HEE Provider Self-Assessment – 2022 (Word document version)

HEE Self-Assessment Tool

HEE Self-Assessment - Introduction

The HEE Self-Assessment (SA) is a process by which providers carry out their own quality evaluation against a set of standards. It is based on the philosophy of continuous quality improvement, the identification of quality improvement potential, the development of action plans, implementation, and subsequent evaluation.

Providers are asked to complete this online form indicating where they have or have not met the standards as set out in the SA. There is the opportunity under most of the questions for providers to provide comments to support their answer, this is optional and not mandatory.

Completing the SA

Some questions within the SA will ask you to provide some further information based on your responses.

Where standards have not been met: In these instances you will be asked to provide some information detailing why the standard has not been met and any work that is underway to ensure it will be met in future.

Where standards have been met: Where you have met the standards, some questions may give you the opportunity to add comments to support your answer.

Responses by Professional Group: In some questions we have asked you to provide a response per professional group. Throughout the SA we have arranged these groups by their regulators. For example, some questions will ask for you to respond for GMC or NMC associated learners or educators.

Further Questions

If you have any queries regarding the completion of the HEE SA, please review the FAQ document. If you still require further information, you can contact your regional HEE Quality Team.

1. Region Selection

Please select your region from the list below: C&P

Please select your provider from the list below:

Royal Papworth Hospital

2. Please provide details of 3 challenges within education and training that you would like to share with HEE.

(100 word limit on each response)

Example 1	Unknown CPD allocations for year ahead: Following the 2020/1 to 2022/3 3 year investment divulged down through HEE (£1k/pp), there is uncertainty in future CPD allocation; contributions have varied dramatically over recent years placing risk under education planning. Whilst mitigations are planned, they are unlikely to achieve the contribution gained recently through HEE and will cause a stifling of professional development opportunities.
Example 2	Lack of protected clinical education training space: With RPH itself and the wider Cambridge Biomedical Campus (CBC) there is limited safe, high fidelity clinical training space. At RPH we are dependant on modified patient activity planning to release bed spaces for such training. This is a significant risk factor for the organisation in ensuring staff have the training resource to enable professional development, clinical training and attainment of competence. Whilst there are minimal mitigation options (echoed across campus) an options paper is in draft to propose resolution.
Example 3	Increasing dependence on VLE: RPH have a bespoke virtual learning platform (LearnZone) which was developed in response to the covid surge to enable staff to access training and resources as well as provide a supporting audit program for training access. This platform has demonstrated significant benefits and value add and has consequently grown in utilisation and expectation, however whilst originating as an interim solution to an immediate problem it has developed into a critical part of BAU but is consequently now un-resourced (platform development, management and contracting). As part of the developing Royal Papworth School an ATIR proposal is in draft to develop a long term VLE solution.

3. Please provide details of 3 areas of good practice within education and training that you would like to share with HEE.

(100 word limit on each response)

Example 1 Royal Papworth School: as part function of the Trust and Education strategies, the Royal Papworth School vision is to pull together the, currently, fragmented elements of education provided at RPH under a single 'unit', provide a curricular approach to staff development, build upon the expertise at RPH and generate income to be reinvested into RPH education. Developing on the concept supported at Exec and Board level, a transitional School Management Group (comprising leads across the various clinical and non-clinical divisions) is drafting the

School strategy and progressing from the current soft launch stage to formal launch in 2023. Undergraduate Medical Education: The offerings and delivery of curriculum has grown over the last 12-18months through the successful combination of a multidisciplinary approach to education, appointment of medical education fellows, PA allocation and advanced practitioner posts. The successful delivery of year 4-5-6 undergraduate medical Example 2 education programs as a placement provider on the Cambridge Medical School circuit was widely recognised and gained accolade at our annual QA visit reiterating the innovative approaches to delivery, adoption of digital technology to supplement training and advance the experience and practice of the learners. C19 pandemic: Successful redeployment of multidisciplinary staff throughout the peaks of the C19 pandemic achieved through modified rostering, supportive training for redeployed staff, upskilling of wider multi-professional groups to deliver safe patient care (including deployment of students into practice whilst maintaining their learning Example 3 experience), and critical attention to staff and public feedback to ensure modifications to approach were adopted in the second wave. This has been followed up with an acute focus on staff wellbeing, restorative supervision and adoption of lessons learnt and areas of good/innovative practice.

4. Please tick the box below to confirm that your Self-Assessment response has been signed off at board level before submission back to HEE.

By selecting this box I confirm that the responses in this SA have been signed off at board level (to be added after Q&R and Trust board submission and agreement)

5. Please confirm the date that board level sign off was received:

DD/MM/YYYY (to be added after Q&R and Trust board submission and agreement)

Section 2 - Contracting

6. Do you have board level engagement for education and training?



If yes, please provide their name and job title; if no, please provide further detail.

Maura Screaton – Chief Nurse

Dr Ian Smith – Medical Director

7. Can the provider confirm that the funding provided via the education contract to support and deliver education and training is used for explicitly this purpose?

Yes
No

If 'yes' please add comments to support your answer; if 'no' please provide further detail:

Yes – Optional comments to support your answer	Accessibility of LDA and finance schedule between both Finance Teams and Training Teams. As part of Royal Papworth School development the School Management Group is attended by Dept Chief Finance Officer with recent finance project to ensure transparency of allocation and spend. Reporting structure for the School Management Group is then via Quality & Risk Committee of the Board of Directors.
No - Please provide further detail	

8. Is an activity in the Education Contract being delivered through a third party provider?



If yes, please detail who with:

9. Has the provider reported any breaches in relation to the requirements of the NHS Education Contract for any sub-contractor?



If 'yes' please add comments to support your answer; if 'no' please provide further detail:

Yes – Optional	
comments to support your	
answer	
No - Please	
provide further detail	No subcontracting

10. Is the provider able to give assurance that they are compliant with all HEE education and training data requests?



If 'yes' please add comments to support your answer; if 'no' please provide further detail:

Yes – Optional comments to support your answer	Full and timely cooperation and reporting to requests
No - Please provide further detail	

11. Have there been any health and safety breaches that involve a trainee or learner?

Yes
No

If yes, please provide detail:

12. Does the provider engage with the ICS for system learning?

Yes
No

If 'yes' please add comments to support your answer; if 'no' please provide further detail:

	Representation on:
	Non-Medical Clinical Tutors Forum
	Regional Supply and Education Group
Vac Ontional	ICS Council of AHPs
Yes – Optional	ICS AHP faculty
comments to	ICS integrated within HEE regionally to support training more
support your	broadly. DME engagement with ICS learning and development
answer	including organisational development strategy, Regular ICS DME
	meetings, engagement with ICS workplan, understanding medical
	workforce challenges working with Local Peoples Board.
No - Please	
• •	

provide further detail

Section 3a - Quality

13. Is the provider aware of the requirements and process for a HEE Quality Intervention, including who is required to attend and how to escalate issues with HEE?



