

**Thames Valley**

**GP and GP Foundation Quality Management Framework**

The application form has 3 sections:

* **Section 1** pertains to the practice and needs to be completed just once if applying for Approval/ Re-approval of more than one Educational/ Foundation Supervisor. This Section need only be completed if the Practice is being Approved/ Re-Approved; if this is a ‘Trainer-only’ assessment then Section 1 need not be completed.
* **Section 2** pertains to the Educational/ Foundation Supervisor and should be completed by each Educational/ Foundation Supervisor within the practice applying for Educational/ Foundation Supervisor status.
* **Section 3** is the Outcome Form completed by the Team Leader.

You may like to refer to the following documents to gain insight into the derivation of the questions within this form:

* HEE Quality Framework 2017/18

<https://www.hee.nhs.uk/sites/default/files/documents/HEE%20Quality%20Framework%20April17.pdf>

* GMC Promoting Excellence: Standards for Education and Training.

 <http://www.gmc-uk.org/Promoting_excellence_standards_for_medical_education_and_training_0715.pdf_61939165.pdf>

* AOME Professional Standards for Medical, Dental and Veterinary Educators. <http://www.medicaleducators.org/write/MediaManager/AOME_Professional_Standards_2014.pdf>

By applying to be a training practice you agree to inform the educational team as soon as you have concerns about a trainee. You also agree to inform the educational team of any unscheduled absences of your trainees and any changes to the practice including any absences beyond two weeks by Educational/ Foundation/ named Clinical Supervisors for Trainees working in the practice where their Educational Supervisor is in another practice.

**Evidence**

Please embed *only* the following evidence in your application, where appropriate sections:

* Trainee Induction Timetable
* Trainee Timetable
* Trainer Timetable
* Trainer’s Written Educational Personal Development Plan (PDP)
* Trainer’s Equality & Diversity Certificate

The visiting team will want to see the following evidence on the day of the visit please, and not in advance:

From the Practice (if being assessed):

* Bullying & Harassment Policy
* Occupational Health Policy, including adaptations for disabilities
* Process for ensuring Trainee is eligible to work in the practice
* Significant Event Policy, examples of analyses and minutes of meetings
* Evidence of Quality Improvement Activity by the Practice, Staff including clinicians and Trainees
* Practice Leaflet
* Meeting Schedule
* Video consent form

From each Trainer:

* Feedback from tutorials
* End of placement feedback
* Deanery Trainee Questionnaire

**The Application**

|  |  |
| --- | --- |
| Date of application |  |
| Practice name(s) and full address(es) |  |
| Telephone number(s) |  |
| Practice website |  |
| Number of Trainees for which you wish to be approved  |  |
| Educational/ Foundation Supervisor 1 to be approved |  | Approval/Re-approvalVisit/Paper |
| Educational/ Foundation Supervisor 1 GMC Number |  |
| Educational/ Foundation Supervisor 2 email address |  |
| Educational/ Foundation Supervisor 2 to be approved |  | Approval/Re-approvalVisit/Paper |
| Educational/ Foundation Supervisor 2 GMC Number |  |
| Educational/ Foundation Supervisor 2 email address |  |
| Educational/ Foundation Supervisor 3 to be approved |  | Approval/Re-approvalVisit/Paper |
| Educational/ Foundation Supervisor 3 GMC Number |  |
| Educational/ Foundation Supervisor 3 email address |  |
| Educational/ Foundation Supervisor 4 to be approved |  | Approval/Re-approvalVisit/Paper |
| Educational/ Foundation Supervisor 4 GMC Number |  |
| Educational/ Foundation Supervisor 4 email address |  |
| Name and email address  | Practice Manager | Lead Nurse |
| Please state any sites at which your surgery sees its registered patients |  |
| At which of these sites will trainees be working? |  |
| Please confirm that Trainees will never work unaccompanied nor unsupervised by a GP at any site at any time | Yes/ No |
| Please confirm that you agree to give six months’ notice if you wish to stop training  | Yes/ No |

**Actions taken because of the last approval/re-approval**

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| **Requirements (previously may have been called recommendations against criteria)** | **Actions taken** |
|  |  |
| **Observations** | **Actions taken** |
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1. The Practice

