Exemplar

The name of the (prospective) trainer.

Health Education East Midlands

GP Specialty Training Approval Document

The Lead Visitor will complete this box when their report is submitted.

Please complete your practice details.

Dr being assessed: GMC Number:	Date and Time of Visit	
	Lead Visitor	
Practice Address in full :		
Practice Telephone Number:	Practice Manager:	
By completing this document I accept that HEE-EM will retain and use my email address to contact me in regarding matters relating to GP Training. 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.

Ensure that the correct type of visit is documented.

Type of self-assessment (delete as appropriate)							
Type of Visitor assessment		Approval					

Practice Information

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. … is situated … in …. It has a list size of … and serves patients from a variety of socio-economic and cultural backgrounds. It is an active training practice, with a regular intake of GP registrars. The practice aims to be proactive from an educational perspective, with regular practice meetings, multidisciplinary meetings, tutorials and feedback sessions, all of which GP registrars gain exposure to.	List of key staff and job titles of those directly involved in training
Name(s) of educational supervisors	
Name(s) of clinical supervisors	

How would you describe your practice to someone who has never visited or does not know the area? Spend a little time in providing an overview of your practice. Are you an existing training practice? What makes your practice stand out as one that should be considered suitable for training? This will be explored in more detail later. Has the Care Quality Commission made an award? If so, tell us about it. Has the practice received any other awards? Are you a hub or spoke practice for a training hub?

List existing and prospective clinical and educational supervisors. How many registrars are you already approved for?

We may be asked to share the above information with our partner organisations and other regulatory bodies including GMC, CQC, Local Area and Workforce Teams and their subgroups including Quality Scrutiny Groups.

Educational and clinical supervisor(s) details

List your GPs and their interests. Are they GP Trainers or Clinical Supervisors? Do they supervise undergraduate students? Do they work for the CCG, LMC or have particular skills which might enhance the training of GP Registrars?

Outside commitments and special interests of GPs	
Do you hold MRCGP/FRCGP?	Yes
Do you have a postgraduate certificate in medical education?	Yes

Membership or Fellowship?

Please provide a copy of your certificate. You might wish to embed it in this document.

Are you or your practice under investigation by the GMC or Local Area Team. You are required to keep us updated of any such investigations at all times.	No
I accept the professional obligations placed on me in Good Medical Practice in relation to probity (as referred to in GMP paragraph 60)	Yes

Please note this obligation. If this applies, you may wish to have a discussion with your area Associate Postgraduate Dean before submitting your application.

Dear Trainer or Prospective Trainer,

This is an exemplar document, containing hints and tips for the evidence we anticipate you would wish to provide to establish or maintain your practice training status. Please do not copy it (we will know if you do!!) but use it constructively to help you frame your practice in such a way that makes it clear to the visiting team that education and quality are central to your ethos of providing excellent patient care. Demonstrate that you, as a trainer or prospective trainer, are fully supported by your colleagues in your training endeavours and that registrars will enjoy a high quality training experience and expert supervision. Every practice submission is different. Tell us about how you and your practice stand out as providers and promoters of outstanding medical education.

This de-identified document was originally submitted for a practice approval visit. Health Education England, working across the East Midlands, would like to thank the trainers and practice concerned for permitting its use as an exemplar document.

PART A – PERTAINS PRIMARILY TO THE PRACTICE

Criteria	Self-Assessment	Visitor comments on evidence and self-assessment
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*	Friendly, supportive work environment which aims for a "flat-structured" approach with an "open door" policy. Environment which is conducive to encouraging trainees to seek guidance and support wherever they are uncertain or in need for advice. Trainees have an allocated supporting doctor for each clinic, who will also be responsible for a structured debrief after clinics have concluded. Debriefs are intentionally completed by a variety of GPs within the practice, in order to give trainees the opportunity for interacting and gaining perspective from differing doctors. Regular joint surgeries with GPs, video consultations.	This question relates to care of patients. Consider your practice ethos. How is this conveyed to registrars? The question also relates to support for registrars. Evidence how you intend registrars to access clinical and administrative support. Who debriefs them at each point of the day, including visits and evening surgery?
2. 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*	Regular MDT meetings, review of significant events, systmone task systems and messaging systems. We have extensive practice policies, guidance and referral forms on our clinical system and practice hyperlink and intranet. We cover managing pathology results, medication reviews and dealing with mail / letters in the induction programme.	Provide evidence of meetings and invited personnel. Consider embedding an example. Consider professional conversation, on-line discourse and management of urgent messages.

