**APPROVAL AND REAPPROVAL REPORT FOR GP TRAINERS**

***This form will be sent to you for completion by your Patch Office. The information provided within this form will be treated as private and confidential.***

***The GP applying for approval or reapproval must complete the white sections of the form and return it, with supporting evidence, to the Patch Office at least two weeks before the agreed date of the Trainer Visit. You can email or post the completed form to the Patch Office.***

***The sections highlighted in blue are to be completed by the lead visitor following your trainer visit.***

***GMC trainer standards are referenced throughout the form within ‘GMC Domain’ in the right hand column.***

***Appendix A: Patch Contact Details***

***Appendix B: GMC Trainer Standards (see GMC Domain in right hand column)***

***Appendix C: Approval Process for GP Registrar Trainers***

***Appendix D: Trainer Courses***

***Section One: Applicant’s Details***

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| ***Item*** | ***Applicant’s Details*** | | | | | | | | | | | | | | | | | | | ***GMC Domain*** | |
| *1.1* | *Applicant’s Name*  *(full name and known as )* | | | | | |  | | | | | | | | | | | | | *GI* | |
| *1.2* | *GMC Number* | | | | | |  | | | | | | | | | | | | | *GI* | |
| *1.3* | *Practice Name and Full Address* | | | | | |  | | | | | | | | | | | | | *GI* | |
| *1.4* | *Practice NACS Code*  *(e.g. J12345)* | | | | | |  | | | *1.6* | *Programme* | | | |  | | | | | *GI* | |
| ***SECTION 1 VISITOR COMMENTS:*** | | | | | | | | | | | | | | | | | | | | |
| *Visitors and role:* | | | | | | |  | | | | | | | | | | | | *GI* | |
| *Other Practice members seen at visit:* | | | | | | |  | | | | | | | | | | | | *GI* | |
| *Date of Visit* | | | | | | |  | | | | | | | | | | | | *GI* | |
| *a) Previous Areas for Development / Agreed Actions (from last report)* | | | | | | |  | | | | | | | | | | | | *a/b/c/d/*  *e/f/g* | |
| *b) Highlights* | | | | | | |  | | | | | | | | | | | | *GI* | |
| *c) Current Areas for Development / Agreed Action* | | | | | | |  | | | | | | | | | | | | *a/b/c/d/*  *e/f/g* | |
| ***Trainer Approval:***  *(See Appendix A)* | | | *1* | *First Approval:*  *One Training Year* | | | |  | | | | | *2* | *Reapproval*  *(4 years)* | | |  | | | | |
| *3* | *Conditions (6m-1 year)* | | | |  | | | | | *4* | *Withdrawal of Approval* | | |  | | | | |
| *Patch Associate Dean* | | | | | *Name: Date:* | | | | | | | | | | | | | | | |
| *Report Approved by GP-STC* | | | | | *Dr Rachel Elliott*  *Head of School of Primary Care, Health Education Wessex*  *Date:* | | | | | | | | | | | | | | | |
| ***ADMIN SECTION to be completed by Patch Office\* and Wessex GP School \*\*:*** | | | | | | | | | | | | | | | | | | | | | |
| *\*New Training Practice Y/N ?* | | *\*Trainers Course Attendance - Date & Certificate provided?* | | | | *\*E&D Date & Certificate provided?* | | | *\*\*Date Intrepid updated?* | | | *\*\*Date approval email sent* | | | | *\*\*Date QA informed* | | *\*\*Date SLA received* | | | |

