

**Thames Valley**

**GP and GP Foundation**

**Training Practice Approval Visit Pack**

**Introduction**

The purpose of this pack is to provide all the necessary information required for training practice approval visits within Thames Valley. This will ensure that the process is standardised across all visits and provide ease of access to the necessary information.

The training practice approval process has been reviewed because of new guidance from both Health Education England (HEE Quality Framework and HEE Quality Strategy) and the GMC (Promoting Excellence). It has also been reviewed following the nationwide roll out of Care Quality Commission inspections.

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## Requirements to becoming an Educational Educational Supervisor in HEE TV

The minimum requirements to become an Educational Supervisor are as follows:

1. Hold MRCGP or FRCGP - an essential requirement to become a GP Educational Supervisor
2. The minimum level of experience
   * By the time that you are to have your first GP specialty trainee allocated you are required to have minimum post CCT experience of
     + 3 years in a non- GP training practice  
       **OR**
     + 2 years in a GP training practice
     + However, if you are becoming a trainer in an existing training practice, with an existing trainer in place then the above can be reduced to 2 years and one year respectively.
   * Been in your current practice for a minimum of 6 months.
3. Completed a “New Educational Supervisors” course
4. *Optional - successfully completed a Post Graduate Certificate in Education*
5. Be up to date with the revalidation process.
6. Be in good standing as a GP
7. Ensure the full support of the wider practice to become an Educational Supervisor/training practice
8. Working in the practice for a minimum of 4 sessions a week to have enough contact with your trainees.

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## Thames Valley Training Practice Approval Process

Within Thames Valley practices are visited according to the following schedule:

* New Educational Supervisors will receive a half day approval visit and will be approved for 2 years initially.
* All established Educational Supervisors are re-approved every 5 years by actual visit and every 3 years by virtual visit (see table below)

|  |  |  |  |
| --- | --- | --- | --- |
|  | Educational Supervisor | Practice | Both |
| First approval (actual visit) \* | Approve for 2 years | Approve for 2 years | Approve for 2 years |
| First re-approval (actual visit) | Approve for 3 years | Approve for 3 years | Approve for 3 years |
| Second re-approval (actual visit) | Approve for 5 years | Approve for 5 years | Approve for 5 years |
| Third re-approval (virtual visit) | Approve for 3 years | Approve for 3 years | Approve for 3 years |
| Fourth re-approval (actual visit) | Approve for 5 years | Approve for 5 years | Approve for 5 years |
| Fifth re-approval (virtual visit) | Approve for 3 years | Approve for 3 years | Approve for 3 years |
| Sixth re-approval (actual visit) | Approve for 5 years | Approve for 5 years | Approve for 5 years |
| and so on… |  |  |  |

## 

## Re-Approval Visits

\*If a new ES is in a practice with extant approval then we do not re-approve the practice. However, if there are <12 months remaining of the practice approval then we will take the opportunity to, simultaneously, re-approve the practice.

Notes:

1. The table above is based on one Educational Supervisor being re-approved for many years. This is quite a ‘rarity’ now.
2. The core regulations for timing of re-approval visits are: -
   1. We will aim to have a re-approval visit every 5 years based on an actual visit and 3 years paper based on a ‘virtual’ visit
   2. That means that, for instance, if a new Educational Supervisor requires approval in an existing training practice then we will only need to approve the new Educational Supervisor

The maximum period of 5 years is a GMC requirement. It cannot, in any circumstances, be extended. This may result (especially where we have multiple trainers in a practice) in possible shortening of practice or ES approval time to ensure that this limit is not exceeded. This approach helps us to better plan and coincide visits to streamline the process for all.

Variations to this schedule may occur if we have concerns identified related to the trainer or the training environment. This is most likely to be a consequence of trainee feedback or feedback from the programme director team. It may also be a consequence feedback from other regulators. Rarely, it is a consequence of a significant change within the practice. Partnership changes being the most common.