Criteria	Self-Assessment	Visitor comments on evidence and self-assessment
3. 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*	All registrars are reviewed during induction to look at prior experience and areas for development. Allocated GP for each trainee clinic, ensuring their availability during registrar clinics. GP trainee feedback at placement's conclusion. Appropriate supervision for clinical procedures and CEPs in clinic, with facilitation of these during regular joint clinics also. All phone numbers, including mobiles, are included at reception and in the registrar guide if the GpStR needs to contact the covering Dr whilst out of the practice.	The EMOS survey checks that registrars are not undertaking duties for which they have not been trained. Evidence of supervision might include a plan for debriefing, protected time slots for supervising GPs, mandatory training plan, safeguarding training early in a post and clear guidance for how registrars might contact their supervisor. Registrar induction is discussed in a later question but might be mentioned here.
4. Do you have appropriate policies and protocols to ensure patient safety? *Evidence: Sample of practice policies*	Yes: Stored on practice intranet and updated regularly. We also do regular child protection reviews and are compliant with all primary care regulations, including CQC standards from whom we have received an outstanding rating.	Consider providing an overview and embedding some examples here. These might include policies relevant to GP registrars, such as: • Safeguarding Policy • Health and Safety Policy • Chaperone Policy • Video Policy • Ensure you have these documents to hand for the visit.

Criteria	Self-Assessment	Visitor comments on evidence and self-assessment
5. What are your procedures for obtaining patient consent when appropriate? *Evidence: Patient consent forms, audits showing use of consent forms for minor surgery, video consent procedures*	Written consent forms are available to all clinical staff both on practice intranet and within SystmOne templates also. Patients complete consent forms for video surgeries. There are also templates for obtaining consent for other procedures including injections, minor surgery, coil/implants.	Give an overview and consider providing copies of consent forms or templates used by the surgery for operative procedures, other invasive procedures and videoing. Explain how registrars are made aware of practice policy in this respect.
6. 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*	Allocated supervising GP for all trainee clinics. In the unlikely event that they are not available, then the practice employs an "open door" policy, which allows trainees to seek help or advice from any GP within the surgery. There will be 3 trainers in the practice and the practice ensures that all of these are not all off together at any given time.	This is crucial. What happens when the trainer is on annual leave? Do trainers alternate their leave? Is cover provided by a clinical supervisor? Do you have a business continuity plan if a trainer is taken ill? If so, please provide it. Are GP colleagues advised about the needs of GP registrars? How can you demonstrate that a registrar always has access to a supervisor?

Criteria	Self-Assessment	Visitor comments on evidence and self-assessment
7. 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 cycle)*	Regular (twice monthly) review and opportunity for discussion of clinical and non-clinical significant events. If these are identified in trainee debriefs, then trainees are encouraged to take an active role in analysing and completing +/- presenting the SEA at the meeting. Template for completing SEAs is located on our intranet and we also have access to the NRLS online e-form for SEA completion.	Consider providing anonymised examples of significant event reports or meeting summaries. For 'serious' or 'never' events, are you able to demonstrate that the relevant authorities were notified? Consider how you might evidence application of your 'duty of candour'. Do SEAs lead to audit? Consider providing documentation of examples
8. 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*	Informal and written feedback from registrars during and after training sessions. Encouraging registrars to be involved in the choice of subjects for teaching and tutorials, seeking their feedback after sessions. Trainees encouraged to complete EMOS and national survey. Concerns can be raised with trainer / PM at any point in the placement	Describe how you will obtain and respond to feedback. For an existing training practice, consider providing documentary evidence. Alternatively, are you able to provide such evidence from medical students or foundation doctors? Do you have a practice-specific feedback form? How will you encourage registrars to feedback through the EMOS survey and GMC survey? Provide documentary evidence of reports if you have it available. If possible, demonstrate how you have responded to previous feedback.

