

Multi Professional Approved Learning Environments Q&A Session – 24th March

Q: What is the approval status of Practices that currently have, or have recently had, non-GP learners, but have not ever been approved? Can they continue in this way, or do they need to go through the approvals process?

HEE response: Only Physician Associates can be clinically supervised by the GPs, however for the other professions it just carries on as normal; as we don't have an educational guidance in for that yet.

Q: In order to approve a PCN, do all Practices within that PCN have to agree to be approved?

HEE Response: They don't need to. It's not compulsory, has yet, but it is part of the work transformation plan. It would be appreciated if they could; however they don't need to. The process is being made less comprehensive as well, so it's made much more easier; so it's guarded round the CQC rating of the practice location being overall in the good category and then they could just be added onto the form, they do not need educators at the moment.

a. Do they all need to have an approved educator working there?

HEE Response: No they don't. The PCN is approved on the current number of training practices, as practices within the PCN wish to become training practices, they submit an application. No practice is being forced to become a training practice.

b. If no, what would a late-joining Practice have to do – Submit an application for that practice, then they are added to the PCN group.

HEE response: If they need training with an educator, then they would have to do an individual application, but there is a section where you can list that the rest of the PCN details that they'd be attached to.

Q: Once a LE and Educator is approved to take on GP trainees, are they automatically eligible to take on all types of learners?

HEE response: They can take on Physician Associates only. The other professional will be supervised by their respective profession once they have completed the clinical supervision course.

Q: We know that TH are responsible for managing the approval process, but who is responsible for undertaking approvals, now that it is not the AD's job? Who actually need to be there?

HEE response: The panel that the TH puts together to review the application and makes a recommendation to HEE to approve or not. The AD should still be part of that panel.

Q: Not all training hubs necessarily have a senior educator within them, do they?

HEE response: No, that's why we have these systems of the AD to do that.

Q: The idea would then really try and develop somebody within or support somebody within the training hub so that they can lead approvals going forward? Is that sort of the sense of it?

HEE response: Yes because some of the training hubs are not medically qualified as well.

Q: Is it correct that a PD is expected for all new approvals?

HEE response: No, it is not expected them to be. However they do hold soft intelligence which could be helpful so they could be on the panel if they wanted to, but it's not expected

for them to be.

Q: If the PCN becomes a training PCN, will it impact the current status quo of the training Practices in terms of their autonomy and funding.

HEE response: It is hoped over time that the PCNs learn to collaborate and standardise training approaches and quality, but that is the long term goal. The funding will be going through the TH then to the practices. However, there is site for them to collaborate and help to support each other where there is a need for support from the different practices.

Q: What are the additional benefits to the practices if we are a training PCN?

HEE response: Increase in clinical placement capacity and therefore increase in training grant. Ability to pool grant money to better focus on education and trainee welfare.

Q: Which roles need to be included as part of the approval team when approving a PCN?

HEE response: An AD, clinical peers, TH Lead.

Q: Who needs to be present from the PCN when undertaking an approval of that PCN, other than the designated Lead Educator? That's all or if new educators being approved they can be present too.

HEE Response: It is profession specific, so if you're doing a nurse, you would need a nurse educator or nurse. You'll need the educators there to know the area, because the questions will be about it being a safe place for them to learn; and they are representing the PCN.

Q: when approving a PCN, is there any expectation in terms of viewing premises, interviewing staff or speaking to existing learners? Or is it sufficient to go by the information on the application form)

HEE response: No physical inspections will be done anymore, its it based on the CQC inspection rating.

Q: How the assessments carried out by the HEIs "Practice Learning Audit" that covers all placements for nursing across all London-based HEIs, and was expanded as a multiprofessional document with consultation from those professional groups in an education setting

HEE response: The HEIs will transition and accept HEEs approval process and not have to conduct their own audits anymore. HEE is busy developing that approval process and the gardens around that. When that's in place from HEE then we will make sure HEIs transition to our approval process.