If no, please provide detail:

14. Have any conditions been imposed on the provider from regulators?

	Yes	No	N/A
GDC			x
GMC		x 🗖	
GPhC		×	
НСРС		×	
NMC		× 🗖	
GOsC			x
Any other learner groups (please define in notes)			

If yes, please provide further detail:

15. Has the provider actively promoted the National Education and Training survey (NETS) to learners?



If 'yes' please add comments to support your answer; if 'no' please provide further detail:

Yes – Optional	Circulation to all non-medical learners through direct contact, online
comments to	forums and email communications. Direct contact to medical
support your	trainees via HEE with further direction delivered through placement
answer	supervisors. Link to survey held on hospital intranet.

No - Please provide further detail

16. Has the provider reviewed and where appropriate taken action on the basis of the results of the National Education and Training Survey (NETS)



If 'yes' please add comments to support your answer; if 'no' please provide further detail:

Yes – Optional comments to support your answer	Action planning through local education forums. Challenges with dissecting the feedback due to low response rates and need to consolidate/anonymise portions of data. HEE Trainee survey provides more robust and triangulated data to make meaningful decisions based on more detailed and longer duration contiguous data.
No - Please provide further detail	

17. Does the provider have a Freedom to Speak Up Guardian and do they actively promote the process for raising concerns through them to your learners?



If 'yes' please add comments to support your answer; if 'no' please provide further detail:

Yes – Optional comments to support your answer 0.6WTE substantive appointment of FTSU officer with network of Champions. Agenda item at Board with regular reports provided to CEO and Director of Workforce. Networked with national FTSU Officers. Presentation as part of induction to signpost awareness. No - Please provide further detail

18. Does the provider have a Guardian of Safe Working, and do they actively promote the process for raising concerns through them to their learners?



If 'yes' please add comments to support your answer; if 'no' please provide further detail:

Yes – Optional comments to support your answer	1PA consultant allocation to GSW role, quarterly Board report / and exception reporting. Linked with clinical supervisors and NHS Employers. Presentation at medical induction to ensure wider knowledge of the role and signposting as required. Opportunity = development of local intranet resource
No - Please provide further detail	

19. Please confirm whether you have an Equality, Diversity and Inclusion Lead (or equivalent):



If 'yes' please add comments to support your answer; if 'no' please provide further detail:

Yes – Optional	1.0WTE Head of EDI with network of Cultural Ambassadors, BAME,
comments to	LGBT, Women's and DAD representatives. Bimonthly network
support your	meetings. Reporting via Workforce Race Equality and Disability
answer	Equality Standards linked to ED Policy.

No - Please provide further detail

20. Please confirm that the provider liaises with their Equality, Diversity and Inclusion Lead (or equivalent) to:

	Yes	No
Ensure reporting		
mechanisms and data	x 🛄	
collection take learners into account?		
Implement reasonable		
adjustments for disabled	x 🗆	
learners?		
Ensure policies and		
procedures do not		
negatively impact	x 🗆	
learners who may share		
protected characteristics?		
Analyse and promote		
awareness of outcome		
data (such as exam	_	_
data (such as exam results, assessments,		×□
results, assessments, ARCP outcomes) by		x
results, assessments, ARCP outcomes) by protected		x 🗖
results, assessments, ARCP outcomes) by protected characteristic?		×
results, assessments, ARCP outcomes) by protected characteristic? Ensure International		x
results, assessments, ARCP outcomes) by protected characteristic? Ensure International Medical Graduates		×□
results, assessments, ARCP outcomes) by protected characteristic? Ensure International		×
results, assessments, ARCP outcomes) by protected characteristic? Ensure International Medical Graduates (IMGs) receive a specific	□ × □_	× 🗆
results, assessments, ARCP outcomes) by protected characteristic? Ensure International Medical Graduates (IMGs) receive a specific induction in your organisation? Ensure policies and	L L L L L L L L L L L L L L L L L L L	× 🗆
results, assessments, ARCP outcomes) by protected characteristic? Ensure International Medical Graduates (IMGs) receive a specific induction in your organisation? Ensure policies and processes are in place to	x	× — •
results, assessments, ARCP outcomes) by protected characteristic? Ensure International Medical Graduates (IMGs) receive a specific induction in your organisation? Ensure policies and processes are in place to manage with		
results, assessments, ARCP outcomes) by protected characteristic? Ensure International Medical Graduates (IMGs) receive a specific induction in your organisation? Ensure policies and processes are in place to manage with discriminatory	□ x □ x □.	
results, assessments, ARCP outcomes) by protected characteristic? Ensure International Medical Graduates (IMGs) receive a specific induction in your organisation? Ensure policies and processes are in place to manage with	☐ X ☐ X ☐	

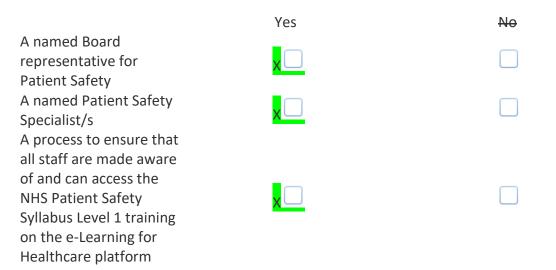
If 'yes' please add comments to support your answer; if 'no' please provide further detail:

Yes – Optional comments to support your answer	EDI Policy EDI manager post Commitment to EDS/2
	IMGs have access to HEE (and national) regional training and

induction in addition to Trust induction – local medical induction may

No - Please provide further detail be adapted on case by case basis. EDI issues reporting re education currently by exception only. Lack of specific audit tool to analyse exam outcomes on basis of protected characteristic.

21. Patient Safety and the promotion of a Patient Safety culture is integral to the HEE Quality Framework. Can you confirm as a provider that you have the following:



If 'yes' please add comments to support your answer; if 'no' please provide further detail:

Yes – Optional comments to support your answer	eLfH access Active Quality Risk Management Group and Quality & Risk Committee of the Board of Directors Two Trust named PSS -reporting into QRMG to provide updates to all staff groups on the developing work on Patient Safety (as pert of the NHS national Patient Strategy).
No - Please	

22. Has the provider developed and implemented a service improvement plan to ensure progression through the Quality and Improvement Outcomes Framework for NHS Funded Knowledge and Library Services?



provide further detail

Royal Papworth Library and Knowledge Services submitted a detailed Quality Improvement Outcomes Framework submission in September 2021. This included evidence of good practice and a service improvement plan to ensure progression through the Quality and Improvement Outcomes Framework.

No - Please provide further detail

23. Has the provider been actively promoting, to all learners, use of the national clinical decision support tool funded by HEE?



