

GP Specialty Training Approval Document

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| Dr being assessed:GMC Number:  | Date and Time of Visit |  |
| Lead Visitor |  |
| Practice Address in full : |  |
| Practice Telephone Number: | Practice Manager: |
| Email Address: | Email Address: |

NB.

1. If more than one supervisor is to be visited at the same time separate forms MUST be submitted.
2. Part A can be repeated/cut and pasted. Part B will be individual to the supervisor
3. For the first approval visit where questions may ask what IS in place please describe what you will be putting in to place.

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| Type of self assessment (delete as appropriate) | Self - informal | Self - Formal (pre-visit) |

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| Type of Visitor assessment  | Informal |  Approval | First re-approval at 1 year | First re-approval at 3 years | Re-approval – virtual | Re-approval - actual | Other – please specify |

**Practice Information**

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| Description of the Practice to include the following information - List size, demography, location and character of practice, brief summary of recent practice history and strategic direction. | List of key staff and job titles of those directly involved in training |

**Educational and clinical supervisor(s) details**

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| Name(s) of educational supervisors |  |
| Name(s) of clinical supervisors  |  |
| Outside commitments and special interests of GPs |  |
| Do you hold MRCGP/FRCGP?  |  |
| Do you have a postgraduate certificate in medical education? |  |

**PART A – PERTAINS PRIMARILY TO THE PRACTICE**

| **Criteria** | **Self Assessment** | **Visitor comments on evidence and self-assessment** |
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| 1. How are GP trainees supported in making the needs of patients their first concern?

*Evidence: Video of consultations, clarity of clinical management plans and entries on to patient medical records, knowledge of child protection procedures* |  |  |
| 1. How is continuity of patient care from one team member to another facilitated?

*Evidence: Statement of practice policy computer notes, gold standard patients team meetings, messaging systems, PHCT meetings to discuss patients* |  |  |
| 1. How are GP trainees adequately supervised according to their competence and experience and undertake only those procedures for which they have been trained and are deemed competent to perform and are not asked to undertake activities of no educational value or relevance to the GP Curriculum

*Evidence: GP trainees views, E-portfolio entries, GP trainee feedback, rotas to show who is supervising / available for backup* |  |  |
| 1. Do you have appropriate policies and protocols to ensure patient safety?

*Evidence: Sample of practice policies* |  |  |
| 1. What are your procedures for obtaining patient consent when appropriate?

*Evidence: Patient consent forms, audit/quality improvement projects showing use of consent forms for minor surgery, video consent procedures* |  |  |
| 1. What are your arrangements for supervision in the absence (for whatever reason) of the named supervisor?

*Evidence: Practice policy to deal with trainers absence and means by which this is notified to the learner and other members of the practice team* |  |  |
| 1. What is your system for recognising and addressing a significant event in the practice which (when appropriate) demonstrates an improvement in patient safety?

*Evidence: Reports from Significant Event reviews and demonstration of action taken (completion of the audit/quality improvement project cycle)* |  |  |
| 1. How do you encourage feedback from the GP trainee on your teaching and the practice as a learning environment as a whole?

*Evidence: Pro-forma that are used to capture the feedback, details of anything that has changed as a result of that feedback, Trainers MSF* |  |  |
| 1. How do you ensure there are effective systems in place to enable GP trainees to raise concerns about their training and to feedback their views?

*Evidence: Complaints protocol, practice and programme level, Trainers MSF* |  |  |
| 1. How would you provide for GP trainees with disabilities, special educational needs or other needs without compromising training standards?

*Evidence: Description of what would be or has been done demonstrating knowledge of legal requirements* |  |  |
| 1. How do you ensure that the practice team understand that they must treat patients and colleagues fairly and not exhibit prejudice on the basis of gender, race, age, religion, sexual orientation or disability?

*Evidence: Staff training session, Practice protocols* |  |  |
| 1. How do you ensure GP trainees can access learning opportunities and exposure to a range of patients, clinical problems, and learning environments that will enable them to complete the GP curriculum?

*Evidence: timetable to show release for central teaching, 2 hour protected tutorial, other teaching time, exposure to other members of PHCT (induction & other opportunities), practice demographics showing patient distribution, methods of allocating patients in personalised list practices & others to show continuing care for chronic disease patients*  |  |  |
| 1. Describe your induction programme (attach timetable) and what it sets out to achieve. We expect this to include induction in local safeguarding processes and to include a) raising awareness of the issue with the trainee : ["What to do if you are worried a child is being abused"](https://www.education.gov.uk/publications/standard/publicationdetail/page1/DFES-04320-2006%20) at <https://www.education.gov.uk/publications/standard/publicationdetail/page1/DFES-04320-2006> offers an effective resource b) ensuring the trainee is aware of the locality safeguarding contacts and procedures, and c) has been offered to be included in the practice’s safeguarding training updates

*Evidence: Induction timetable, GP trainee feedback* |  |  |
| 1. Is your GP trainees timetable Working Time Regulations compliant, for a maximum of 40 hours per week?

 *Evidence: Weekly Timetable* |  |  |
| 1. How do you ensure that there are adequate opportunities to learn from other health professionals and practice team members?

*Evidence: Teaching timetable, e-Portfolio, GP trainee feedback* |  |  |
| 1. How do you ensure trainees are supported to acquire generic professional skills at all stages of the GP training programme? This will include training in the use of audit/quality improvement project or quality improvement tools as learning, and in the use of significant event analysis

*Evidence: e-Portfolio contains reflections on SEAs & an audit/quality improvement project* |  |  |
| 1. What is your system for notifying the GP Training Programme Director as soon as it is clear that a trainee is in difficulty or there are concerns about performance?

