within the PCN for their development. An example is the disease specific pathways such as diabetes or COPD where the learners are given sessions within their timetable specific to this. Another example is the use of Care Home environments to provide learning opportunities for end-of-life care, dementia and nursing home patients.</p> <p>We offer close access to supervisors, support and an open-door policy.</p>
3.10	Learners understand their role and the context of their placement in relation to care pathways,	yes	<p>The induction covers all key departments in the PCN/practice to provide a good overview of how everything links up.</p>

	journeys and expected outcomes of patients and service user		Staff are aware of demographic profile and population needs of PCN. There are opportunities to observe other clinical teams and visit care homes alongside other clinicians. There is use of population health data to support care provision and priorities. An example has been to look for learning disability and health inequalities across the PCN and to use our Care Co-ordinator role to support this group and to discuss at the MDT virtual ward rounds where the learners attend.
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.	partially met	Clinical leads, WSL and Line Management can signpost and provide advice when needed. WSL promotes and has open communication with the learners to identify their learning needs and opportunities within the PCN.
3.12	Learners are supported, and developed, to undertake supervision responsibilities with more junior staff as appropriate	partially met	See below
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	partially met	PAs join the preceptorship within their first 12 months post-qualification. Team Leaders & Line Managers also work with staff to ensure appraisal objectives are attained. The PCN is very open to the possibility of supporting apprenticeship students if it can provide the required levels of supervision based on the workforce at the time. New to primary care nurses – fundamentals course is being encouraged.

		<p>WSL works collaboratively with NHSE/LEL to gain knowledge of route and standards required for staff to progress in career. Links continue with HEI and career progression is supported by access to fellowship programmes, preceptorship, paramedic roadmap etc.</p> <p>Our PCN manager and clinical leads aim to develop personalised plans for learners taking into consideration any reasonable adjustments and risk assessments and supporting people with functional skills if applying for apprenticeships.</p>
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For any criteria partially / not met – provide action plan
<p>3.11 Career advice is something that is informally discussed with learners and the LE will provide an opportunity to more formally discuss this, perhaps at the initial planning meeting and final meeting. Standardisation across the practices is achievable in this respect.</p> <p>3.12 This is an area of development and will involve some governance issues with the relevant educational bodies, - e.g GP school but we have already have systems in place whereby for example a paramedic staff can supervise physician associate and paramedic learners with GP supervision available. Offering training and development for learners and junior members of the team to take on supervision is something we will undertake within the PCN LE as part of further development.</p> <p>3.13 One of the outcomes of the PCN LE is to encourage a range of learners to observe primary care and opportunities for careers and development within. This process is already occurring, but the LE gives us the opportunity to formalise this and integrate this idea into the placement. This will allow us to focus on opportunities to address some of the workforce shortages.</p>

For TVW PCS use only

Domain three - Assessment			
Standard achieved (please highlight)	Met	Partially met	Not met
Mandatory requirements (please highlight)	Yes		No

What is your relationship like with the HEIs you work with in regard to making reasonable adjustments, risk assessments and learner personalised plans? Consider building and strengthening relationships with the HEIs you work with, as they are a valuable resource for your wider workforce learners.

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

Standard	Requirement
3.11	We agree with the PCNs action plan on page 37
3.12	We agree with the PCNs action plan on page 37
3.13	We agree with the PCNs action plan on page 37

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	partially met	Supervisors are recognised to be at the centre of the learning environment and ensuring their support, motivation, and interest to teaching and training is paramount to success. The PCN manager co-ordinates communication with: regular emails / newsletters promoting resources available for health and wellbeing. Annual staff wellbeing survey has been introduced (which may become 6-monthly).