If 'yes' please add comments to support your answer; if 'no' please provide further detail:

Yes – Optional comments to support your answer	Link available via RPH Library Services alongside wider Library services. Library services promoted via induction process and local orientations with further generalist services promotion via RPH internal comms. However specific awareness of all available apps/services/resources via the Library Services not evidencable. RPH does however have further patient friendly information available via BMJ Best Practice which can support shared decision making with our patients.
No - Please	
provide further detail	

Section 3b - HEE Quality Framework Domain 1 - Learning environment and culture

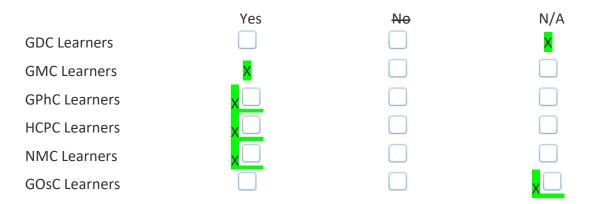
For each learner group, please confirm whether the provider meets the following standards from the HEE Quality Framework:

24. The learning environment is one in which education and training is valued and championed.

	Yes	No	N/A
GDC Learners general dental			X
GMC Learners		_	_
General Medical	×		
Council			
GPhC Learners	x		
pharmacy			
HCPC Learners			
Health & Care	x		
Professionals Council			
NMC Learners			
Nursing and midwifery	x 🖵 🗖		
Council GOsC Learners		_	
osteopathic			×⊔
Any other learner			
groups (please define			
in notes)			

Yes – Optional comments to support your answer	Evidenced through GMC survey, NETS, PEC and local feedback mechanisms, including Library Services feedback/requests/surveys. Development of Royal Papworth School with multi-professional management group. 'Share & Educate' one of core Trust Strategy themes.
No - Please provide further detail	

25. The learning environment is inclusive and supportive for learners of all backgrounds and from all professional groups.



	Yes	No	N/A
Any other learner groups (please define in notes)			

Yes – Optional comments to support your answer	Evidenced through GMC survey, NETS, PEC and local feedback mechanisms, including Library Services feedback/requests/surveys. Development of Royal Papworth School with multiprofessional management group. 'Share & Education' one of core Trust Strategy themes. Action planning at local divisional level where appropriate.
No - Please provide further detail	Limited audit base to evidence specifics of EDI relative to education environment.

26. The organisational culture is one in which all staff, including learners, are treated fairly, with equity, consistency, dignity and respect.

	Yes	No	N/A
GDC Learners			X
GMC Learners	×		
GPhC Learners	×		
HCPC Learners	×		
NMC Learners	×		
GOsC Learners			x 🗆
Any other learner groups (please define in notes)			

If 'yes' please add comments to support your answer; if 'no' please provide further detail:

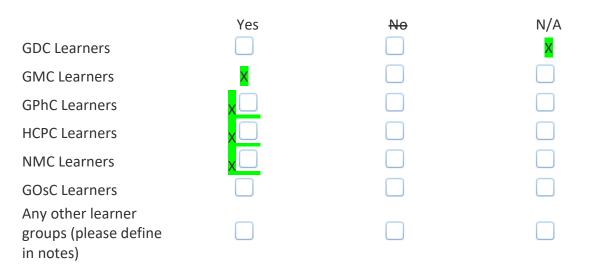
Yes – Optional comments to support your answer	Evidenced through staff survey, GMC survey, NETS, PEC and local feedback mechanisms, including Library Services feedback/requests/surveys. Development of Royal Papworth School with multiprofessional management group. 'Share & Educate' one of core Trust Strategy themes. Increasing profile of EDI network. Refresh of Trust Values and Behaviours. Action planning at divisional level where appropriate.
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To note- Evidence of need to improve diversity and inclusion (external to specifics of education but attributable within organisation) through Staff Survey. Active work to redress through EDI leads and Values & Behaviours refresh. Reporting from EDI leads by exception only.

No - Please provide further detail

further detail

27. There is a culture of continuous learning, where giving and receiving constructive feedback is encouraged and routine.



If 'yes' please add comments to support your answer; if 'no' please provide further detail:

Yes – Optional	Evidenced through GMC survey, NETS, PEC and local feedback
comments to	mechanisms. Effective feedback refresher for all educational
support your	supervisors as part of 3 yearly top-up training delivered in
answer	partnership with the Royal College of Physicians Education team.
No - Please	
provide	

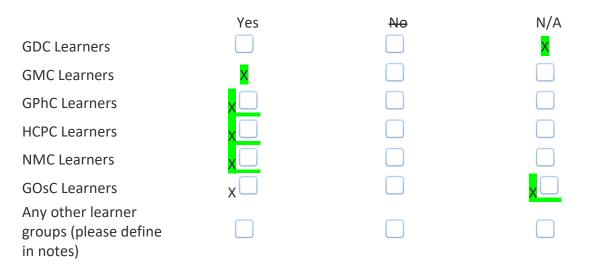
28. Learners are in an environment that delivers safe, effective, compassionate care and prioritises a positive experience for patients and service users.

	Yes	No	N/A
GDC Learners			×

	Yes	No	N/A
GMC Learners	×		
GPhC Learners	×		
HCPC Learners	×		
NMC Learners	×		
GOsC Learners			×
Any other learner groups (please define in notes)			

Yes – Optional	Floor to Board feedback/governance processes, Outstanding CQC
comments to	status, friends and family survey, PIPR reporting, patient story
support your	standard agenda item at local professional meetings through to
answer	Board meetings
No - Please provide further detail	

29. The environment is one that ensures the safety of all staff, including learners on placement.



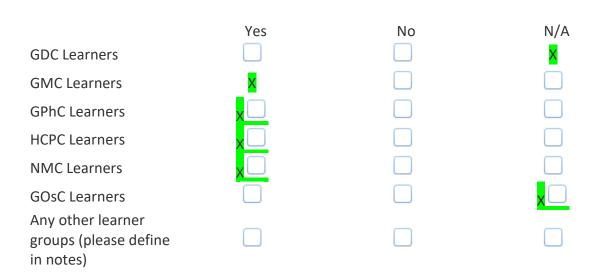
If 'yes' please add comments to support your answer; if 'no' please provide further detail:

Yes – Optional	Active Quality and Risk Management group(QRMG) and Risk
comments to	Manager post. Live Risk registry and incident database. OH

support your answer	assessment on appointment, supported OH assessments from HEIs, local RA for Covid/CEV staff/learners, local inductions and RAs eg pregnancy RA. Evidence of reasonable adjustments where additional learning support identified. GMC and NETS survey. Active bronze/silver/gold command structure with local and regional EPRR/CCG links.
No - Please provide	

30. All staff, including learners, are able to speak up if they have any concerns, without fear of negative consequences.

further detail



If 'yes' please add comments to support your answer; if 'no' please provide further detail:

Yes – Optional	Supported through FTSU officer with network of Champions and
comments to	Guardian of Safe Working. Agenda item at Board with regular
support your	reports provided to Board. Networked with regional Officers.
answer	Positive reporting culture evidenced through QRMG.
No – Please provide further detail	

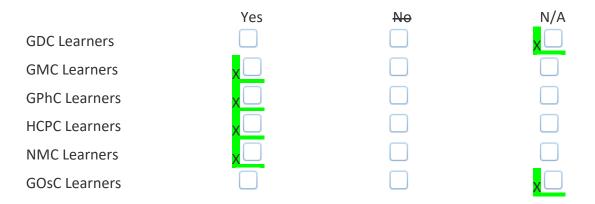
31. The environment is sensitive to both the diversity of learners and the population the organisation serves.

	Yes	No	N/A
GDC Learners			x 🗆
GMC Learners	×		
GPhC Learners	×		
HCPC Learners	×		
NMC Learners	×		
GOsC Learners			x 🗆
Any other learner groups (please define in notes)			

Yes – Optional comments to support your answer Cultural Ambassadors, purple passports, engagement events. EDI training mandated for all consultant educational and clinical supervisors. Alignment to CSTF for mandatory training requirements, incl EDI. Additionally, the Library and Knowledge Services is able to support staff with English as a second language and to aid training programmes for diverse learners, including those with Specific Learning Needs, such as dyslexia. Positive culture of compassion and excellence allows an excellent reporting culture. Workplace adaptations and accommodation where required. Small, personal organisation where every trainee known and valued.

