

Clinical Learning Environment

Standard Operating Procedure

**Kent, Surrey and Sussex Primary Care
Workforce, Training and Education**



Version:	4.0
Ratified by:	Prof Christopher Warwick
Date ratified:	28.08.2025
Name and role of Senior Responsible Officer:	Prof Christopher Warwick
Date issued:	01/08/2025
Review date:	28.08.2027
Target audience:	Kent, Surrey and Sussex Primary care educators and CLEs
Document History:	23/6/2022 - Version 1.0 ratified 5/10/2022 - Version 2.0 ratified 22/5/2023 – Version 3.0 ratified 28/8/2025 – Version 4.0 drafted

Contents

Clinical Learning Environment	1
Standard Operating Procedure	1
Introduction	3
Background	3
Scope	3
Definitions	4
Clinical learning environment (CLE)	4
Placement provider (PP)	4
Clinical placement (CP).....	4
Governance	4
Roles and Responsibilities	4
Process	6
Initiation	6
Approval panel	6
Form receipt and management	7
Meetings (virtual or in person)	7
Approval	7
Sending to the Primary Care Quality Team (PCQT)	8
Second readings	8
Ratification	8
Communication	8
Monitoring Mandatory Requirements	8
Annual Self-Assessment	8
Organisational changes	9
Data Protection and Information Governance	9
Information Sharing	10
References	10

Introduction

The Workforce, Training and Education Directorate of NHS England (NHSE WT&E) is responsible for the quality assurance of education and training of healthcare learners in England as per the Care Act (Care Act, 2014). Within regions, Primary Care Training Hubs (PCTH), in collaboration with the GP school are accountable through the Primary Care School to the Primary Care Dean for the quality control of clinical placements in primary care and the quality of supervision of learners provided by trained supervisors (Health Education England, March 2020, p. 8). The PCTH maturity matrix includes quality assurance as a core function and is described in the PCTH Operating Guidance (Health Education England, March 2020, pp. 17-18).

This document explains the process in Kent, Surrey and Sussex by which clinical learning environments (CLE) in primary and community care are approved by the Primary Care Workforce, Training & Education Department in NHS England.

Background

- NHSE WT&E have defined clear expectations for the quality of healthcare learning environments in its Education Quality Framework (Health Education England, 2021-24).
- The Quality Strategy outlines a 'whole system' approach to meeting our patient safety and learner wellbeing expectations to drive a more consistent and systematic approach to quality assurance and improvement (Health Education England, 2022/23).
- To meet these strategic objectives, NHSE WT&E KSS Primary Care Department introduced a process to approve CLEs across a range of organisations. PCTHs work with educational providers to ensure high quality CLEs and expand placement capacity in primary care. The approach is risk-based as with other approval processes within the NHSE WT&E Quality Framework (Health Education England, 2021-24)

Scope

The approval process allows the approval and support of multiple sites as a learning environment (e.g., across one PCN). This provides the opportunity for the learning environment to be approved for all the learners it hosts in a single process. This standard operating procedure does not include the approval of KSS General Practice (GP) Supervisors, which is a separate but interrelated process. The CLE approval and annual self-assessment process of both the CLE and approved supervisors is completed by the PCTHs and coordinated by the Primary Care Quality Team (PCQT).

Definitions

Clinical learning environment (CLE)

The physical, contextual, and cultural setting where learners gain healthcare knowledge and skills and where supervisors and learners interact.

Placement provider (PP)

The organisation where learners undertake clinical placements to deliver the practical, clinical element of an education and training programme.

Clinical placement (CP)

Any supervised clinical learning experience within a workplace environment. These placements are provided, conducted, or arranged by the placement provider for learners.

Governance

- Overall roles and responsibilities are detailed in the KSS Primary Care Education and Training Quality governance document.
- There will be an annual calibration exercise to ensure consistency of the approval process across Kent Surrey and Sussex. Representatives from each PCTH approval panel will meet with the NHSE WT&E Primary Care Department.
- The annual calibration exercise provides a formal setting for complex learning environment and educator approvals to be considered by a group of appropriate individuals.
- In extraordinary circumstances, an 'Escalation Panel' will either meet in person, or virtually.