Criteria	Self-Assessment	Visitor comments on evidence and self-assessment
9. 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*	Regular informal discussions, CS and ES meetings. Friendly approach conducive to encouraging trainee feedback. End of placement formalised feedback from registrars.	
10. 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*	Discussion around their required needs at ES and CS meetings. Discussions within practice and allowances and alterations made to time-tables, clinics and working environments wherever needed. We have supported trainees with educational needs who are having extended training and those receiving support from the PSU. Specific learning needs have been identified and targeted, and peer support / mentoring has been used to good effect Needs relating to LTFT working and maternity leave requests have been commonly accommodated	

Amongst a variety of options, this might include formal or informal discussion, reference to the induction progress, mid-point review proforma and a practice policy about accessing the Guardian of Safe Working. How would you manage a trainee if you felt the educational relationship might be breaking down? From whom might you seek advice?

Consider physical, psychological end educational difficulties. Is the whole building accessible to the trainee? How is trainee welfare managed? Have you received any tuition or read about specific learning difficulties such as dyslexia? Consider from whom you would obtain advice and assistance. Consider embedding your staff welfare policy. Are you aware of programme access to the Professional Support Unit and Occupational Health Service? How do you manage less than full time requests and maternity leave?

Criteria	Self-Assessment	Visitor comments on evidence and self-assessment
11. 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*	Practice protocols within intranet which all staff are required to read. All staff undergo adequate equality and diversity training.	
12. 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*	Trainees have exposure to the full range of primary care conditions through general surgeries, on-call sessions, emergency presentation, home visits and OOH sessions. Regular clinics with appropriate consultation times for their stage of training. Non-clinical educational opportunities where trainees are also encouraged to guide session content and actively participate within sessions and where appropriate, lead on tutorials.	

Which members of your team have received Equality and Diversity Training? Is yours up to date? Please provide your most recent certificate. How does your registrar access policies, for example, are policies hyperlinked from a summary page?

We are interested in the registrar's educational experience. Describe their learning environment. What measures have been undertaken to optimise this?
What opportunities are available to registrars from the whole team, including managerial, administrative and visiting staff? How do they obtain exposure to acute and chronic care, telephone triage, duty doctor work, and factual information?
Consider visual, auditory and kinaesthetic learning methods. Are they able to undertake quality improvement work and deliver presentations to the team? Consider providing an example.

Criteria	Self-Assessment	Visitor comments on evidence and self-assessment
13. 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" 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*	Please see timetable and inductions already emailed. Formalised induction which is completed partly in-house and partly within the *** area with other trainees at other practices. Includes practice procedures, protocols, safeguarding processes, identification of appropriate personnel within practice who are responsible for certain aspects of patient care (safeguarding lead, Caldicott guardian etc.). GPSTR's have an induction programme that includes sitting in with GP's, experienced GPSTR's, nursing staff, practice management staff and other members of the MDT, IT training, administrative tasks and communication There is a specific session in child protection with Dr *** and e-learning re safeguarding at level 3. All child protection procedures and documents are available via the hyperlink.	It is worth spending a little time on this section. Aim to provide your induction pack, induction timetable and weekly timetable. Check with the Single lead Employer that your timetables are complaint with the Junior Doctors' Contract and European Working Time Directive. Ensure that the timetable provides adequate details of timings and events. Consider providing your induction list appertaining to clinical and employment domains.
14. Is your GP trainees timetable Working Time Regulations compliant, for a maximum of 40 hours per week? *Evidence: Weekly Timetable*	Yes. Is also compliant with more recent Junior doctor contract changes	How will you ensure compliance with respect to days on which registrars undertake out of hours work?