No – Please provide further detail

32. 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.



	Yes	No	N/A
Any other learner groups (please define in notes)			

Yes – Optional comments to support your answer	Medical trainees required to undertake QI activity as part of training. Departments have strong culture of involving trainees in QI projects with 'bank's of projects available for trainees including guideline writing, protocol development and more formal QI/research and audit projects. Strong culture and ethos of research underpins the innovative environment that RPH is proud of with additional services, eg Library, who can support audit/QI proposals. Range of supported MSc and Prof Doc programs with inclusion of research and methodologies. Active SIP agenda across organisation.
No – Please provide further detail	

33. There are opportunities to learn constructively from the experience and outcomes of patients and service users, whether positive or negative.



If 'yes' please add comments to support your answer; if 'no' please provide further detail:

Yes – Optional comments to support your answer Shared learning exercises, sharing of investigation/SI reports, action planning for shared learning supported through QRMG, BUs and divisional leads. Patient stories standard agenda item on clinical professional meetings. Service user/learner representation across appropriate forums. Library and Knowledge Services use user feedback to inform service development - reflected in our Quality Improvement Outcomes submission, September 2021.

No – Please provide further detail

34. 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	No	N/A
GDC Learners			× 🗆
GMC Learners	× 🛄		
GPhC Learners	×		
HCPC Learners	×		
NMC Learners	×		
GOsC Learners			×
Any other learner groups (please define in notes)			

If 'yes' please add comments to support your answer; if 'no' please provide further detail for each facility:

Yes – Optional comments to support your answer Widespread access to IT facilities for learning and education (but limited in the quiet, separate area for personal study, incl lack of quiet library physical space). Virtual library within person access to knowledge and library specialists. Although Royal Papworth Library and Knowledge Services do not have a physical library study space, we support learners from across the hospital through our highquality virtual and in-person outreach services, which includes a range of training opportunities. We can arrange for a training room in which to meet, but we also offer outreach services and go to staff at a time and location that suits them. Training provision offered by Library and Knowledge Services include information literacy skills such as study skills, research skills, health literacy and writing for publication. The library management system's data show that our users include learners from the following staff groups, as classified by HEE: Admin & clerical; Additional Clinical Services (including pharmacy technicians); Allied Health Professionals; Additional Professional Scientific and Technical (including pharmacists); Estates & Ancillary; Health Scientists; Medical; Nursing & Midwifery. We also support non-library registered learners from these groups when we are asked to support teams with their ongoing projects. Opening of new HLRI with purpose-built lecture theatre/classroom training space. Active flexible working policy to enable learning in/out work.

To note- IT training access/digital resource access limited requiring individualised resource planning above core education/inductions and BAU. No current protected clinical training space (utilisation of unoccupied clinical areas) – currently managed/mitigated but on risk register.

No – Please provide further detail

35. The learning environment promotes multi-professional learning opportunities.

	Yes	No	N/A
GDC Learners			×
GMC Learners	× 🗆		
GPhC Learners	×		
HCPC Learners	×		
NMC Learners	× 🗆		
GOsC Learners			×
Any other learner groups (please define in notes)			

If 'yes' please add comments to support your answer; if 'no' please provide further detail:

	Multitude of examples as majority of learning space is accessed
	by/accessible to all professional groups. e.g. incl training in/on
Yes – Optional	simulation, the deteriorating patient training, human factors,
comments to	leadership etc. Where appropriate, degrees of professional group
support your	separation are maintained, including roles/responsibilities within
answer	same professional groups, e.g. Medical curriculum teaching may be
	more specific to the grade and nature of the learning and less
	suitable for multi-professional learning. Library and Knowledge

Services are currently working to support the development of multiprofessional journal clubs where critical appraisal skills can be developed in a supportive environment. These skills can then be deployed in practice to underpin evidence-based practice.

No – Please provide further detail

36. The learning environment encourages learners to be proactive and take a lead in accessing learning opportunities and take responsibility for their own learning.

	Yes	No	N/A
GDC Learners			x
GMC Learners	× 🗆		
GPhC Learners	×		
HCPC Learners	×		
NMC Learners	×		
GOsC Learners			×
Any other learner groups (please define in notes)			

If 'yes' please add comments to support your answer; if 'no' please provide further detail:

	Advocated through medical e-learning and e-portfolio to self-develop
Yes – Optional	according to curriculum needs. Supported by study leave Procedures,
comments to	aligned to curriculum/professional development need. Annual
support your	IPR/appraisal facilitates proactive approach to learning, support
answer	structures to aid development in place eg Career coaching.
	Opportunity = further development of Clinical Supervision provision
No – Please	
provide	
further detail	

Section 3c - HEE Quality Framework Domain 2 - Educational governance and commitment to quality

For each learner group, please confirm whether the provider meets the following standards from the HEE Quality Framework:

37. 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.



If 'yes' please add comments to support your answer; if 'no' please provide further detail:

Yes – Optional comments to support your answer	Multi-professional RPSchool Structure with clear lines of governance; multi-professional Clinical Education with inclusion of medical education. Medical education and training committee to bring different departments and specialties together alongside learners to ensure optimal educational culture and shared learning. Standing agenda item at Clinical Professional Advisory Group and quarterly reporting at Q&R.
No – Please provide	

38. There is active engagement and ownership of equality, diversity and inclusion in education and training at a senior level.

further detail

	Yes	No	N/A
GDC Learners			×
GMC Learners	× 🗆		

	Yes	No	N/A
GPhC Learners	× 🖂		
HCPC Learners	×		
NMC Learners	× 🗆		
GOsC Learners			×
Any other learner groups (please define in notes)			

	EDI Manager in post with strong links across organisation, including board development days with EDI as a focus, transformational
	reciprocal mentoring programme, inclusion engagement events
Yes – Optional	where Senior Board members are part of the panel. MEM linked to
comments to	BAME network, Assistant Dir Education Cultural Ambassador (open
support your	training), FTSU Officer joint role within Clinical Education.
answer	Mandatory EDI training for consultant educators and supervisors.
	Alignment to CSTF for EDI mandatory training.
	To note- Reporting re EDI issues relative to education, by exception
	only

No – Please provide further detail

39. The governance arrangements promote fairness in education and training and challenge discrimination.

	Yes	No	N/A
GDC Learners			× 🗆
GMC Learners	×		
GPhC Learners	×		
HCPC Learners	×		
NMC Learners	×		
GOsC Learners			×
Any other learner groups (please define in notes)			

Yes – Optional comments to support your answer	Equality Impact Assessment within study leave procedures EDI Policy. DN62 study leave procedure in place- review/update planned for 2022.