Roles and Responsibilities

The NHSE WT&E KSS Primary Care Department is responsible for:

1. Ensuring that decision making for the recognition of placement providers is consistent, fair, valid and works collaboratively with the Quality Team to advise the Postgraduate Dean accordingly.
2. Developing the skills and competencies of the CLE Lead Approvers to undertake approvals.
3. Reviewing the recommendations of the approval panels.
4. Within the NHSE WT&E KSS Primary Care Department, the Primary Care Quality Team (PCQT) is responsible for:
 - Coordination of Education and Training Quality Assurance processes in KSS Primary care.
 - Version control of the CLE form.
 - Communicating to the applicant organisation the completion of the CLE approval and confirming and tracking Mandatory Requirements.
 - Notifying the GMC, GP Programme Team (GPPT) and GP Faculties about GP training site approvals as part of GP School work.

- Attending PC Department Quality meetings to capture and record any suspended or revoked CLE approvals.

The **PCTH** is responsible for:

1. Initiating all CLE requests.
2. Sending out the invitation and website link to the CLE form to the applicant organisation.
3. Ensuring that the approval panel consists of a Training Hub Clinical Lead, at least one GP and one other healthcare professional, and that they have appropriate knowledge of the requirements of the regulators.
4. Checking that the approval form is complete.
5. Keeping the Clinical learning environments spreadsheet continuously up to date as guided by the PCQT.
6. Inform the PCQT of any Mandatory Requirements and follow up as required.
7. Sharing completed Primary Care Department approvals with the relevant HEIs following the Head of Primary Care School ratification.
8. Assessing existing and proposed education and training environments.
9. Reviewing any major changes to the learning environment and taking appropriate action if needed.
10. Informing the Primary Care Department Quality meeting if there are changes to a CLE that would affect the continuation of that CLE approval.
11. If the CLE approval is suspended or revoked, refer to TQA SOP
12. Holding a regular Quality Management Forum meeting in collaboration with the GP school (see Quality Management Forum toolkit for terms of reference).
13. Updating the CLE spreadsheet

The **PCTH approval panel** are responsible for:

1. Deciding the range of learner or educating professions for which recognition is sought and to be fully familiar with their requirements.
2. Liaising with relevant HEI partners to engage in meetings/approvals as required by local HEIs.
3. Making recommendations to the NHSE WT&E Primary Care Department Quality Team and Primary Care Department, acting on behalf of the Postgraduate Dean regarding the recognition or on-going recognition of environments.
4. Liaising with the learning environment to implement agreed mandatory requirements
5. Ensuring that the PCTH Clinical Lead completes the approval section of the form.
6. Sending the completed CLE form to PCQT.

The **applicant organisation** is responsible for:

1. Ensuring that written confirmation of approval has been received from the PCQT before hosting any learners.
2. Ensure that all sites and all relevant professions have contributed to the application.

3. Informing the PCQT and the PCTH of any major change to the learning environment (e.g. mergers, splits or significant CQC concerns – see TQA SOP).

Anyone who places a learner into a learning environment is responsible for:

1. Checking that the location is approved for learners of that profession, and that there is a suitably qualified supervisor.
2. Before placing GP registrars, the GP Training Programme Director (TPD) is responsible for checking that locations are approved for the relevant Training Programme on the [GMC website](#). If the location is not yet approved, then this must be completed before the placement is started (General Medical Council, 2025).

Process

Initiation

All CLE approvals in primary care are subject to the new national NHSE WT&E guidance for organisational approval.

Below is a non-exhaustive list of scenarios when a CLE process is required:

- The PCTH initiates a CLE approval in their locality
- An HEI identifies a new placement provider
- When a new Integrated Training Post (ITP) speciality site provides GP training for more than two sessions per week and is not already approved for GP registrars on the General Medical Council database.
- The application of a GP Clinical or Educational Supervisor in a training site or organisation that is not already approved for GP registrars on the General Medical Council database
- A requirement of Triggered Quality Assessments

If there is likely to be a delay to the CLE approval process, the approval can be completed as a multi professional single site to avoid delay to placements.