*Evidence: Statement of policy and method/pro-forma used, feedback from PDs* |  |  |
| 1. Describe your system for notifying the GP Programme of any unscheduled trainee absence from the practice e.g. sick leave

*Evidence: Statement of policy and method/pro-forma used* |  |  |
| 1. What would your approach be for notifying the East Midlands LETB office of any significant change to the practice structure that would affect the training experience? e.g. change in premises, partnership, practice structure, number of patients.

*Evidence: Statement of policy, feedback from GP and GP Schools* |  |  |
| 1. How do you ensure that the overall educational capacity of the practice is adequate to accommodate the practical experience required by the GP curriculum along with the requirements of other learners and of all the staff?

*Evidence: Ratio of learners to patients and other doctors/nurses, description of practice population, case load, tutorials* |  |  |
| 1. How do you ensure that the primary healthcare team is committed to, and involved in, the training of GP trainees?

*Evidence: Timetables, feedback from GP trainees, feedback from staff* |  |  |
| 1. Do you have at least 90% of patient records computerised with problems clearly summarised and clearly prioritised?

*Evidence: Computer records, record summarising protocol* |  |  |
| 1. Are learners consulting in well equipped room(s) and (are) practising in safe working environments where their personal safety is not compromised?
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| 1. Do learners and staff have their own space and facilities in the practice to secure personal items safely?

*Evidence: Policy statement, feedback from GP trainee and staff* |  |  |
| 1. How does the practice inform patients that it is a GP training practice, particularly with reference to the recording of consultations and the inspection of medical records for the purpose of supervisor selection and accreditation and quality assurance activities?

*Evidence: Copy of practice leaflet and notice in waiting room, website* |  |  |
| 1. How do you ensure the practice complies with health and safety legislation?

*Evidence: Practice policies and procedures* |  |  |
| 1. What IT support is available in the practice, including access to a computer with appropriate search facilities, internet and electronic reference and induction to the medical system?

*Evidence: Induction programme, GP trainee feedback* |  |  |
| 1. Do you have an active programme of audit/quality improvement project that demonstrates the full audit/quality improvement project cycle, and the application of both standards and criteria or quality improvement processes?

*Evidence: Practice audit/quality improvement project file* |  |  |
| 1. How do you ensure that the practice team has regular reviews of both organisational and clinical aspects of its practice and holds regular meetings which the trainee is expected to attend?

*Evidence: Schedule of practice meetings and who attends* |  |  |
| 1. Does your appointments system meet current national access standards or at least have an awareness of and are working towards?

*Evidence: Appointments system and availability* |  |  |
| 1. Are you able to show evidence that patients are satisfied with your services and physical environment, that you have a well thought through and publicised complaints procedure and carry out and act upon the results of patient satisfaction surveys?

*Evidence: Patient satisfaction surveys, complaints procedure* |  |  |
| 1. Can you assert that the practice can normally cope with its patient load effectively with or without a GP trainee?

*Evidence: Annual leave arrangements, appointment system and availability to patients, ratio of GPs/PNs to patients* |  |  |

**PART B – PERTAINS PRIMARILY TO THE INDIVIDUAL SUPERVISOR**

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| 1. When did you last undertake equality and diversity training?

*Evidence: Certificate of completion* |  |  |
| 1. Are you familiar and up to date with administrative and technical aspects of the GP e-portfolio? How will/do you increase your competence in this area of trainee support?

*Evidence: e-portfolio entries – East Midlands LETB to review ESRs comments in logs* |  |  |
| 1. Can you demonstrate that you understand the Workplace Based Assessments and can use them proficiently?

*Evidence: Video of CBD and Mini-CeX* |  |  |
| 1. How will/do you encourage your GP trainee to direct their own learning and to develop self-awareness and critical thought?

*Evidence: Log responses* |  |  |
| 1. What are your plans for/How do you provide regular and frequent learning needs assessment of a GP trainee and how will you use this for both planning and modifying planning of teaching?

*Evidence: Review of educational plans at regular intervals and feedback in the learning log* |  |  |
| 1. How will/do you encourage the GP trainee to fully engage in the use of the GP e-Portfolio in a timely way?

*Evidence: Responses in log diary* |  |  |
| 1. How will/do you utilise a variety of appropriate and effective teaching methods and practise learner centred teaching?

*Evidence: Video of CBD and Mini CeX and scoring sheet, e-Portfolio* |  |  |
| 1. How will/do you provide protected time for training and supervision? This should be for a minimum of 4 hours per week for trainees in your practice that you are supervising. Where you are educationally supervising trainees outside of the practice this should be a minimum of 2 hours.

*Evidence: Trainer’s timetable* |  |  |

GP - Visitors Summary

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| Supervisor details: | Date of practice visit or date of virtual assessment |  |
| Lead Visitor  |  |
| *Other Visitor(s)* |  |
| Practice details: | Date summary report completed |  |
| Person completing summary report |  |

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| Type of Visitor assessment  | Informal |  Approval | First re-approval at 1 year | First re-approval at 3 years | Re-approval – virtual | Re-approval - actual | Other – please specify |

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| Comments on last visit recommendations (if appropriate) |  |

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| Highlights for the Practice |  |
| Mandatory requirements for the practice |  |
| Developmental recommendations for the practice |  |

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| Highlights for the Supervisor |  |
| Mandatory requirements for the supervisor |  |
| Developmental recommendations for the supervisor |  |
| For how many trainees (GP and/or Foundation) is the Practice to be approved for?Other comments about physical/environmental or educational capacity. |  |

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| We recommend approval/re-approval for a period of |  | Signature on behalf of the visitors (electronic is acceptable)  |  | Date |