## Visits

It is important that consistency is brought into the quality management process of the training practice approval visits. Clearly should there be a concern in a certain area then the team will review this as they see fit but where possible the following structure should be followed:

### New Educational Supervisor visit structure

Visit types and timetables

When we approve or reapprove a trainer and the practice the visiting team will be

1. The Lead visitor
2. A Trainer visitor
3. A practice manager visitor
4. If we are approving multiple trainers on the same visit we will add one trainer visitor per trainer being visited, **or** elongate the visit to enable the trainer evaluation to be repeated with the additional trainer(s)
5. When approving or reapproving a trainer only, the visiting team will be a lead visitor and a GP trainer visitor.

**Steps**

1. We contact those who have completed the educational supervisor course and contact them to arrange an approval visit.
2. We monitor and log when approvals have been done and when they are due. When due we inform the practice and/or trainer and notify the lead visitor. At least 6 months’ notice is provided.
3. The lead visitor shares the proposed timetable with the educational supervisor/practice to be visited and agrees a date for the visit.
4. The lead visitor informs the office of the date and agrees the visiting team.
5. The office arranges the visiting team, having confirmed the date and location etc.
6. The visit takes place and a report is generated.
7. The report is shared with the practice to check for factual accuracy.
8. The report is sent to the office for processing.
9. If all is satisfactory and there are no areas or concern/requirements approval is granted, we notify the GMC and issue the letter confirming approval/re-approval. The letter is copied to the associated dean and programme directors on that ‘patch’.
10. If there are ‘requirements’ the report is reviewed by the GP Dean and, if necessary by the whole senior team.
11. In that circumstance the practice is contacted by the office and possible outcomes are
    1. Reduced approval time with a request for remedial actions. A timescale is indicated.
    2. A requirement for a follow-up visit to support the educational supervisor develop a plan to meet the identified requirements. This is, most often, carried out by the patch AD and/or the programme directors. When/if the AD confirms that the requirements have been met full approval/re-approval is granted and runs from the date of the follow-up visit.
    3. A full team follow-up visit.
    4. If all the above options are exhausted we will withhold approval/re-approval. A vanishingly rare occurrence thankfully.

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## Outcomes

Following either an approval or re-approval visit the lead visitor will write up the visit report and share with the practice to check for accuracy prior to submitting the report to the GP School. Any report where concerns are raised will be reviewed at AD meeting where the outcome of the visit and any remedial plan will be agreed.

The GP School will then write to the practice confirming the outcome of the visit highlighting any areas of good practice or recommendations for improvement.

**New single Educational Supervisor and new practice**

(with an outline of areas that might be covered – not intended as a checklist or a list of what MUST be covered)

