## Annual Self-Assessment of CLE and Supervisors – Kent Surrey and Sussex

This form should be used for the annual self-assessment of Clinical Learning Environment and the Supervisors working within it during the last 12 months. This provides quality assurance, that the clinical learning environment and safe supervision of learners continues to meet the standards of the NHS England Quality Framework. This also replaces the standalone GP supervisor renewal process.

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| **Date of annual review:** | Click or tap to enter a date. |
| Name of clinical learning environment: |  |
| ODS code |  |
| ICS Training Hub (Kent and Medway, Sussex or Surrey) |  |
| Name and position of person completing form: |  |
| Name(s) of educational lead: |  |
| Have there been any changes to the organisation sites/membership?  If yes, please provide details and refer to [Clinical Learning Environment Standard Operating Procedure](https://kss.hee.nhs.uk/primary-care/clinical-learning-environments-and-triggered-quality-assessments/) – Organisational Changes section: |  |
| Have there been any other events which affect the learning environment or individual supervisor(s)?  If yes, please provide details: | For example: unresolved NHSE enquiries or CQC. SUI, regulator referrals |
| Have all mandatory actions from previous reviews been met?  If not, please provide more information. |  |

## Please list your supervisors by site below

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| GMC approved supervisor name | GMC number | Site ODS code | Type of supervisor | Learners supervised |
|  |  |  | Add drop down of CS or ES |  |
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| Additional supervisors/assessors | Professional registration number | Site ODS code | Type of supervisor (PA, PS, AHP practice educator, Pharmacy Designated Supervisor, Advanced Practice associate workplace supervisor, Advanced practice co-ordinating education supervisor, DPP, Pharmacy Practice Supervisor) | Learners supervised |
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## Organisation Declaration

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| **I confirm that the CLE continues to meet the standards of the** [**NHS England Quality Framework**](https://www.hee.nhs.uk/our-work/quality/education-quality-strategy-framework) | Signature: |
| **I confirm that the supervisors are trained, participate in relevant CPD and ensure the safe, continuous and appropriate supervision of all learners in the CLE** | Signature: |

## Lead approver complete

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| --- | --- |
| Comments, recommendations or mandatory actions for the CLE organisation |  |
| Approved by (name and role): |  |
| Date: |  |
| If escalated to KSS PCD Heads of School, please provide more detail here: |  |
| Are there any follow up actions for KSS Primary Care Department Quality. If yes, please provide details: | Mergers/splits should be discussed at QMF |