			<p>Clinical leads/supervisors are given time to ensure their students feels supported in terms of their physical and mental wellbeing.</p> <p>All staff are encouraged to attend regular sports events and take part in team sports as well as long walks, park runs.</p> <p>We also plus support mental health awareness week with our own staff initiatives which run each day for a week.</p> <p>There is a designated team within the PCN responsible for whole workforce wellbeing initiatives.</p>
4.2	Formally recognised supervisors are appropriately supported, with allocated time in job plans/ job descriptions, to undertake their roles	yes	<p>As we progress and develop teams of supervisors for placements, we recognise the need to demonstrate support to our supervisors / trainers and to identify early any problem factors. This is done with feedback internally at the surgeries but by also discussing general training and educational issues within our PCN at the management meetings and amongst the trainers.</p> <p>We provide support to our supervisors within this framework and debriefs of the learner's placement to gain a better understanding of any improvement issues that will make subsequent placements more effective for both the supervisor and learner.</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>All clinical supervisors and educational supervisors have been appropriately trained and have undergone assessments:</p> <ul style="list-style-type: none"> • GP trainers via Thames Valley HEE • NMC PS/PA via Pan London Practice Learning Group. • PG Cert Health Ed has been undertaken by some of our educational supervisors. <p>We also encourage refresher training available via BOB training Hub e.g. a guide to the role of practice Assessor and Supervisor: creating a quality learning environment.</p>
4.4	Clinical Supervisors understand the scope of practice and expected competence of those they are supervising	yes	We provide support to our supervisors within this framework and debriefs of the learner's placement to gain a better understanding of any improvement issues that will make subsequent placements more effective for both the supervisor and learner.
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	Supervisors are encouraged to develop and train already and to this end attend specialist educational and faculty days at least twice a year, trainer groups monthly and educational courses / small group workshops as their arise as part of their educator development. In the LE, we anticipate a more cohesive approach with regular meetings of trainers to discuss learners, programmes, and areas of improvement in attachment provision.
4.6	Clinical supervisors are supported to understand the educational needs (and other non-clinical needs) of their learners	yes	Our ES for GP trainers are familiar with the curriculum requirements and we apply the same principles to new learners with a tailored induction and experience

			<p>attachment that caters for their needs and recognising the diversity of learners and their individual learning needs Examples of activities providing evidence are:</p> <ul style="list-style-type: none"> • GP / F2 and medical school reviews and reports. • Nursing students and physician associate / paramedic placement feedback. • Feedback meetings with our wider workforce placement stakeholders. • Awareness of the regulatory body requirements and curriculum through training and updates, and links with PC school, Deanery and HEI. • New supervisors offered a buddying system. • There is a support structure for when staff are sick or annual leave that allows the placement of learners to continue to be supported. • There are mechanisms in place to support the supervisor and learner. • GP appraisal evidence of teaching and training – CPD forms part of the environment. <p>Time given to trainers/mentors to meet with trainees and go through their current learning objectives via e portfolio /tutorial.</p> <p>We are aware that we should receive an individual learning plan from the academic tutor/university for students with particular needs i.e. neuro diversity.</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	yes	<p>Supervisor performance is undertaken both internally and externally:</p> <ul style="list-style-type: none"> • External appraisal every year for GPs

	progression and/or when they may be experiencing difficulties and challenges		<ul style="list-style-type: none"> • Internal review every 2 years for GPs where 360 feedback is given • Training practice re-approval every 5 years with specific trainer feedback given • Consider the role of peer evaluation to assess supervisor performance <p>Internal quarter trainers meeting to discuss current learners and update on any changes to learning process.</p> <p>There are also meetings where practice supervisors and assessors can support one another with learners- and agree further support as appropriate.</p>
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For any criteria partially / not met – provide action plan	
<p>4.1 Supervisors can access support both in the surgery and from educational health groups. Recognising the diversity of learners and also supervisors, means we have to understand the pressures facing a range of supervisors from AHP groups and provide support. To this end the supervisors will have</p> <ul style="list-style-type: none"> • Initial meetings for suitability outlining the requirements. • Attendance at a supervisor’s course to develop their skill in this domain. • Mentoring from a senior educator • Feedback and support in development. • Flexible approach to any issues that arise in a protected and positive manner. 	