|  |  |
| --- | --- |
| **08:30** | **Visiting team arrival, introductions & tour of the practice**   * Ensure no conflicts of interest * Run through any thoughts team has re practice * If more than one Educational Supervisor, assign each visiting Educational Supervisor to be responsible for one. |
| **08.45** | **Short presentation from a member of the practice** |
| **09.00** | **Visiting Practice Manager with PM and staff**   * Explore their thoughts on training and how they support * How much are they involved in training * Do they do tutorials, what on, how often * What’s good about the practice * What would they like to change? * Do they train their own health professionals and any joint teaching? * How did CQC go - what changes as a result * Have they helped with any quality improvement project |
| **09.00** | **Team Leader and trainer visitor(s):**  **Audits/Medical Records/Significant Events/ Practice Clinical Protocols/Appraisal Folders/Training Records/Eportfolio or any other relevant evidence or issues**   * Notice in waiting room re training * Audits / Quality improvement activity   + Who led   + Who involved   + Demonstration of change * Patient involvement   + PSQ   + Friends and family   + NHS choices rating * CQC report and what actions from * Meetings   + Who attend   + How often   + Who runs   + How information shared   + Types significant event, show learning from   + Do they check actions from previous meeting?   + Gold standard meetings involving all team * Notes review   + Look at Educational Supervisors note keeping   + Trainees note keeping   + Range of patients   + Who supervising clear   + Protected time for tutorial   + Work load |
| **10:00** | **Visiting Practice Manager meets Practice Nurses, District Nurses, Health Visitors if available** |
| **10.00** | **Team Leader and GP meet Educational Supervisor.**   * How do they identify their learners needs? * What teaching methods do they use and why   + Tutorial video     - Feedback on skills     - Discuss negotiating   + Consultations video     - Feedback on skills     - How would they use for teaching?     - If sub optimal one shown find out why * How do they monitor trainees progress? * How do they feedback to trainees? * What feedback have they asked for and how acted * Audit exposure-   + What audits done by Educational Supervisor   + By previous and present trainees * Time for teaching/ preparation truly protected * How would they respond to patient safety concerns relating to trainee? * When was last training assessment visit and what learnt * Supporting trainee in and out of surgery how examples   + Previous failing trainees and what done   + Any disabilities in previous learners   + Trainee sick leave * E portfolio   + Use of educator notes   + Recording detail in CbD and COTS   + ESR   + Log entry feedback   + How often reads and comments * Records of Educational Supervisor   + What   + How much   + Where   + What if problem trainee |
| **11.30** | **Team meet GP Trainees/ FY2s** (not the PM visitor)   * Introduce as to why there to assess Educational Supervisor and practice not trainee * Explain confidentiality,   + Will want to share but will be sensitive.   + State they have professional responsibility to tell of any concerns they have * Ask about induction   + When did they start consulting?   + What appointment lengths   + When adjusted and how agreed   + Who else did they sit in with   + Computer information, How taught * Tutorials   + How agreed etc   + Planning – who, how far off in advance   + Who giving - what other practice members   + How often interrupted/ ? Truly protected * Who supervising   + How know each day   + What contact/ how   + Who to ask if don’t know things   + Back up information, written guidelines etc.   + What if problem * Home visits   + How many   + How often   + What type   + Who supporting * Involvement with audit quality improvement   + Have they done one,   + Who supported   + Presented to team * Anything like to change * What feedback been asked for * What do they think about the workload   + How take study leave   + Has leave ever been turned down * Were they asked about any disabilities? * Felt discriminated against in any way * Talk us through a typical working week   + Are they working time compliant |
| **12.00** | **Visiting team discussion** |
| **12.30** | **Feedback to Educational Supervisor** |
| **12:45** | **Feedback to the practice** (can be combined with ES feedback) |

**Re-approval for single Educational Supervisor and practice**

(with an outline of areas that might be covered – not intended as a checklist or a list of what MUST be covered)