Criteria	Self-Assessment	Visitor comments on evidence and self-assessment
15. 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*	Open and friendly working environment, joint clinics, regular assessments and debriefs with a variety of GPs, time within different parts of the practice at induction (including reception, nurses, pharmacy, community nurses) As part of the practice team, trainees are expected to communicate effectively and work closely with PN, DN, HV, community matrons, etc This is also reviewed in appropriate CbD's .	Effectively, this is an extension to Question 12, and you may wish to elaborate on the learning opportunities available from your clinical and non-clinical colleagues. For example, practice and business managers may have a tutorial framework for discussing practice finance, accounts and contracts, or your reception staff may be able to provide 'mini-teaches' on aspects of their work. Are their opportunities for inter-professional learning?
16. 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 or quality improvement tools as learning, and in the use of significant event analysis *Evidence: e-Portfolio contains reflections on SEAs & an audit*	Regular opportunity for significant event analysis. Providing opportunities for audits and actively encouraging registrars to partake in these. All ST3s will undertake and audit or QIP.	Consider a definition of 'professionalism' when answering this question. Are you able to demonstrate how you will engender a self-directed approach to continuing professional development in your registrars, effective use of personal learning time, an awareness of GMC guidelines on the duties of a doctor, and access to software to facilitate audit and quality improvement projects (QiP)? Consider providing a registrar or medical student audit and one of yours that show a full audit cycle with criteria and standards and evidence of change. Alternatively provide a piece of QiP work.

Criteria	Self-Assessment	Visitor comments on evidence and self-assessment
17. 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*	Each trainer and GPR has an allocated responsible PD [**** covers our practice] Trainers are encouraged to discuss any concerns with the PD and seek initial informal advice and through discussion evolve an initial plan to help the GPR. Trainers are encouraged to enter concerns and discussions with the trainee in the educator notes section of the e-portfolio with an agreed timeline for follow-up We have had training in the RDMP model for a more formal assessment of difficulties. PD can facilitate access to resources such as TSS and OOH to whom the GPR may be referred for further help If the concerns persist or are of significant degree the PD will meet with the trainer and GPR	We want you to feel supported in your training endeavours. Demonstrate your system for contacting the local training programme in a timely manner when you have concerns. This might take the form of a policy document and attention to timely documentation in the Educators' Notes section of the e-portfolio. Consider how you will access examination results and develop a strategy to assist registrars facing educational difficulties. Does this include engaging with the registrar, educational supervisor, programme director and PSU as appropriate? If challenged, how would you able to provide evidence that a support system is in place for your registrars?
18. 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*	The PM records absences from the practice and will notify the training office/single lead employer. Attendance registers from the locality groups are circulated to trainers	Absence from work may affect the Certification of Completion of Training date. It may indicate a registrar who is experiencing problems. The Single Lead Employer and training programme need to know about unscheduled absence. If you are notified about unscheduled absence from half or whole – day release training, what action do you take? Provide your policy document.

Criteria	Self-Assessment	Visitor comments on evidence and self-assessment
19. 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*	Direct contact with office regarding any significant changes, and where necessary, completion of relevant assessment forms for practice's suitability/methods for providing trainee supervision	Partnerships and practices merge, branch surgeries close, buildings become unavailable and so on. Provide an overview of your policy for notifying such changes.
20. 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*	2 trainers and 1 CS in the practice with a maximum of 2 registrars/ trainer. The ratio of GPR's to patients is 1:2500 Tutorials are timetable on alternate weeks with timetabled assessments and educational activity along the 70:30 split Trainees have exposure to the full range of primary care conditions through general surgeries, on-call sessions, emergency presentations, home visits and OOH sessions Opportunities to experience chronic disease management with nurses, and ad-hoc minor surgery / contraceptive implants / coils Meetings as already discussed Encouraged other clinics as part of educational time e.g. pharmacy/ community dermatology etc	First of all, have you acquainted yourself adequately with the RCGP curriculum? Are you able to demonstrate your knowledge of the curriculum if asked? Provide an overview of your training a capacity. Demonstrate by way of your timetable, how and when debriefs and tutorials as well as other educational events are provided. Provide an explanation as to how this provision covers the curriculum. How is this facilitated by your patient demographic and the skills of your staff?