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Domain four - Assessment			
Standard achieved (please highlight)	Met	Partially met	Not met
Mandatory requirements (please highlight)	Yes		No

Overall assessors' comments	
This was noted as a very strong set of evidence	
Please add comments regarding requirements to meet unmet or partially met standards	
Standard	Requirement
4.1	We agree with the PCNs action plan on page 43

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	<p>Curriculum delivery and assessment of training against these criteria is already being met for GP trainees. F2 and medical students with assessments of competence and progression against criteria.</p> <p>Wider workforce curriculum requirements are noted and met through individual learners Practice Assessment Documents/Common Placement Assessment Form or equivalent and student interviews.</p> <p>This allows our PCN Manager to look for individualised placement opportunities across the PCN</p>

			<p>for learners and we have differing timetables for the learner's dependent on their learning needs.</p> <p>This leads to a broad experience that is tailor made as much as possible but also allows the learner to gain experience across all three practices and with a range of learners.</p> <p>For example, our Paramedic student had the opportunity to go with the local PCVS paramedic led home visiting service as well as visit Care Homes and see the inequalities with our Care Co-ordinator.</p>
5.2	Placement providers work in partnership with programme leads in planning and delivery of curricula and assessments	yes	To demonstrate progression and suitability of an attachment, curriculum coverage of the training requirements of the varied specialities is clearly required and our PCN manager with our senior educator's co-ordinate this and ensure adherence to requirements.
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>We have good links with our local educational bodies and have regular interaction with these i.e HEI to help ensure the programme that we deliver aligns with the training they receive from them.</p> <p>The PCN engages with HEE to ensure that our plans for the preceptorship programme for PAs are regulated well. This relationship also allows us to take advantage of courses and training available to staff.</p>

			<p>We have undergone discussions and training sessions with Buckingham University to update on the role of PAs and other AHPs work within general practice.</p> <p>The PCN supervisor and management are aware of revalidation cycles and CPD undertaken.</p> <p>Our placements offer varied experiences with both PCN/practice workforce and wider community services.</p>
5.4	Placement providers work in collaboration with partners at a systems level to ensure delivery of curricula across placements	partially met	The PCN and the Clinical Directors / Management work closely with BOB ICB, GP School, Thames Valley Primary school and HEI, plus collaborate with wider community across the PCN.
5.5	Placement providers proactively seek to develop new and innovative methods of education delivery, including multi-professional approaches	yes	<p>We already meet with the training stakeholders to ensure we clearly understand the placement requirements, curriculum coverage expected and methodology of the feedback and assessment processes.</p> <p>To this end we have assessments formally by the GP school and Oxford Medical School. We have conducted placement meetings with Oxford Brookes University for our Nursing students and Paramedic learners and with Buckingham University for the Physician Associates. These are co-ordinated through our close working arrangement and support with HEE (NHSE) Administrators.</p>
5.6	The involvement of patients and service users, and learners, in the development of education delivery is encouraged	yes	We already offer a range of learning opportunities such as – consulting with a variety of AHP, care home ward rounds, diabetes MDT, virtual ward rounds and

			<p>tutorials covering educational content. This will be expanded as the LE strengthens and grows with additional learners and learning opportunities being created. One of these we are discussing is an Acute Medical Hub within the PCN allowing referrals of acute conditions from across the practices and using a range of ARRS staff with GP supervision. It is envisaged our learners will take part in this.</p> <p>One of the desired outcomes of the PCN LE has been to develop the educational delivery using innovation. This is already happening with our MDT diabetes meetings, virtual ward rounds and care home ward rounds. We will look to strengthen this and obtain feedback from our learners on the current learning opportunities and any reshaping needed to enhance their learning.</p>
5.7	Timetables, rotas, and workload enable learners to attend planned	yes	<p>As we taken on more learners, we have worked with programme leads to identify areas of curriculum coverage that need more detail and put in place strategies of delivery across the PCN. We are always looking for more learning opportunities to offer to ensure the placement is productive and individualised for each learners needs.</p>