No – Please provide further detail

40. Education and training issues are fed into, considered and represented at the most senior level of decision making.

	Yes	No	N/A
GDC Learners			× 🗆
GMC Learners	×		
GPhC Learners	×		
HCPC Learners	×		
NMC Learners	×		
GOsC Learners			×
Any other learner groups (please define in notes)			

If 'yes' please add comments to support your answer; if 'no' please provide further detail:

Yes – Optional comments to support your answer	Education governance structure reports to Q&R, Chief Nurse and Medical Director. Quarterly reporting to Board via Q&R Committee. Education focus and regular agenda item on Board agenda.
No – Please provide further detail	

41. The provider can demonstrate how educational resources (including financial) are allocated and used.

	Yes	No	N/A
GDC Learners			x
GMC Learners	× 🗆		
GPhC Learners	× 🗖		
HCPC Learners	× 🗖		
NMC Learners	× 🗖		
GOsC Learners			×
Any other learner groups (please define in notes)			

Yes – Optional	Annual School QA; Finance reporting structure and local QA reports;
comments to	HEE EOE CPD reporting. We are progressing plans through the RPH
support your	School to allow transparent follow through of LDA funds to optimise
answer	all educational resource utilisation.
No – Please provide	
further detail	

42. 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.

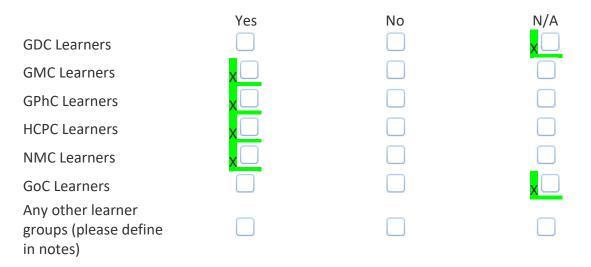
	Yes	No	N/A
GDC Learners			x 🗆
GMC Learners	×		
GPhC Learners	×		
HCPC Learners	×		
NMC Learners	×		
GOsC Learners			x
Any other learner groups (please define in notes)			

If 'yes' please add comments to support your answer; if 'no' please provide further detail:

Feedback from end of post surveys and PEF feedback, triangulationYes – Optionalwith GMC and NETS surveys. Plans to introduce embedded QA toolcomments tofor medical education in directorates to monitor performance andsupport yourrecognise where standards may not be met.answerOpportunity = standards review as function of RPSchoolManagement Group and ToR

No – Please provide further detail

43. 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.



If 'yes' please add comments to support your answer; if 'no' please provide further detail:

Yes – Optional comments to support your answer Move to C/Bio Campus facilitates collaborative working, identified in Trust Strategy. Representation at local and regional networks, incl CUHP. Apprenticeship and Widening Participation delivery partnered with CUH. Examples of shared training delivery includes HMIMMS with C&P NHS FT and ALS with EEAST. Ongoing involvement with ICS education, training and leadership with shared organisational delivery models being developed. CUHP Education Board to ensure local collaboration and innovation. Examples of sharing good practice at link meetings eg AHP Council. Opportunity = forging of formal long term partnerships as consequence of RPSchool development (identified in draft strategy)

Appendix 1

No – Please provide further detail

44. 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 HEE and Education Providers).

	Yes	No	N/A
GDC Learners			x
GMC Learners	×		
GPhC Learners	×		
HCPC Learners	×		
NMC Learners	×		
GOsC Learners			×
Any other learner groups (please define in notes)			

If 'yes' please add comments to support your answer; if 'no' please provide further detail:

Yes – Optional comments to support your answer	ICS clinical pathway development involves wide stakeholder engagement including clinicians to ensure appropriate re-design to take into account local and regional education and learning requirements impacting those involved in service delivery. Further examples include development of HLRI, OS recruitment campaign and OSCE support, Cardiology expansion and provision of additional 1.0WTE CPD staff.
No – Please	

Section 3d - HEE Quality Framework Domain 3 - Developing and	

supporting learners

provide further

detail

For each learner group, please confirm whether the provider meets the following standards from the HEE Quality Framework:

45. There is parity of access to learning opportunities for all learners, with providers making reasonable adjustments where required.

	Yes	No	N/A
GDC Learners			×
GMC Learners	× 🖂		
GPhC Learners	×		
HCPC Learners	×		
NMC Learners	×		
GOsC Learners			×
Any other learner groups (please define in notes)			

If 'yes' please add comments to support your answer; if 'no' please provide further detail:

Yes – Optional comments to support your answer	EDI impact assessment in Study Leave Procedure; links with Trust and School/HEI OH services to identify learners with additional needs. Positive examples include action planning at local induction stage, provision of additional IT equipment for student learner specific need. Assessment of provision through GMC, NETS and post exit surveys.	
No – Please provide		

No – Please provide further detail

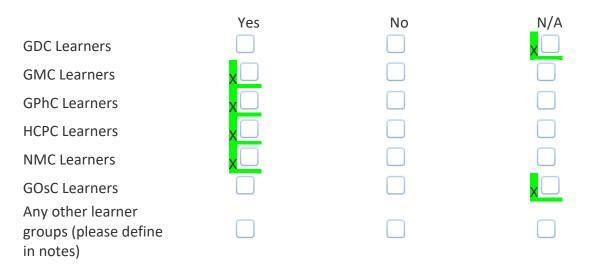
46. The potential for differences in educational attainment is recognised and learners are supported to ensure that any differences do not relate to protected characteristics.

	Yes	No	N/A
GDC Learners			× 🗆
GMC Learners	×		
GPhC Learners	× 🗆		
HCPC Learners	× 🗆		
NMC Learners	× 🗖		
GOsC Learners			x
Any other learner groups (please define in notes)			

Yes – Optional	Effective educational supervision identifies any gaps in attainment and helps all learners to try and achieve their full potential. Regular updates in educational supervision provides ongoing training to supervisors to ensure they remain alert and aware of issues around differential attainment and EDI (last undertaken in July 2022). Use of purple passport and student charter between organisations / learning placement providers. Where program access involves
comments to	interview process, the inclusion of EDI representative at
support your	interview/shortlist level is applied.
answer	
	To note- Limited audit base to evidence specifics of EDI relative to education and protected characteristics. Evidence of need to improve diversity and inclusion (external to specifics of education but attributable within organisation) through Staff Survey. Active work to redress through EDI leads and Values & Behaviours refresh. Reporting from EDI leads by exception only.

No – Please provide further detail

47. Supervision arrangements enable learners in difficulty to be identified and supported at the earliest opportunity.



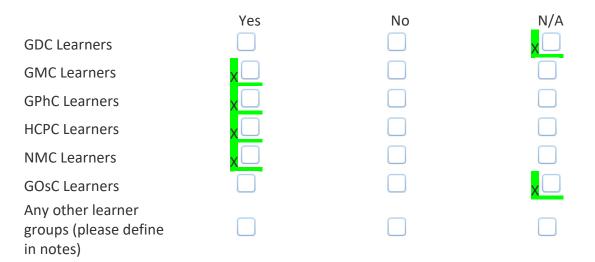
If 'yes' please add comments to support your answer; if 'no' please provide further detail:

Yes – Optional comments to

Active reporting and escalation of learners in practice (student and staff) through local management procedures and regular student

support your	forums. Links to PEF reviews and personalised action planning.
answer	Effective educational supervision allows early recognition of trainees with differing needs and helps all learners to try and achieve their full potential. Regular updates in educational supervision provides ongoing training to supervisors to ensure they remain alert and aware of issues around and management of trainees with differing needs (last undertaken in July 2022).
No – Please	
provide further	
detail	

48. Learners receive clinical supervision appropriate to their level of experience, competence and confidence, and according to their scope of practice.