Approval panel

The PCTH approval panel will vary depending on skills and availability of members. PCTHs should establish local processes in accordance with this document. This will need to be agreed with Higher Education Institution (HEI) and GP School partners to ensure their programme regulations are met. The Lead Approver is the Training Hub Clinical Lead for the relevant locality.

Form receipt and management

For all CLE approvals, the PCTH will send the applicant organisation a link to our website to download the [clinical learning environment approval form](#).

The PCTH should meet the educational lead of the clinical learning environment to support them with any questions that they may have about completing the form. Where there is no educator lead in place, an appropriate CLE lead should be identified. This may be a manager, director or any clinical educator (e.g., a GP, nurse, AHP or pharmacist supervisor or assessor).

All sites in the learning environment must be involved in the application. The form should be completed to include all learner types across all sites in the learning environment.

The PCTH should check the form. If the form is incomplete, the PCTH should return the form to the applicant organisation. Once the clinical learning environment lead has completed the form, they should send it to the PCTH, including any appropriate evidence embedded within the document.

Meetings (virtual or in person)

Once the submission is complete, the PCTH book an approval meeting (virtual or in person) with representatives from the applicant organisation. During the approval meeting, evidence will be reviewed, and the submission discussed. The meeting should be both formative and supportive.

The Lead Approver needs to be assured that each training site meets the standards required for all learners. If there are any gaps or concerns identified, these should be explored during the meeting. Any recommendations for improving the learning environment, or mandatory requirements to gain approval, will be documented.

Approval

Following the meeting, the Lead Approver completes the approval sections on the submitted form, including any recommendations or mandatory requirements. If approval has not been given for all sites, or for all learners, then this must be clearly documented on the form. The Quality Management Forum maintains oversight and monitors the progress of all CLE approvals.

Where not all GP practices within a Primary Care Network (PCN) can be approved, groups of practices may be approved with the involvement of the PCN. The approval of each site within the Primary Care Network will be marked on the CLE form. In all cases, the Primary Care Quality Team will mark the approval status of each practice within the PCN on the CLE spreadsheet.

Sending to the Primary Care Quality Team (PCQT)

When all sections of the form are complete, the PCTH will send it to the Primary Care Quality Team at england.ksspc.educationquality@nhs.net. The Primary Care Quality Team will save it to the Primary Care Systems SharePoint site and make it available to the Head of Primary Care School for ratification. The PCTH Administrator is responsible for updating the CLE spreadsheet with CLEs which are ready for approval.

PCTH Administrators should email england.ksspc.educationquality@nhs.net, with their Lead copied, to request access to the KSS Primary care Systems SharePoint site.

Second readings

Second readings are not routine. However, new CLE Lead Approvers will be supported by having up to their first three approvals read at the discretion of the Head of School of Primary care, who will provide feedback. Approvers should also request second readings if there are any concerns about the organisation or evidence provided.

Ratification

The Primary Care Quality Team send the completed form to the Head of Primary Care School for their ratification.

Communication

The Primary Care Quality Team write to the applicant organisation and the PCTH to inform them of the outcome, noting any mandatory requirements given. The PCTH communicates the approval to the relevant HEIs through CLE database.

Monitoring Mandatory Requirements

Mandatory requirements should be specific, measurable, achievable, realistic and timebound (SMART). They must only include the core items needed to meet the standard. Anything else should be written as a recommendation.

Any mandatory requirements made by the approval panel will be monitored by the PCTH. They should follow up any actions and notify the NHSE WT&E Primary Care Department Quality Team of any completed requirements through the CLE spreadsheet.