For any criteria partially / not met – provide action plan			
5.3	It is vital that the teaching we deliver is dynamic and well purposed and being relevant to the learners. It is also important we stimulate them to think laterally including areas such as health promotion and technology. An area of development will be to be more innovation / digital technology in our content delivery to add to the current more traditional curriculum. We will achieve this		

For any criteria partially / not met – provide action plan

using our educational team working alongside the professional bodies and stakeholders / and using feedback from our learners; many of whom are more au fait with the technology available.

5.4 Working with partners at a system level will be integral to the above area of development and our PCN manager will help with co-ordination of meetings between stake holders and the educational team. The feedback will be used to amend any training that can be improved and to look for new opportunities.

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Domain five - Assessment			
Standard achieved (please highlight)	Met	Partially met	Not met
Mandatory requirements (please highlight)	Yes	No	
Overall assessors' comments			
Robust evidence provided for GP learners. We anticipate that as your wider workforce learner numbers grow, that there will be equally robust evidence for wider workforce learners. We note you have started these initial discussions and we encourage you to work with your HEIs as they are a valuable resource to support you to understand the wider workforce learners learning journey and curriculum.			
Please add comments regarding requirements to meet unmet or partially met standards			
Standard	Requirement		
5.3	We are happy with the evidence provided for 5.3 and so have changed this standard to met		
5.4	We agree with the PCNs action plan on page 47		

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>The PCN has a nominated WSL and a PCN Manager, who is currently undertaking an iELF fellowship on the PCN LE and wider workforce planning. This is backed up and experienced and committed trainers and supervisors.</p> <p>The PCN has a robust management team comprising of 2 Clinical Directors. The three practices have experienced Practice Managers.</p> <p>We run weekly executive meetings allowing us to identify and engage in third party stakeholders both at local and regional level, including ICB links.</p> <p>We have developed good links with Oxford Brookes University (for nurse and paramedic students) and with Buckingham University (for PA students).</p> <p>We are developing links with Reading University (for PAs) and preceptorship scheme for all newly qualified PAs.</p> <p>Appraisals are used to identify areas of interest for development and training and potential project work. The Partners and managers are involved in discussions with staff around career development.</p>

			<p>Projects and areas of interest are identified to support the learners, plus awareness of opportunities and discussions at ICS level to develop and expand roles further.</p> <p>We run regular QIP's for our learners and use these to improve practice and look for further learning opportunities.</p>
6.2	<p>There are opportunities for learners to receive appropriate careers advice from colleagues within the Learning Environment, including understanding other roles and career pathway opportunities</p>	yes	<p>Sustainability of the work force is essential to provide a service that meets the needs of our patients and one which is safe and deliverable.</p> <p>The PCN has allowed us to broaden the workforce within the PCN and to that effect we have use the following staff, in addition to the current clinical and admin staff:</p> <ul style="list-style-type: none"> • PCN Manager and Care Co-ordinator • Social Prescriber, MIND link worker and Health and Wellbeing Coach • Physician Associates and Paramedics • ANP's and Physiotherapist. <p>The PCN LE has allowed us to take on a range of learners including Nurse students, Paramedic and Physician Associate Learners. The aim of this has been to encourage a more diverse learning environment but to also paint a positive picture of primary care and the future work opportunities and careers within this including portfolio careers. In addition, we are examining our future population</p>