If 'yes' please add comments to support your answer; if 'no' please provide further detail:

Yes – Optional comments to support your answer Examples include Local level competence frameworks, alignment to GPICS and Core Standards, use of pan organisational assessment documents for students. RPH offers mostly consultant delivered services with close clinical supervision for doctors in training. The positive educational environment allows all trainees both to develop their own skills but also to have readily accessible specialist/consultant advice or review as required. Commentary provided through eg GMC/NETS identifying learner felt levels of supervision/support. Local action planning at divisional level where appropriate.

Appendix 1

No – Please provide further detail

49. 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	No	N/A
GDC Learners			×
GMC Learners	×		
GPhC Learners	×		
HCPC Learners	×		
NMC Learners	×		
GOsC Learners			×
Any other learner groups (please define in notes)			

If 'yes' please add comments to support your answer; if 'no' please provide further detail:

Yes – Optional comments to support your answer	Examples include Local level competence frameworks, alignment to GPICS and Core Standards, use of pan organisational assessment documents for students. Effective educational supervision is the corner stone of safe and comprehensive training and provides the support for trainees to develop skills alongside curriculum requirements and generalism as required. Commentary provided through eg GMC/NETS identifying learner felt levels of supervision/support. Local action planning at divisional level where appropriate.
No – Please	

No – Please	
provide	
further detail	

50. Learners are supported to complete appropriate summative and/or formative assessments to evidence that they are meeting their curriculum, professional and regulatory standards, and learning outcomes.

	Yes	No	N/A
GDC Learners			x 🗆
GMC Learners	×		
GPhC Learners	×		
HCPC Learners	×		
NMC Learners	×		
GOsC Learners			× 🗆
Any other learner groups (please define in notes)			

Yes – Optional comments to support your answer Examples include Local level competence frameworks, alignment to GPICS and Core Standards, use of pan organisational assessment documents for students. All trainees are encouraged to complete their curriculum required work place based assessments with appropriate and timely feedback, recorded in their e-portfolios or equivalent. Regular educational supervisor review identifies where trainees need to complete further assessments with encouragement to do so – close links with colleges/schools/universities support any review/escalation process. Commentary provided through eg GMC/NETS identifying learner felt levels of supervision/support. Local action planning at divisional level where appropriate. Links to revalidation procedures and professional registration reporting.

No – Please provide further detail

51. Learners are valued members of the healthcare teams within which they are placed and enabled to contribute to the work of those teams.

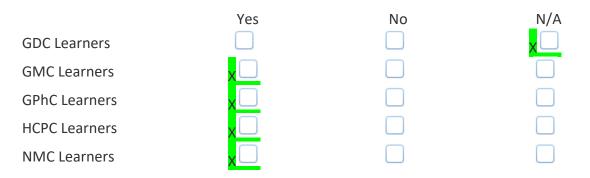
	Yes	No	_N/A
GDC Learners			x 🗆
GMC Learners	×		
GPhC Learners	×		
HCPC Learners	x 🗖		

	Yes	No	N/A
NMC Learners	× 🗆		
GOsC Learners			×
Any other learner groups (please define in notes)			

	Non-medical learners are embedded within their area of practice
	with nominated supervisors/mentors enabling them to work closely
	with the local teams being considered an active team member
	appropriate to role/experience. Due to the nature of the specialist
	clinical work at RPH, the medical team structure is much more in
	continuous teams (old style firms) than is more usual in todays NHS.
	Although trainees do cover overnight shifts (as part of a RPH at Night
Yes – Optional	team together with ALERT specialist nurses with regular huddles to
comments to support	ensure effective team working), they return to their usual daytime
your answer	teams. Since these are consultant led with StRs in each speciality and
	sub-specialty there is an effective team structure helping the
	supervision of the FY and IMT/IST doctors. Positive outcomes in
	various domains within the GMC survey illustrate the success of this
	model for both safe delivery of care and education and training.
	Further, the team includes the multi-disciplinary approach with
	specialist nurses in particular an integral part of the team supporting
	a multi-disciplinary approach to education and training.

No – Please provide further detail

52. Learners receive an appropriate, effective and timely induction and introduction into the clinical learning environment.



Appendix 1

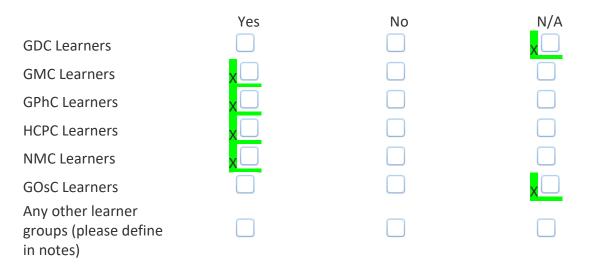
	Yes	No	N/A
GOsC Learners			x
Any other learner groups (please define in notes)			

If 'yes' please add comments to support your answer; if 'no' please provide further detail:

Yes – Optional comments to support your answer	Planned inductions for staff and students (corporate provision supplemented by sessions specific to professional group), ad hoc induction requirements supported through Clinical Education. Inductions aligned to CSTF, local requirements and professional requirements. Opportunity = refresh governance of local clinical induction; greater execution/governance of local induction
No – Please	

provide further detail

53. Learners understand their role and the context of their placement in relation to care pathways, journeys and expected outcomes of patients and service users.



If 'yes' please add comments to support your answer; if 'no' please provide further detail:

Yes – Optional	Medical and clinical local induction, specialty handbooks (continued
comments to	pathway learning), specialty and clinical pathway protocols, early
support your	meeting with clinical and educational supervisors, support from
answer	other multi-disciplinary team members to ensure compliance in this

domain. Active engagement with universities/schools/colleges to ensure supervisor curriculum awareness.

No – Please provide further detail

54. Learners are supported, and developed, to undertake supervision responsibilities with more junior staff as appropriate.



If 'yes' please add comments to support your answer; if 'no' please provide further detail:

Yes – Optional comments to support your answer	The traditional 'firm' type structure of teams at RPH allows medical trainees to develop their skills and responsibilities in supervision of doctors earlier in their stage of training. Integration with multi- professional team members ensures these skills are more widespread within the team. Learners on academic pathways support more junior learners through supervision and support forums, eg Prof Doc group. Core element of some pre-reg training curriculum, eg Pre reg pharm tech. To note- Due to RPH specialism or isolated nature of placements, some learning opportunities are short term/speciality that do not lend themselves to learner to leaner support.

No – Please provide further detail

Section 3e - HEE Quality Framework Domain 4 - Developing and supporting supervisors

For each learner group, please confirm whether the provider meets the following standards from the HEE Quality Framework:

55. Formally recognised supervisors are appropriately supported, with allocated time in job plans/ job descriptions, to undertake their roles.