***Section One: Applicant’s Details, continued***

|  |  |  |  |
| --- | --- | --- | --- |
| ***Item*** | ***Applicant’s Details*** | | ***GMC Domain*** |
| *1.5* | *Applicant’s contact email address* |  | *GI* |
| *1.6* | *Please list your professional qualifications with year* |  | *GI* |
| *1.7* | *Please record your GP employment history for the last five years* |  | *GI* |
| *1.8* | *Summary of trainer related CPD in the last 3 years either written here, or attach any record you have.* |  | *f / g* |
| *1.9* | *Dates of most recent Provisional, New or Experienced Trainers Course.*  ***Please provide copies of any certificates of attendance with your application form*** |  | *f / g* |
| *1.10* | *Date of Equality and Diversity training, to be completed no more than 3 months prior to your visit*  *(*[HEW Guidance on E&D](http://www.wessexdeanery.nhs.uk/gp__primary_care/resources_and_information/gp_trainer_approval.aspx)*)*  ***Please provide a copy of the certificate of completion with your application form*** |  | *b / g* |
| *1.11* | *Please state the number of sessions/hours you work in the GP Practice* *including tutorial sessions* | |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | |  | *Mon* | *Tues* | *Wed* | *Thurs* | *Fri* | | *AM* |  |  |  |  |  | | *PM* |  |  |  |  |  | | *b* |
| *1.12* | *Please indicate other professional activities undertaken outside your practice* | |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | |  | *Mon* | *Tues* | *Wed* | *Thurs* | *Fri* | | *AM* |  |  |  |  |  | | *PM* |  |  |  |  |  | | *b* |
| *1.13* | *Please enclose your trainee training timetable (including time allocated to CPD sessions).* | |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | |  | *Mon* | *Tues* | *Wed* | *Thurs* | *Fri* | | *AM* |  |  |  |  |  | | *PM* |  |  |  |  |  | | *GI* |
| *1.14* | *Please declare any issues regarding health that might impact on your role as a trainer* |  | *f* |
| *1.15* | *Please declare any convictions that might have an impact on your role as a GP and trainer* |  | *f* |
| *1.16* | *Please declare any current or past GMC investigations which might have an impact on your role as a GP and trainer* |  | *f* |
| *1.17* | *Please provide the following dates:*  *a) Your last appraisal*  *b) Your revalidation* |  | *g* |
| *1.18* | *Referees\* (please give one current clinical colleague plus one other)*  ***\*New trainers only, or where there has been a break of over 3 years of being a trainer*** |  | *GI* |
| ***SECTION 1 VISITOR COMMENTS:*** | | | |

***Section 2: Trainer/CPD Development***

|  |  |  |  |
| --- | --- | --- | --- |
| ***Item*** | ***Trainer CPD/Development*** | | ***GMC Domain*** |
| *2.1* | *Dates of last approval / reapproval visit (if applicable)* |  | *GI* |
| *2.2* | *How has feedback on previous visits informed the development of*   1. *Your CPD, and* 2. *Your practice as a learning environment?* |  | *a) f / g*  *b) a / b* |
| *2.3* | *Please describe how you engage with:*   1. *Audit;* 2. *Preparation for teaching;* 3. *Reflection on teaching;* 4. *Reflection on significant events.* |  | *a) b*  *b) b / c / e*  *c) g*  *d) f / g* |
| *2.4* | *Which trainer group do you attend, and how frequently?* |  | *g* |
| *2.5* | *How does your trainer group support the development of your skills and knowledge as an educator?* |  | *f* |
| *2.6* | *How does your Programme Director / Associate Dean feedback information about your trainee?* |  | *f / g* |
| *2.7* | *Please give details about how you invite feedback from trainees about training in your practice.* |  | *c / f / g* |
| *2.8* | *If possible, please give a statement of results of MRCGP outcomes of previous 3 trainees’ MRCGP including number of attempts to gain the CSA and AKT.*  *If applicable, do you know where your previous trainees are working now?* |  | *GI* |
| *2.9* | *Please give an overview of any research/educational innovation/publications that you have been involved in over the last 3 years* |  | *g* |
| *2.10* | *What kind of educational techniques, skills and approaches do you use / plan to use?* |  | *b / c* |
| *2.11* | *Please describe your tutorial and teaching process* |  | *a / b / c* |
| *2.12* | *What motivates you as a trainer?* |  | *b / c* |
| *2.13* | *How supportive is your practice to training?* |  | *b* |
| ***SECTION 2 VISITOR COMMENTS:*** *(Please include comments on items 2.10 /11/12 above)* | | | |