			health care needs and mapping out our future workforce to meet the needs.
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 PCN LE has allowed us to review and understand the roles and skills of the wider work force. This will ensure we have the right workforce to meet the capacity in the future. There are opportunities for a range of learners to seek career advice from colleagues within the LE – both formally and informally. As we have supervisors from a range of specialities, this allows the learners to see the opportunities available.</p> <p>The PCN and the LE have workforce plans on an annual basis which we discuss strategically to ensure our patient needs are met and we are addressing inequalities of health care provision and access. Our PPG's are supportive of the MDT workforce that has been created. The LE has allowed us to consider the transition from education to future employment and future workforce sustainability.</p>
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>This is an area of development, but we are looking at the following opportunities:</p> <ul style="list-style-type: none"> • Preceptorship scheme for Pas • Fellowship scheme for GPs and PNs – currently 2 GPs and 1 PN attending 2 yr course • Day to day Supervisors and clinical leads act as role models for career progression.

			The PCN has awareness of apprenticeship routes to education for clinical and non-clinical workforce via the WSL
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For any criteria partially / not met – provide action plan			
<p>6.1 We already work with organisations and relevant stakeholders for our learners to gain experience of the local community services (for example – Turning Point, Restore, Oxford Health for district nurses and health visitor services) and to collate feedback from learners. We believe this diverse approach to learning allows learners to understand the variety of opportunities available to them and we hope this positive approach leads to a reduction in attrition from programmes. We identify areas of concern early and we will continue to do this and further develop this with regular feedback of the placements using discussions with the organisations and the educator team / workforce support leads. Our PCN Manager works with the educators to co-ordinate meetings and ensure we are all working together to address any attrition concerns. If there is any learning, this will be fed back in a positive and constructive way to ensure our standards of training consistently improve.</p> <p>6.4 Transition from education to employment is area of workforce development and we have considered this to date. One outcome and development opportunity of the LE is making this transition more supported by a more structured approach that allows the learner to be made aware of the potential career pathways within our PCN. We can create this in a more formalised way using the planning and feedback meetings.</p>			

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Domain six - Assessment			
Standard achieved (please highlight)	Met	Partially met	Not met
Mandatory requirements (please highlight)	Yes	No	
Overall assessors' comments			
Please add comments regarding requirements to meet unmet or partially met standards			
Standard	Requirement		
6.1	The panel feel that you have met the requirements for these standards and your action plan demonstrates aspirational plans. We have changed the requirement to met.		

6.4

The panel feel that you have met the requirements for these standards and your action plan demonstrates aspirational plans. We have changed the requirement to met.

Assessment outcome and recommendations for additional site approval

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Overview of assessment

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

Assessor details

Title
Head of Primary Care School (Training Hubs) Thames Valley and Wessex Primary Care School
Associate Dean (Quality) Thames Valley and Wessex Primary Care School
Primary Care Clinical Learning Environment Lead Thames Valley and Wessex Primary Care School
University of Southampton Lecturer, Child and Family Nursing
Primary Care Workforce Development Lead Thames Valley and Wessex Primary Care School
Primary Care Programme Coordinator Thames Valley and Wessex Primary Care School
Project Support Officer Thames Valley and Wessex Primary Care School

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
SOME criteria met <input type="checkbox"/>	
Criteria NOT met <input type="checkbox"/>	

	<p>culture that is a forward-thinking, open, supportive learning environment.</p> <p>We would encourage you to discuss with your Learning Environment Lead (LEL) how you can continue to build on and strengthen the evidence in this paperwork.</p> <p>Feedback from the panel for you to reflect on includes:</p> <ul style="list-style-type: none"> • The universities that the learners come from need to be added on page 3 • Page 9 - clarification on whether the nursing / PA and paramedic learners be long arm assessed by staff • We have included a link to the University of Winchester AHP educator development eLearning <p>Your LEL may ask you to provide evidence of how you have actioned these points as part of your ongoing development as a PCN level learning environment.</p> <p>We have noted that you have reflected on areas you are partially meeting and have put an action plan in place.</p>
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TVW PCS ratification and sign off

Approval summary	All domains have been met
Date of ratification	21/09/2023
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.