If 'yes' please add comments to support your answer; if 'no' please provide further detail:

Yes – Optional comments to	AfC staff undertake roles within existing clinical responsibilities, supported via CPD function for RN and HCSW roles. All educational supervisors have allocation of PAs in job plans (0.25PA/wk/trainee) with annual educational job planning. These should be in regular job planned weekday time to ensure regular access to supervisors. Locally employed doctors also have assigned supervisors with job planned time.
support your answer	To note- Due to nature of RPH specialism and size of organisation non RN/HCSW AfC learner support within clinical areas is largely managed
	within existing clinical time. AHP and Pharmacy depts in particular lack dedicated/ protected education/development time/post, impacting flexibility of learner experience and limiting learner opportunity to
	predominantly under grad. Learner outcomes remain positive and currently supported via fixed term post through time limited charity support

Appendix 1

No – Please provide further detail

56. 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, HEE).

	Yes	No	N/A
GDC Learners			× 🗆
GMC Learners	×		
GPhC Learners	× 🖂		
HCPC Learners	× 🗖		
NMC Learners	× 🖂		
GOsC Learners			×
Any other learner groups (please define in notes)			

If 'yes' please add comments to support your answer; if 'no' please provide further detail:

	RNs trained as Clinical Assessors. Consultant named clinical
Yes – Optional comments to support your answer	supervisors and educational supervisors are formally appointed (and re-appointed) and must be trained against Academy of Medical
	Educator requirements. We use HEE East of England forms.
	Educational appraisal ensures CPD in this domain and RPH provides regular supervisor update/refresher courses (in conjunction with the
	Royal College of Physicians Education team).

No – Please	
provide	
further detail	

57. Clinical Supervisors understand the scope of practice and expected competence of those they are supervising.

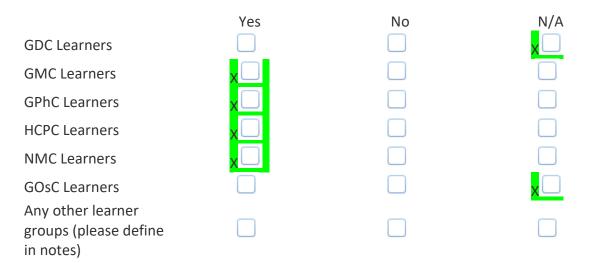
	Yes	No	N/A
GDC Learners			x 🗆
GMC Learners	x		

	Yes	No	N/A
GPhC Learners	×		
HCPC Learners	×		
NMC Learners	×		
GOsC Learners			×
Any other learner groups (please define in notes)			

Yes – Optional	Named clinical supervisors and educational supervisors are familiar
comments to	with the curriculum requirements and competencies relating to the
support your	trainees they are supervising. Where there are curriculum changes,
answer	specialty leads/College Tutors provide updates to consultants.
No – Ploaco	

No – Please provide further detail

58. 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 leaners' programmes and career pathways, enhancing their ability to support learners' progression.



If 'yes' please add comments to support your answer; if 'no' please provide further detail:

Yes – Optional comments to

Named clinical supervisors and educational supervisors are familiar with the curriculum requirements and competencies relating to the

support your answer

further detail

trainees they are supervising. Where there are curriculum changes, specialty leads/College Tutors provide updates to consultants.

No – Please provide further detail

59. Clinical supervisors are supported to understand the education, training and any other support needs of their learners.

	Yes	No	N/A
GDC Learners			× 🗆
GMC Learners	×		
GPhC Learners	× 🗖		
HCPC Learners	×		
NMC Learners	× 🗖		
GOsC Learners			×
Any other learner groups (please define in notes)			

If 'yes' please add comments to support your answer; if 'no' please provide further detail:

Yes – Optional	Named clinical supervisors and educational supervisors are familiar
comments to	with the curriculum requirements and competencies relating to the
support your	trainees they are supervising. Where there are curriculum changes,
answer	specialty leads/College Tutors provide updates to consultants.
No – Please provide	

60. Supervisor performance is assessed through appraisals or other appropriate mechanisms, with constructive feedback and support provided for continued professional development and role progression and/or when they may be experiencing difficulties and challenges.

	Yes	No	N/A
GDC Learners			x 🗆
GMC Learners	×□		
GPhC Learners	×□		

	Yes	No	N/A
HCPC Learners	×		
NMC Learners	×		
GOsC Learners			x 🗆
Any other learner groups (please define in notes)			

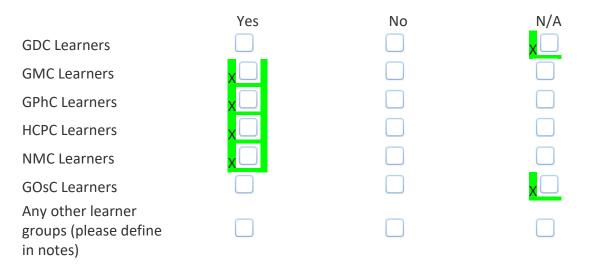
Yes – Optional comments to support your answer	Consultants with education roles are required to undergo annual educational appraisal using separate documentation. There is an opportunity to develop formal feedback on supervision roles within RPH. This is currently done through the HEE ARCP process. National work is looking to integrate this feedback into e-portfolios.
No – Please provide	

Section 3f - HEE Quality Framework Domain 5 - Delivering programmes and curricula

further detail

For each learner group, please confirm whether the provider meets the following standards from the HEE Quality Framework:

61. Practice placements must enable the delivery of relevant parts of curricula and contribute as expected to training programmes.

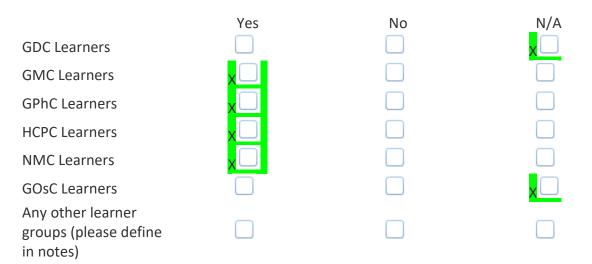


If 'yes' please add comments to support your answer; if 'no' please provide further detail:

Yes – Optional comment to support your answer	RPH is the main training centre for StRs in our relevant specialties and is recognised as a centre of excellence for education and training (CQC, GMC survey). Given the specialist nature of the clinical work, some curriculum required training cannot be delivered at RPH but rotations are curriculum mapped to ensure that training across all requirements can be delivered as part of a whole training programme. This is particularly the case for trainees at FY or IMT/IST level where there may be an expectation that we can deliver more acute curriculum requirements and we need to ensure we manage expectations from the outset. RN training programs are mapped with the universities and local education audits ensure ability to deliver the curriculum specifics of placement learners. Examples where collaboration with wider partners to ensure curriculum delivery include: Radiography: use of local DGH for more generalist training where curricular need is not able to be met via RPH specialism. Similar for OT, social work and physiotherapy apprenticeships who equally use local trusts for curriculum need. Core pharmacist skills met at RPH during their post grad year in practice. Pharmacy technician training utilises local NHS/pharmaceutical organisations for specific curriculum outcomes with development towards joint programs between local organisations to meet need
--	--

No – Please provide further detail

62. Placement providers work in partnership with programme leads in planning and delivery of curricula and assessments.



If 'yes' please add comments to support your answer; if 'no' please provide further detail:

Yes – Optional comments to

Many of the TPDs for our training programmes are based within RPH and training programmes are developed in close collaboration with support your answer

the TPDs and Schools. Education and clinical leads represent at local education boards actively participate in program design and feedback, including ad hoc mid program changes.