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| **1.1** | **Describe how the culture within the practice values and supports education.** |
| Self-assessment |  |
| Assessor comments |  |
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| **1.2** | **How do you ensure the trainees get a breadth and depth of experience with patients?**  |
| Self-assessment |  |
| Assessor comments |  |
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| **1.3** | **How do you balance service versus training commitments in the practice?** |
| Self-assessment |  |
| Practice manager assessor comments |  |
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| **1.4** | **Detail the weekly timetable for the learners?** |
|  | Mandatory Evidence: weekly timetable |
| Self-assessment |  |
| Practice manager assessor comments |  |
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| **1.5** | **Detail the practice induction programme for Trainees.****How is the induction programme run and planned?** |
|  | Mandatory Evidence: example of an induction programme for a Trainee |
| Self-assessment |  |
| Practice manager assessor comments |  |
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| **1.6** | **What is the practice system to ensure the trainees have all the necessary mandatory requirements to work: e.g. DBS, Performers list, indemnity insurance?**  |
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| Self-assessment |  |
| Practice manager assessor comments |  |
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| **1.7** | **Who undertakes the clinical and educational supervision within the practice? Who replaces the approved Educational/ Foundation Supervisor when they are away?**  |
| Self-assessment |  |
| Practice manager assessor comments |  |
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| **1.8** | **Describe the multidisciplinary working in the practice.** |
| Self-assessment |  |
| Practice manager assessor comments |  |
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| **1.9** | **How are patients involved in influencing the practice and/or training? (e.g. PPG, Locality meeting, Lay Representatives.)** |
| Self-assessment |  |
| Practice manager assessor comments |  |
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| **1.10** | **Describe how the practice informs patients about training including consent to video/observed surgeries.**  |
| Self-assessment |  |
| Assessor comments |  |
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| **1.11** | **How does the practice receive feedback from its learners about the practice and how does it use this?** |
| Self-assessment |  |
| Assessor comments |  |
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| **1.12** | **How do trainees learn how to raise concerns?**  |
| Self-assessment |  |
| Practice manager assessor comments |  |
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| **1.13** | **How are significant events handled within the practice? What do you do when/ if your trainee identifies a significant event?** |
| Self-assessment |  |
| Practice manager assessor comments |  |
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| **1.14** | **How do the trainees get involved with the practice quality improvement programme?** |
| Self-assessment |  |
| Practice manager assessor comments |  |
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| **1.15** | **Is equality and diversity training part of the practice mandatory training, and if not why not?** |
| Self-assessment |  |
| Practice manager assessor comments |  |
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| **1.16** | **Outline the practice policy on bullying and harassment.**  |
| Self-assessment |  |
| Practice manager assessor comments |  |
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| **1.17** | **How would the practice identify and make reasonable adjustments for a trainee with disabilities and/or in need of extra support (physically or educationally)?**  |
| Self-assessment |  |
| Practice manager assessor comments |  |
|  |  |
| **1.18** | **If the practice has learners from a range of healthcare professions or multiple GP trainees how does this impact on the training for each healthcare group, and how is it used to the advantage of the training of all learners?** |
| Self-assessment |  |
| Assessor comments |  |
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| **1.19**  | **What is the maximum number of trainees the practice can safely train? Please justify your answer.** |
| Self-assessment |  |
| Assessor comments |  |
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| **1.20** | **Describe the changes and developments that have occurred in the practice over the past five years** |
| Self-assessment |  |
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| **Date of last CQC visit** |  | **CQC outcome/ recommendations** |  |
| **CQC actions taken** |  |