Criteria	Self-Assessment	Visitor comments on evidence and self-assessment
21. 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*	Team approach with regular practice meetings. Trainee induction includes integration with all members of the multidisciplinary team, and all members of the team participate in multisource feedback. Regular practice meetings incorporating all members of staff.	Training can be challenging at times. Have you considered the support that you will require as a trainer? Consider describing the practice's ethos in this regard, and how your colleagues will support your educational work through their own provision and providing the time resource that you will need. Is this timetabled? Have you considered the time you will need to complete induction meetings, work-place based assessments, reviews of learning-log entries and educational supervisor reports?
22. Do you have at least 90% of patient records computerised with problems clearly summarised and clearly prioritised? *Evidence: Computer records, record summarising protocol*	Yes. Fully computerised. Problem lists are used alongside and coded by dedicated practice members	Do you have a coding clerk? What is the system used for coding records when they arrive at the surgery? Consider providing your practice policy on the summarising of notes.

Criteria	Self-Assessment	Visitor comments on evidence and self-assessment
23. Are learners consulting in well-equipped room(s) and (are) practising in safe working environments where their personal safety is not compromised?	Yes: each registrar has all equipment including doctor's bag. Practice is purpose built as per HEEM guidance. All rooms have panic alarms. Practice has zero tolerance policy towards violence.	
24. 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*	Yes. Lockable drawers in every room.	

Anticipate that the visiting team may request a short tour of your buildings and evidence that a doctor's bag containing essential equipment is provided. Do you have an inventory of equipment on loan? Consider providing a copy of your policy on loan working. What strategies do you have in place to ensure the safety of your trainees in their consulting rooms and on home visits?

Do you have a policy statement and evidence of a lockable cabinet in each consulting room and lockers for personal belongings?

Criteria	Self-Assessment	Visitor comments on evidence and self-assessment
25. 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*	We have signs in our waiting area, information on our website. When patients book appointments we inform them that we are a training practice if we are offering an appointment with a trainee.	Consider directing the visitor(s) to signs in your waiting rooms, your practice leaflet and on-line information. How are patients informed about whom they are seeing when they book an appointment or home visit? If your reception staff were asked this question, would they provide the same answer?
26. How do you ensure the practice complies with health and safety legislation? *Evidence: Practice policies and procedures*	We keep protocols and policies on our practice's shared intranet. These are updated regularly and reviewed. Regular checks are undertaken by H&S lead and by the practice manager. Team education events for mandatory training e.g. fire safety and infection control are undertaken.	You might wish to provide an overview here and then embed your health and safety policy in this document. Do you have an H&S Lead, and have they received training in their role? Describe your policy on mandatory training.
27. 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*	Induction includes IT induction run locally. All registrars have access to a room with a computer running SystmOne and full internet access.	Consider provision of IT training, the system used for consulting, reporting and data management systems, internet access, and information governance training policy.

Criteria	Self-Assessment	Visitor comments on evidence and self-assessment
28. Do you have an active programme of audit that demonstrates the full audit cycle, and the application of both standards and criteria or quality improvement processes? *Evidence: Practice audit file*	Yes: practice has audit file contained within practice's intranet. Registrars are encouraged and facilitated in both shared audits (with other GPs) as well as audits completed fully by themselves, along with re-audits for cycles completed by previous trainees.	Are you aware of the Gold Guide requirements for quality improvement work and would you be able to describe them? Provide examples from doctors and if you have them, from trainees.
29. 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*	Regular weekly meetings incorporating all registrars. Include clinical update meetings, practice meetings, SEA reviews, MDT meetings.	Consider providing a schedule of your partnership, clinical, multi-disciplinary team, complaints and significant event analysis meetings etc. Do you have visiting speakers? Provide an overview of the attendance and contribution you anticipate of your trainees.
30. 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*	Yes, There are a range of appointments including book on the day Pre bookable and emergency telephone slots, HV and GP appointments Same day and 48 hr access Advanced booking, up to 4 weeks with online facilities for booking and cancelling	Describe how your appointments system operates. Consider including a description of how you manage patient demand against appointment availability. How are you working collaboratively with the CCG to manage demand?