***Section 3: The Trainee***

***NB: To be completed by prospective, new and experienced trainers***

|  |  |  |  |
| --- | --- | --- | --- |
| ***Item Number*** | ***Trainee*** | | ***GMC Domain*** |
| *3.1* | *Please give details of the induction process for trainees* |  | *a / b* |
| *3.2* | *Do you ensure that your trainee is registered with a GP?* |  | *a / f* |
| *3.3* | *What arrangements are in place to ensure continuity of education, support and supervision in the event of the trainer’s absence?* |  | *a / b* |
| *3.4* | *How will your practice assure a broad mix of cases for the trainee?* |  | *b* |
| *3.5* | *Which day release course does your trainee attend?* |  | *GI* |
| *3.6* | *Please describe how your trainee reports back details about the day release course* |  | *e* |
| *3.7* | *Please describe how you have supported a previous trainee through a patient complaint.* |  | *a* |
| *3.8* | *How will you monitor your trainee’s progress in meeting his/her learning objectives?* |  | *d* |
| *3.9* | *Who is your contact should you have concerns about your trainee?* |  | *e* |
| *3.10* | *Describe how your trainee engages in audit / quality improvement.* |  | *a/e* |
| *3.11* | *Describe how your trainee will gain insight into practice management (e.g. by attending practice meetings)* |  | *e* |
| *3.12* | *How do you review your trainee’s prescribing?* |  | *d* |
| *3.13* | *Describe how other members of the primary healthcare team are involved in training* |  | *b* |
| *3.14* | *How do you monitor your trainee’s use of the e- portfolio?* |  | *d* |
| *3.15* | *Please give details about how you ensure that the OOH training has been undertaken* |  | *e* |
| ***SECTION 3 TRAINEE FEEDBACK*** *(Please confirm whether face to face, email, telephone, and the date received)****:*** | | | |
| ***VISITOR COMMENTS:*** | | | |

***Section 4: The Practice Details – To be completed by the Practice Manager***

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| ***Item Number*** | ***Practice Details*** | | | ***GMC Domain*** | |
| *4.1* | *Practice Manager* |  | *GI* | |
| *4.2* | *i) Practice Manager telephone (ideally direct line)*  *ii) Practice Manager email* |  | *GI* | |
| *4.3* | *Background of practice e.g. rural; inner city; demographics, how long it’s been a training practice* |  | *GI* | |
| *4.4* | *Details of all doctors*  *Please indicate the outside commitments of all doctors in the practice* |  | *GI* | |
| *4.5* | *Does the trainee practice at the branch surgery for 2 sessions or more in a week? If so, please supply branch surgery detail* |  | *a / b* | |
| *4.6* | *Practice List size* |  | *GI* | |
| *4.7* | *Is your Practice CQC compliant?* | *Yes No* | *b* | |
| *4.8* | *Last QoF Achievements* |  | *b* | |
| *4.9* | *Please detail the additional services provided by the practice* |  | *b* | |
| *4.10* | *Please outline any recent significant changes in the practice and planned future developments* |  | *GI* | |
| *4.11* | *Can your practice provide for trainees with disabilities or other exceptional needs?* |  | *GI* | |
| *4.12* | *Describe the facilities for trainees* |  | | *b* | |
| *4.13* | *Patient record and practice computer system.* |  | | *GI* | |
| *4.14* | *What consultation recording and playback equipment is available in your practice? Are you compliant with GMC rulings on recording patient consultations?* |  | | *d* | |
| ***SECTION 4 VISITOR COMMENTS:*** *(Please include comments on working environment and learning ethos)* | | | | | |