1. The Educational/ Foundation Supervisor

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| --- | --- |
| **EDUCATIONAL/ FOUNDATION SUPERVISOR’S NAME** |  |

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| **Educational/ Foundation Supervisor:** |
| **2.1** | **Describe the protected time the practice gives you for training (both weekly and to allow you to undertake other Educational/ Foundation Supervisor requirements). Detail any outside and/or competing interests you have.**  |
|  | Mandatory Evidence: your weekly timetable |
| Self-assessment |  |
| Assessor comments |  |
|  |  |
| **2.2** | **Describe how you identify your learner’s needs?** |
| Self-assessment |  |
| Assessor comments |  |
|  |  |
| **2.3** | **Describe the teaching methods you use and why.** |
| Self-assessment |  |
| Assessor comments (including on videos seen) |  |
|  |  |
| **2.4** | **How do you monitor your trainee’s progress?** |
| Self-assessment |  |
| Assessor comments |  |
|  |  |
| **2.5** | **How do you feedback to trainees?** |
| Self-assessment |  |
| Assessor comments |  |
|  |  |
| **2.6** | **Describe your process for collecting and acting on feedback on your educational role? Please illustrate with an example.**  |
| Self-assessment |  |
| Assessor comments |   |
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| **2.7** | **What educational records do you keep?**  |
| Self-assessment |  |
| Assessor comments(including on ePortfolio use) |  |
|  |  |
| **2.8** | **How would you respond to any patient safety concerns or complaints relating to a trainee?** |
| Self-assessment |  |
| Assessor comments |  |
|  |  |
| **2.9** | **Describe your Continuous Professional Development as an Educational/ Foundation Supervisor including the HEETV events you have attended since your last assessment.*****For Educational Supervisors (i.e. GP Trainers) only:* Detail the date of completion of MRCGP and Postgraduate Certificate of Medical Education (if you hold one) and/ or attendance on a Deanery Approved Educational Supervisor’s/ GP Trainer’s Course, stating which Deanery.**  |
|  | Mandatory Evidence: list your CPD as an Educational/ Foundation Supervisor, your Equality & Diversity training Certificate and your Educational Personal Development Plan |
| Self-assessment |  |
| Assessor comments |  |
|  |  |
| **2.10** | **Describe how you are supported as an Educational/ Foundation Supervisor both within the practice and externally. Please state whether you feel this meets your needs.**  |
| Self-assessment |  |
| Assessor comments |  |
|  |  |
| **2.11** | ***For Educational Supervisors (i.e. GP Trainers) only:* When did you last take part in an external training practice visit as a member of the visiting team? Describe what you learnt from it? If not taken part in one for some time please explain reasons. (Trainers are expected to take part in an external visit once every 3 years)** |
| Self-assessment |  |
| Assessor comments |  |

1. The Outcome

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| --- | --- | --- |
| **NAME OF EDUCATIONAL/ FOUNDATION SUPERVISOR** |  | Approval / Re-approval(delete as appropriate) |
| **Practice Name** **Address** |  |
| **Date of Visit** |  |
| **Visiting Team** |  |
| **Visitors comments on practice response to previous visit feedback**  |
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**For the Practice**

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| --- |
| **Highlights** |
| **Requirements** (any comments in this box will trigger further review by the GP Dean) |
| **Observations (formative)** |
| **Approval – Yes/No** |  |

**For the Educational/ Foundation Supervisor**

|  |  |
| --- | --- |
| **Name**  |  |
| **Highlights** |
| **Requirements** (any comments in this box will trigger further review by the GP Dean) |
| **Observations (formative)** |
| **Approval – Yes/No** |  |

**For the Educational/ Foundation Supervisor**

|  |  |
| --- | --- |
| **Name if more than one** |  |
| **Highlights** |
| **Requirements** (any comments in this box will trigger further review by the GP Dean) |
| **Observations (formative)** |
| **Approval – Yes/No** |  |

**For the Educational/ Foundation Supervisor**

|  |  |
| --- | --- |
| **Name if more than one** |  |
| **Highlights** |
| **Requirements** (any comments in this box will trigger further review by the GP Dean) |
| **Observations (formative)** |
| **Approval – Yes/No** |  |

**For the Educational/ Foundation Supervisor**

|  |  |
| --- | --- |
| **Name if more than one** |  |
| **Highlights** |
| **Requirements** (any comments in this box will trigger further review by the GP Dean) |
| **Observations (formative)** |
| **Approval – Yes/No** |  |

**Summary**

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| --- | --- |
| **Approval**  | Yes / No (delete as appropriate) |
| **Requirements for the GP Dean to consider** |  |
| What is the maximum number of learners (GP and/or Foundation) that the practice should be approved to train at any one time? (Please comment on this number if appropriate) |   |

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| **Team Leader**  |  |
| **Date**  |  |