Criteria	Self-Assessment	Visitor comments on evidence and self-assessment
31. 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*	Yes: good patient satisfaction survey results and have performed highly in national survey for GP practices. Complaints procedure is again contained practice intranet, and practice employs proactive approach to addressing complaints with face-to-face meetings and, where necessary, triggering Significant event analyses. Consider providing a copy of your complaints procedure, explain how it is publicised, how trainees are familiarised with this procedure, how you work pro-actively to avoid complaints and how you act on complaints through such mechanisms as meetings, significant event analyses and audit.	Consider providing a copy of your patient satisfaction survey or Family and Friends test, and evidence of actioning these assessments.
32. 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*	Yes: * WTE qualified GPs for approx. * pts – approx. * / wte Registrars are never stopped from attending the training schemes and are given appropriate additional study leave. Annual leave arrangements allow certain number of fully qualified doctors to be off and registrars are counted as supernumerary with regards to annual leave	Whilst registrars have a service commitment, the practice should be in a position to manage without them and you should be able to assert that this is the case.

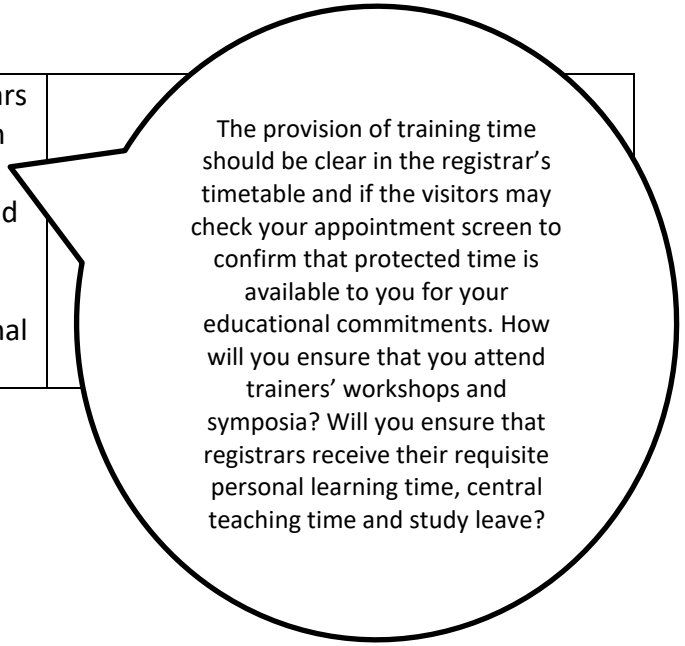
PART B – PERTAINS PRIMARILY TO THE INDIVIDUAL SUPERVISOR

33. It is a requirement that equality and diversity training be updated every 3 years. When did you last undertake equality and diversity training? *Evidence: Certificate of completion*	In Last 2 months. Certificate has been emailed.	Please provide your certificate.
34. 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*	Yes. I have used the portfolio relatively recently as a trainee myself and utilise the trainee portfolio on a regular basis for assessments currently. I also use the clarity portfolio regularly which is very similar. Also received training on the portfolio as part of trainer's course.	Consider explaining what experience you have, the training you have undertaken and any developmental needs that you feel you might have.
35. Can you demonstrate that you understand the Workplace Based Assessments and can use them proficiently? *Evidence: Video of CBD and Mini-CeX*	Yes: currently am completing video COTs, CBDs, CEPs for trainees in the practice. Peer review	What is your understanding of the term 'assessment'? Note that these are 'workplace-based' and not 'work-based' assessments. Are you au fait with the numbers required pro rata each year, and how to conduct a 'CEP' and an 'audio-COT'? What is the difference between a CSR and ESR? Have you familiarised yourself with the assessment rubric for the ESR? When will you conduct assessments?