*Please do not print off the appendices when submitting your application form.*

**APPENDIX A**

All enquiries should go to your patch office. The office websites are as follows:

| **Dorset** | **Mid-Wessex** | **Portsmouth** | **Southampton** |
| --- | --- | --- | --- |
| **Website:**  <http://dorsetgpcentre.com/> | **Website:**  <http://mwgpe.co.uk/> | **Website:**  <http://www.gpeducation-portsmouth.co.uk/> | **Website:**  <http://www.gpeducation.org.uk/> |

Contacts for Health Education Wessex (formerly Wessex Deanery – website to be updated) as well as any trainee / trainer resources can all be found within the website: <http://www.wessexdeanery.nhs.uk/>

**APPENDIX B**

**GMC Guidelines for GP Trainers:**

*This form has been designed to take into consideration the GMC guidelines for GP Trainers and you will see a column at the side of each area which contains a number. This is the GMC domain number this area refers to. The following are the numbers and their descriptions.*

|  |  |
| --- | --- |
| ***GMC Domain*** | ***Description*** |
| ***a*** | Ensuring safe and effective patient care through training |
| ***b*** | Establishing and maintaining an environment for learning |
| ***c*** | Teaching and facilitating learning |
| ***d*** | Enhancing learning through assessment |
| ***e*** | Supporting and monitoring educational progress |
| ***f*** | Guiding personal and professional development |
| ***g*** | Continuing professional development as an educator |
| ***GI*** | *General Information* |

*If you would like further information regarding these GMC Domains please go to their website*

[*http://www.gmc-uk.org/education/10264.asp#Standards*](http://www.gmc-uk.org/education/10264.asp#Standards)

**APPENDIX C**

**Approval Process for GP Registrar Trainers:**

**Provisional / First Approval**

1. Prospective trainer contacts their Patch Office
2. Prospective trainer completes Prospective Trainers Course (6 day modular course)
3. Prospective trainer completes first assignment of PG Cert in Medical Education
4. Prospective trainer ensures Equality and Diversity certificate obtained within last 3 years
5. Prospective trainer completes application form, which is sent in to Patch Office
6. Practice visit completed by Patch Office
7. Patch office submits visit report to the Deanery, at the latest 1 week before Scrutiny Panel Visit
8. Recommendations ratified / modified by STC and approval issued
9. Trainer has maximum two years in which to:
10. Complete 1 year’s training (if not possible within the approved two years, apply

for extension through patch office – see ‘extensions’ below)

b) Attend New Trainers Course

c) Complete 1st PG Cert Assessment and assignments

10. The HEW GP School Administrator will issue an approval email, copying in the practice manager and Patch Office informing the trainer of their approval.

11. The GMC and PPSA/SBS are informed by HEW.

**First Reapproval**

1. Trainer must have completed the PG Cert Assessments, and provided certificate to Patch Office.
2. Trainer completes application form for reapproval and submits to Patch Office.
3. Trainer is visited in the practice, and a reapproval visit form completed by the visiting team. Patch office submits visit report to the Deanery, at the latest 1 week before Scrutiny Panel
4. Visit recommendations ratified / modified by STC and approval issued, as follows:
   * + - 1. Full 4 year reapproval
         2. 6m to 1 year reapproval, with conditions to be met within timeframe
         3. Reapproval denied

5. It is the trainer’s responsibility to complete the New Trainers Course within this approval period, as well as the online Equality and Diversity certificate every 3 years.

6. The HEW GP School Administrator will issue an approval email, copying in the practice manager and Patch Office informing the trainer of their approval.