No – Please provide further detail

63. 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.

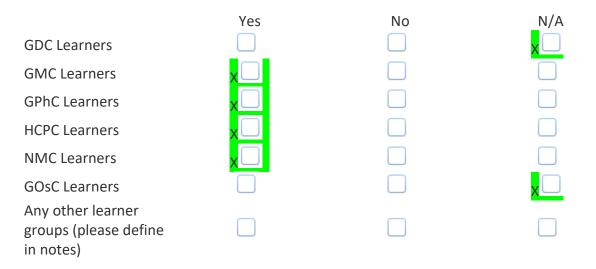
	Yes	No	N/A
GDC Learners			x 🗆
GMC Learners	×		
GPhC Learners	×		
HCPC Learners	×		
NMC Learners	×		
GOsC Learners			
Any other learner groups (please define in notes)			

If 'yes' please add comments to support your answer; if 'no' please provide further detail:

	RPH has within the educational faculty – HEE East of England
	Foundation School Director, TPDs in respiratory
	medicine/cardiology/cardiothoracic surgery and others within the
Yes – Optional	faculty representing education at a regional /national level (e.g. STC,
comments to	NACT UK, RCP, Society of Cardiothoracic Surgeons, British Thoracic
support your	Society, British Cardiovascular Society and Regional Advisors) and
answer	through these roles influence national policy on curricula,
	assessment, educational innovation and education research. Similarly
	there is representation at local Supply and Education Groups,
	Advanced Practice Forum and Non-Medical Clinical Tutors.
No Diasco	

No – Please provide further detail

64. Placement providers proactively seek to develop new and innovative methods of education delivery, including multi-professional approaches.



If 'yes' please add comments to support your answer; if 'no' please provide further detail:

Yes – Optional comments to support your answer	Particularly around specialty VLE, HLRI and RPH School will allow this innovative approach to learning and development to grow and develop including a multi-disciplinary approach. Examples include collaboration with RCP London on an international leadership course for senior medical leaders. Learner experience examples include interactive locally developed elearning, VR and live theatre broadcasting.
No – Please provide further detail	

65. The involvement of patients and service users, and also learners, in the development of education delivery is encouraged.



	Yes	No	N/A
GOsC Learners			x
Any other learner groups (please define in notes)			

Yes – Optional comments to support your answer	A lay board member has an education portfolio overview and ensures input into boards and committees. Patient stories/feedback is standing agenda item on a number of corporate meetings with education activity reported by exception at local level. Learners are encouraged to feedback (formally and informally) to influence the learning environment and local teaching. There is also learner representation at education committees and meetings.
	To note- There is no formal patient/service user input into education at Trust level although there is a mechanism for this through the ICS as part of multi-disciplinary education and learning development

No – Please provide further detail

66. Timetables, rotas and workload enable learners to attend planned/ timetabled education sessions needed to meet curriculum requirements.

	Yes	No	N/A
GDC Learners			x 🗆
GMC Learners	×		
GPhC Learners	×		
HCPC Learners	×		
NMC Learners	×		
GOsC Learners			x 🗆
Any other learner groups (please define in notes)			

If 'yes' please add comments to support your answer; if 'no' please provide further detail:

Yes – Optional
comments toStudy leave procedures identify proportion of learner time frame
need (mandatory, developmental, aspirational). Organisational

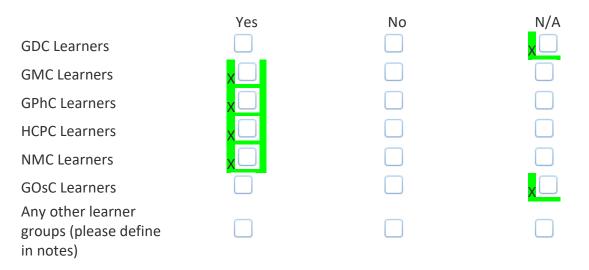
support your	commitment to release learners for all formal academic learning
answer	commitments. Additional/supplementary learning is timetabled in
	advance to best support the learner with clinical education support
	and some opportunity for cross cover of clinical duties to enable
	learner access. There is however no perfect time to ensure all
	relevant learners can attend timed teaching. In some cases, clinical
	service is paused to allow training to occur (e.g. audit/M and M
	sessions).

No – Please provide further detail

Section 3g - HEE Quality Framework Domain 6 - Developing a sustainable workforce

For each learner group, please confirm whether the provider meets the following standards from the HEE Quality Framework:

67. Placement providers work with other organisations to mitigate avoidable learner attrition from programmes.

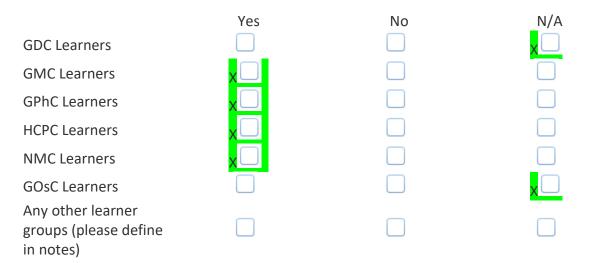


If 'yes' please add comments to support your answer; if 'no' please provide further detail:

Yes – Optional comments to support your answer Very low attrition across the professional learners, effective pastoral and career support to allow trainees to explore issues if they arise on a case by case basis. Collaboration identified within Trust Strategy.

No – Please provide further detail

68. Does the provider provide opportunities for learners to receive appropriate careers advice from colleagues



If 'yes' please add comments to support your answer; if 'no' please provide further detail:

Yes – Optional comments to support your answer	Several career trained consultants for medical staff, signposting where appropriate and provision of taster experiences. Informally. Clinical supervision and careers coaching. ICS AHP group exploring set up of learning resources re career development. Access to CPFT education hub. Regional Specialist registrar training (for aspiring consultants) takes place virtually (recently held in Aug 22). Information about career progression and skill required to support he move towards consultant roles.
	To note- Identified need to re-establish formal clinical supervision provision across organisation.

No – Please provide further detail

69. 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	No	N/A
GDC Learners			x 🗆
GMC Learners	x		
GPhC Learners	x		
HCPC Learners	x		
NMC Learners	x		
GOsC Learners			×
Any other learner groups (please define in notes)			

Yes – Optional	ICS integrated workforce planning across professions. Local level
comments to	workforce planning actively engages education leads for impact
support your	assessments and development opportunities. Annual training need
answer	analysis describes local need and prioritisation of activity.
No – Please provide further detail	

70. 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	No	N/A
		x 🗆
×		
×		
×		
×		
		×
	Yes	Yes No

If 'yes' please add comments to support your answer; if 'no' please provide further detail:

Yes – Optional comments to support your answer Medical learners have 2 week shadow period and comprehensive induction. AfC staff gain 3 week supernumerary support with additional of corporate and clinical induction (ITU staff align to GPICS induction principles). Where opportunity arises, undergraduate learners are allocated to their clinical employment area during their final year of placement.

No – Please provide further detail

Final Submission

Before completing your final submission please ensure you have completed the following:

 Completed all questions within the Self-Assessment (including the free text sections)
You have confirmed that you have received Board level sign off for your submission (Section 1 - Provider)

Confirm Final Submission to HEE *

Complete Submission