Education Self-Assessment

CLEs are approved following ratification by the KSS Primary Care School as part of the wider NHS England Education Quality Governance. This process replaces the former CLE-level annual review and ensures that all educationally approved PCNs continue to meet national standards for learning environment quality and educator supervision

Clinical learning environments have a responsibility to report any significant changes or learning environment concerns to the PCTH, in a timely manner. Ongoing approval is subject to a self-assessment process, which involves the completion of a short online form once a year.

The annual self-assessment consists of two components:

- The **National Self-Assessment Survey**, covering all six domains of the NHS England Education Quality Framework
- The **Educator Listing**, detailing all undergraduate, postgraduate, and CPD educators within the learning environment and the learner groups they supervise

The self-assessment is part of NHSE's ongoing educational quality monitoring processes, and should include:

- Clinical learning environment information, for example educational lead contact, sites and addresses, remain up to date
- Any changes to the learning environment or any quality concerns of the organisation and/or supervisors in the past year are documented in one place
- A review of any mandatory requirements and that these have been met
- A current list of approved GP supervisors within the organisation (which replaces the supervisor re-accreditation process)
- An organisational declaration confirming the CLE and supervisors working within it continue to meet the standards of the NHS England Quality Framework

The self-assessment is initiated directly by the Kent, Surrey and Sussex Primary Care Workforce, Training and Education Quality Team, once a year when the window for reporting is opened by the NHSE national educational quality team. They track CLE initial approval dates and subsequent self-assessment dates in the CLE database. CLE documents are held centrally in NHS England's SharePoint site. The educational lead of the CLE will complete the self-assessment document. The CLE is reapproved on the date that this is completed.

The PCTH should notify the Primary Care Quality Team of the review completion, in planner so that the PCQT can update the CLE tracker and send a link to the updated annual review document back to the clinical learning environment.

The PCTH will communicate the outcome of the review to any Higher Education Institutions with a stake in the CLE approval through its database.

Process and Timeline

The self-assessment is coordinated nationally by the NHS England Workforce, Training & Education (WT&E) Primary Care Team. The assessment window runs for seven weeks, and typically opens in May each year.

KSS Quality team monitors the completion rates throughout the assessment window and provide support to providers as required. Training Hubs will work with the central quality team to support any environments struggling to complete the self-assessment.

Roles and Responsibilities

NHS England WT&E Primary Care Quality Team

- Launch and manage the national survey
- Provide communications and resources to Training Hubs
- Monitor regional completion rates
- Receive information on exceptions and significant concerns

Training Hubs

- Provide support to PCNs completing the survey
- Follow up on non-completions
- Address reported exceptions in a supportive manner

Learning Environments

- Complete the self-assessment survey for the whole learning environment
- Provide a full educator listing (UG, PG, CPD) with learner group details
- Submit by the national deadline
- Report any significant changes or concerns to the Training Hub

Exception Handling

Exception reporting is supportive, not punitive. Where a PCN identifies areas where standards are not fully met, the Training Hub will:

- Contact the organisation to understand the context
- Work collaboratively to agree an improvement plan
- Offer practical support to address gaps
- Report significant concerns to the NHS England regional PCQT team where necessary

Triggers for follow-up include:

- Standards not fully met in any domain
- Patient safety or learner wellbeing concerns
- Gaps in educator approval or supervision

Completion and Record Management

Training Hubs track organisation completion throughout the assessment window. Survey submissions are held centrally by NHS England. Following closure of the survey:

- Training Hubs review exceptions and coordinate support
- NHS England updates national records of PCN approval status
- Outcomes are communicated to relevant stakeholders as required

Organisational changes

Organisational split and mergers

If approved sites in an approved organisation separate or merge, then this should result in an expedited annual self-assessment form for all organisations involved.

If CLE/supervisor concerns are identified during or following these changes, this should then be discussed at the QMF and may trigger a TQA or initiate a full CLE approval process for the organisations involved.

Information from original CLE forms may be recycled where this continues to be relevant in the new organisation.