7. The GMC and PPSA/SBS are informed by the HEW.

**Further Reapprovals**

1. Trainer completes application form for reapproval, sent to Patch Office
2. It is the trainer’s responsibility to attend the Experienced Trainers Course and to complete the online Equality and Diversity certificate every 3 years. The latest dates for both must be provided on the reapproval form, which the trainer submits to the patch office. If this has not been completed, the Patch Office need to flag this up to the visiting team.
3. Trainer is visited in the practice, and a reapproval visit form completed by the visiting team.
4. Patch office submits visit report to the Deanery, at the latest 1 week before Scrutiny Panel
5. Visit recommendations ratified / modified by STC and reapproval issued, as follows:
   * + - 1. Full 4 year reapproval
         2. 6m to 1 year reapproval, with conditions to be met within timeframe
         3. Reapproval denied

6. The HEW GP School Administrator will issue an approval email, copying in the practice manager and Patch Office informing the trainer of their approval.

7. The GMC and PPSA/SBS are informed by the Deanery.

**Chairman’s Action**

This occurs when approval is required before the STC meets in order to allow a trainee placement.

The process is the same as any other approval; a practice visit will take place, the report sent in to the GP School administrator, but then the STC Chairman (Director of Primary Care Education and Head of GP School) will issue a Chair’s approval without being able to consult the Scrutiny Panel and STC.

The visit report will then be submitted to the next Scrutiny Panel and STC for ratification where further approval / conditions will be issued by the HEW GP School administrator.

**6m-1year Reapproval with conditions, to be extended to full reapproval when conditions met**

1. The trainer will be informed of the conditions to be met within an approval email from Deanery.
2. Once the trainer has met these conditions (e.g. attended ETC, completed E&D questionnaire, had a satisfactory practice visit), evidence must be supplied to the Patch Office.
3. The Patch Office completes an extension form, to be submitted to the Deanery at the latest 1 week before the Scrutiny Panel.
4. Whatever time remains of a full reapproval (e.g. 3.5 years) will be ratified at the STC and the extension issued, from the date of the STC.
5. The GMC and PPSA/SBS are informed by the Deanery.

**Extensions to approvals**

1. If the Patch office has been unable to visit the practice in time for the STC, or a provisional trainer has not been able to complete a full training year within the 2 year approval, or to bring approval dates in line with other trainers within the practice, approval extensions can be issued.
2. The Patch Office complete an extension form clearly stating the reason for the extension and the date to be extended to (always the last day of the month of the relevant STC), and send in the Deanery
3. The Deanery issue an approval extension email to the trainer, copying in the practice manager and Patch Office.
4. The GMC and PPSA/SBS are informed by the Deanery.

**Retirements / Resignations**

1. The trainer informs the patch office/AD of intended date of resignation/retirement and from exactly which roles the trainer will be stepping down from, as well as reasons for retirement.
2. The Patch Office issues a retirement form, to be submitted to the Deanery at the latest 2 weeks before the STC.
3. The Head of the GP School writes a letter to the trainer.
4. The GMC and PPSA/SBS are informed by the Deanery.

**APPENDIX D**

**Trainer Courses**

The Prospective Trainer, New Trainer and Experienced Trainer Courses in Wessex are all organised by the Courses and Conferences Centre at Southern House, Otterbourne near Winchester, the home of Health Education Wessex (HEW). HEW trainers can attend courses anywhere, but those attended in Otterbourne are free of charge to HEW trainers. You can view when courses are available and book online on the Courses and Conferences Centre website here:

<https://secure.intrepidonline.co.uk/CourseManager/NESC/sys_Pages/MainMenu/MainMenu.aspx?ReturnUrl=%2fCOURSEMANAGER%2fNESC%2fsys_Pages%2fCommon%2fLogin.aspx>

**Equality and Diversity Course**

Guidelines on gaining Equality and Diversity certification can be found on the HEW website, here:

<http://www.wessexdeanery.nhs.uk/gp__primary_care/resources_and_information/gp_trainer_approval.aspx>

(Within Primary Care, Resources and Information, click on ‘GP Trainer approval and reapproval Guidelines’ and it’s the first entry ‘Equality and Diversity training resources 2014’)