|  |  |
| --- | --- |
| **08:30** | **Visiting team arrival, introductions & tour of the practice**   * Ensure no conflicts of interest * Run through any thoughts team has re practice * Review pre – visit questionnaires since last visit * If more than one Educational Supervisor, assign each visiting Educational Supervisor to be responsible for one. |
| **08.45** | **Short presentation from a member of the practice** |
| **09.00** | **Visiting Practice Manager with PM and staff** |
| **09.00** | **Team Leader: Audits/Medical Records/Significant Events/ Practice Clinical Protocols/Appraisal Folders/Training Records/Eportfolio or any other relevant evidence or issues**   * Notice in waiting room re training * Audits / Quality improvement activity   + Who led   + Who involved   + Demonstration of change * Patient involvement   + PSQ   + Friends and family   + NHS choices rating * CQC report and what actions from * Meetings   + Who attend   + How often   + Who runs   + How information shared   + Types significant event, show learning from   + Do they check actions from previous meeting?   + Gold standard meetings involving all team * Notes review   + Look at Educational Supervisors note keeping   + Trainees note keeping   + Range of patients   + Who supervising clear   + Protected time for tutorial   + Work load |
| **10:00** | **Visiting Practice Manager meets Practice Nurses, District Nurses, Health Visitors if available** |
|  | **Team Leader and GP meet Educational Supervisor.**   * How do they identify their learners needs? * What teaching methods do they use and why   + Tutorial video     - Feedback on skills     - Discuss negotiating * How do they monitor trainees progress? * How do they feedback to trainees? * What feedback have they asked for and how acted * Audit exposure-   + What audits done by Educational Supervisor   + By previous and present trainees * Time for teaching/ preparation truly protected * How would they respond to patient safety concerns relating to trainee? * When was last training assessment visit and what learnt * Supporting trainee in and out of surgery how examples   + Previous failing trainees and what done   + Any disabilities in previous learners   + Trainee sick leave * E portfolio   + Use of educator notes   + Recording detail in CbD and COTS   + ESR   + Log entry feedback   + How often reads and comments * Records of Educational Supervisor   + What   + How much   + Where   + What if problem trainee |
| **11.30** | **Team meet GP Trainees/ FY2s**   * Introduce as to why there to assess Educational Supervisor and practice not trainee * Explain confidentiality,   + Will want to share but will be sensitive.   + State they have professional responsibility to tell of any concerns they have * Ask about induction   + When did they start consulting?   + What appointment lengths   + When adjusted and how agreed   + Who else did they sit in with   + Computer information, How taught * Tutorials   + How agreed etc   + Planning – who, how far off in advance   + Who giving - what other practice members   + How often interrupted/ ? Truly protected * Who supervising   + How know each day   + What contact/ how   + Who to ask if don’t know things   + Back up information, written guidelines etc.   + What if problem * Home visits   + How many   + How often   + What type   + Who supporting * Involvement with audit quality improvement   + Have they done one,   + Who supported   + Presented to team * Anything like to change * What feedback been asked for * What do they think about the workload   + How take study leave   + Has leave ever been turned down * Were they asked about any disabilities? * Felt discriminated against in any way * Talk us through a typical working week   + Are they working time compliant |
| **12.00** | **Visiting team discussion** |
| **12.30** | **Feedback to Educational Supervisor** |
| **12:45** | **Feedback to the practice** (can be combined with ES feedback) |

**New single Educational Supervisor only**

**(**with an outline of areas that might be covered – not intended as a checklist or a list of what MUST be covered)

|  |  |
| --- | --- |
| **08:30** | **Visiting team arrival, introductions & tour of the practice**   * Ensure no conflicts of interest * Run through any thoughts team has re practice * If more than one Educational Supervisor, assign each visiting Educational Supervisor to be responsible for one. |
| **9.00** | **Team Leader and GP meet Educational Supervisor.**   * How do they identify their learners needs? * What teaching methods do they use and why   + Tutorial video     - Feedback on skills     - Discuss negotiating   + Consultations video     - Feedback on skills     - How would they use for teaching?     - If sub optimal one shown find out why * How do they monitor trainees progress? * How do they feedback to trainees? * What feedback have they asked for and how acted * Audit exposure-   + What audits done by Educational Supervisor   + By previous and present trainees * Time for teaching/ preparation truly protected * How would they respond to patient safety concerns relating to trainee? * When was last training assessment visit and what learnt * Supporting trainee in and out of surgery how examples   + Previous failing trainees and what done   + Any disabilities in previous learners   + Trainee sick leave * E portfolio   + Use of educator notes   + Recording detail in CbD and COTS   + ESR   + Log entry feedback   + How often reads and comments * Records of Educational Supervisor   + What   + How much   + Where   + What if problem trainee |
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| **11.00** | **Visiting team discussion** |
| **11.15** | **Feedback to Educational Supervisor** |

**Re-approval of a single Educational Supervisor only**

(with an outline of areas that might be covered – not intended as a checklist or a list of what MUST be covered)

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