36. How will/do you encourage your GP trainee to direct their own learning and to develop self-awareness and critical thought? *Evidence: Log responses*	Regular review of trainee log entries and feedback both verbally and within portfolio. Trainers encourage reflection during debrief and video sessions and PDP's. During these activities, trainees are encouraged to generate their own learning objectives and show evidence of addressing these.	Consider the postgraduate nature of GP training. This embodies the concepts of 'self-directed' and 'experiential' learning. It may also qualify as 'problem-based' learning at times. In reality, it might be considered 'directed self-directed' learning to guide learning towards those 'unknown-unknowns'. How do epistemic curiosity and metacognition fit into the frame?
37. 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*	Initial meeting with registrar setting out agenda and learning objectives. Educational supervisor reviews. Informal discussion in practice time and discussion within debriefs. When not in the practice, trainees have 6/12 meetings with the ES as a minimum, with additional communication via phone, meetings , educator notes or emails	Consider your initial meeting with a new educational or clinical supervisee. What framework might you use for your learning needs assessment? Have you considered checking for a history of learning difficulties? Have you considered how you will use debriefs, tutorials and other tools such as video, feedback models, formative assessment, prescription analysis and referral analysis to determine learning needs? Do you understand the educational theory underpinning educational portfolio use and reflective learning?

38. 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*	At 1st meeting discuss importance of engaging with e-Portfolio - requirement for progression through gateways, professionalism and ongoing engagement required throughout professional life for appraisal / revalidation. Regular prompting and discussion. Written entries on portfolio is lull in entries to encourage and remind. Where trainees are not meeting expectations, this is raised via educator notes and email / phone / in person – Escalated as required if ongoing failure to engage.	Consider the dyadic relationship between teacher and learner. What approach do you or will you take with respect to your entries in the learning log? Might you take a Socratic approach for example? How will you feed back to your registrar if they do not attend to their PDP and learning log? With respect to the former, do you feel comfortable with respect to the use of action verbs and SMART principles? How will you encourage your registrar to submit entries and assessments in a planned and organised manner? Consider learning cycles. What action will you take if a registrar is falling behind?
39. 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*	Structured tutorials with registrars tailored to their learning needs and with different approaches (such as plenaries, discussions, presentations, clinical skills, consultations skills). Seeking feedback from trainees on the methods employed and whether they are suited to their learning styles and needs.	Consider learning styles and teaching styles and how these juxtapose with the learning environment. You may want to list the practical teaching methods that you employ. How would you organise joint tutorials with registrars from the same or different year groups? How will you review the efficacy of your teaching methods?

40. 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*	Regular trainee tutorials (Weekly). All registrars have supervision/responsible debriefing GP in their clinics. Timetabled joint surgeries, tutorials, CBDs and COTS Registrars have protected time for attending full and half day release and a half day personal development session	



GP - Visitors Summary

Supervisor details: Please complete this box…	Date of practice visit or date of virtual assessment	
	Lead Visitor	
	Other Visitor(s)	
Practice details: And this…	Date summary report completed	
	Person completing summary report	

Type of Visitor assessment And this…	Approval				Other – please specify

Comments on last visit recommendations (if appropriate)	
Highlights for the Practice	
Mandatory requirements for the practice	
Developmental recommendations for the practice	
Highlights for the Supervisor	
Mandatory requirements for the supervisor	
Developmental recommendations for the supervisor	

The Lead Visitor will complete the rest. You might have some developmental plans in mind for your next few years of training to share with the visitors.

For how many trainees (GP and/or Foundation) is the Practice to be approved for? Other comments about physical/environmental or educational capacity.	

We recommend approval for a period of	This is often for 5 years with a developmental review at one year at the GP Training Office.	Signature on behalf of the visitors (electronic is acceptable)		Date