Q: Indemnity; if a training hub approves a learning environment and subsequently there are issues related to education that are subject to challenge and/or legal or financial redress, where does responsibility lie and support.

HEE response: The TH don't approve they make a recommendation it is still HEE that approves and takes responsibility. Training Hubs lead on the application, but HEE is ratification.

Q: What is the purpose of aspiration for a PCN level Training accredited entity process? If there is a PCN where all the practices in that PCN are training practices, does that make them by default?

HEE response: It's all about body training each other and learning from each other upscaling each other. Their benefits of pooling within a PCN with regard to placement hours, you can compound that money and you can employ you could get a lot of support, administrative support. It's much more feasible than trying to do it individually also. Then obviously these activities will get recorded in their appraisals. In PDP development, it shows that PCN is upskilling itself incontinently work into a better course of education.

Q: In technical terms, if a particular PCN is all already 100% accredited, are they technically a PCN training entity now? Or do they have to go through something without having done all that visioning work?

HEE response: If they completed their individual applications, they just need to use one form and to say we are all approved trainers, we would like to just be officially confirmed as a PCN training entity. If you have five out of seven practices or eight and three have now decided, but they are covered by the CQC overall rating of good, then they could just be added onto form quite simple. There's no formal assessments or interview, they can just be added onto the form.

Q: So you were saying the GP trainer process is more robust than the MLE kind of process because of the competency framework. Can we just outline the differences between the two?

HEE response: At the moment there isn't a process for an accrediting clinical supervisors except for PAs and GPs. They need to have educational supervisors. For the other ones it's carrying on as it is until HEE get the process for clinical supervisors. At that point HEE will need approvals. It's in transition at the moment until we get clinical supervisors accreditation for the other professions.

Q: We got four practices that already approved for being GP training practices, two that aren't and have a trainer new to training. If we want to be a training PCN, for those two practices, do we need to make sure each site has got a GP trainer, they get the practice approved, do the whole kind of process for both of those remaining practices or not?

HEE response: Yes, they would have to go through the individual application. There is a guideline on what practices should be doing when they start engaging with each other. As per the form routes, if it is a location new to training with a trainer its route C - All first GP Trainers and their Learning Environment (Practices that have not had a learner or Trainers before) - All Domains required THERE is a section to say you are also joining the PCN and list the PCN practices and details.

Q: One of the non-training practices, there is already a trainer GP just needs to get through the papers. Would this trainer GP be able to train in that practice under the PCN training umbrella? If not, under the training status, can a trainee be placed in that practice under the supervision of another trainer from another accredited practice?

HEE response: Trainer GPs practice would need to be approved for training if she wants to take the GP.

Q: Could you have the PCN approved and any non-training practices approved at the same time if they have decided they wanted to step up to the mark?

HEE response: Yes.

Q: Is it quicker to get practices which are already training practices on board and then add the other practices later which is a which is a faster or quicker process?

HEE response: Our suggestion would be get it all done as soon as possible. Since you're putting the effort, you'll be doing the whole process again for an individual practice, so it makes sense to do altogether if possible.

Q: Are the aware of this new process and involved in it? Because at the moment HEIs could potentially bypass this whole process and place a PH student in a practice without training hub's knowledge, but it might not be an approved training environment.

HEE response: We are working to that. It's still early days. There have been many discussions with HEIs and lots of them are on board with the process.

Q: If an HEI place a PH student at a non-approved practice without training hub's knowledge, would that be an issue?

HEE response: In a few instances where it has happened, we've been engaged with the GMC. We do alert them to discuss and look at the risks that were involved and then make a determination at that. So far, the outcomes have been fine because they were trainers, they were qualified. They have kept their skills up to date. They have done the appraisals. Obviously that gave an indication for low risk, so you know it was validated that the training could be.

If you have any further question, please contact to your local training hub.