Data Protection and Information Governance

Why NHSE WT&E collects the information

NHSE WT&E processes personal information because NHSE WT&E has a legal obligation to do so or because it is necessary for the exercise of NHSE WT&E's statutory functions or any other function in the public interest. This includes the quality assurance of training programmes and ensuring that standards are maintained (Health Education England, n.d.).

What information is collected and how it is stored

- Information about the learning environment including the key contacts for each site will be collected.
- The information is collected from the applicant organisation who submits it to the PCTH for the purpose of CLE approval.
- The NHSE WT&E [Privacy Notice](#) explains how NHSE WT&E will use and protect any information they are given including any information about NHSE WT&E sponsored training, education and development.
- The Applicant organisations, PCTHs, NHSE WT&E Teams and the Primary Care Department on behalf of the Dean must ensure that all data and information is securely stored in accordance with the requirements of NHSE WT&E and the General Data Protection Regulations.

Information Sharing

- The completed CLE approval form will be shared between the PCTHs and the NHSE WT&E Primary Care Quality Team. Where necessary, it will also be shared with the wider NHSE WT&E Primary Care Department and the NHSE WT&E Quality Team.
- The approval status of the learning environment will be shared with the Training Programme Directors, Patch Associate Deans, NHSE WT&E Primary Care Department, the GP programme team (GPPT), GMC, and the relevant HEIs.
- Sites approved for GP registrars and Foundation training will appear on the GMC database.



- HEIs can request access to a list of CLE documents from england.ksspc.educationquality@nhs.net.

References

- Health Education England. (2022/23). *Business Plan - Quality and patient safety goal*. Retrieved from <https://www.hee.nhs.uk/about/work-us/hee-business-plan-202223/our-goals-objectives/current-workforce-goal>
- Care Act. (2014). *Care Act (2014), c. 23, Section 99*. Retrieved 2022, from <https://www.legislation.gov.uk/ukpga/2014/23/section/99/enacted>
- General Medical Council. (2025). *Programme and Site Approvals*. Retrieved 2025, from <https://www.gmc-uk.org/education/standards-guidance-and-curricula/guidance/programme-and-site-approvals>
- Health Education England. (2021/22). *HEE Recovery and Delivery HEE Business Plan - Strategic Goals*. Retrieved 2022, from <https://www.hee.nhs.uk/about/work-us/recovery-delivery-hee-business-plan-202122/hee-strategic-goals-202122-objectives>
- Health Education England. (2021-24). *Quality Framework*. Retrieved 2022, from https://healtheducationengland.sharepoint.com/:b:/g/Comms/Digital/Ee6_Q7PdoGpKiBNYrjS9macB4X7iioiwwKczhpSRsR6zCg?e=pTQ6Qu
- Health Education England. (from 2021). *Quality Strategy*. Retrieved from https://healtheducationengland.sharepoint.com/:b:/g/Comms/Digital/EWd0mlu1I11HgxbAXOf9kbYB2iE08_2D5ccJOR8W-6L2dA?e=QpvY5A
- Health Education England Kent, Surrey and Sussex Primary Care Department. (n.d.). *Hospital based GP Training in Kent, Surrey and Sussex*. Retrieved from <https://kss.hee.nhs.uk/primary-care/gp-trainees-resources/hospital-based-training/>
- Health Education England. (March 2020). *Primary and Community Care Training Hub programme - Common Operating Guidance, version 8.3*. Retrieved 2022, from <https://kss.hee.nhs.uk/wp-content/uploads/sites/15/2022/10/Training-hubs-Operating-Guidance-V8.3.pdf>
- Health Education England. (n.d.). *Privacy Notice*. Retrieved 2022, from <https://www.hee.nhs.uk/about/privacy-notice>
- NHS England. (2022/23). *Priorities and Operational Planning Guidance*. Retrieved 2022, from <https://www.england.nhs.uk/wp-content/uploads/2022/02/20211223-B1160-2022-23-priorities-and-operational-planning-guidance-v3.2.pdf>
- NHS England. (n.d.). *Expanding Our Workforce*. Retrieved 2022, from <https://www.england.nhs.uk/gp/expanding-our-workforce/>