**Thames Valley**

**GP and GP Foundation Quality Management Framework**

The application form has 3 sections:

* **Section 1** pertains to the practice and needs **only** be completed if the Practice is being Approved. If a practice is already a GMC approved training site, then Section 1 need **not** be completed.
* **Section 2** pertains to the Educational/Clinical/ Foundation Supervisor and should be completed by each Educational/ Clinical/Foundation Supervisor within the practice applying for Educational/Clinical/ 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 2021

[HEE-Quality-Framework-from-2021.pdf](https://nshcs.hee.nhs.uk/wp-content/uploads/2022/02/HEE-Quality-Framework-from-2021.pdf)

* GMC Promoting Excellence: Standards for Education and Training.

[Promoting excellence - GMC (gmc-uk.org)](https://www.gmc-uk.org/education/standards-guidance-and-curricula/standards-and-outcomes/promoting-excellence/)

* AOME Professional Standards for Medical, Dental and Veterinary Educators.

[AoME\_Professional\_Standards\_4th\_edition\_1.0\_(web\_full\_single\_page\_spreads).pdf (medicaleducators.org)](https://www.medicaleducators.org/write/MediaManager/Documents/AoME_Professional_Standards_4th_edition_1.0_(web_full_single_page_spreads).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 the following evidence in your application, where appropriate sections:

* Trainee induction timetable
* Trainee timetable
* Trainers Timetable
* Trainers Written Educational Personal Development Plan (PDP)
* Trainers Equality and Diversity Certificate

For trainer only approvals please include where available

* Feedback from tutorials
* End of placement feedback from trainees placed in your practice HEE Trainee Questionnaire for trainees placed in the surgery.

For Practice approvals:

Please send the following information to the Practice Manager on the approval team in advance of your meeting

* Bullying & Harassment Policy
* Significant Event Policy, examples of analyses and minutes of meetings
* Evidence of Quality Improvement Activity by the Practice, Staff including clinicians and Trainees
* Meeting Schedule
* Video consent form

**The Application**

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| Date of application |  | |
| Practice name(s) and full address(es) |  | |
| Telephone number(s) |  | |
| Practice website |  | |
|  | **Educational/Clinical/ Foundation Supervisor to be approved** | |
| Name |  | |
| GMC Number |  | |
| Email address |  | |
| Name of any current Educational/ Clinical/Foundation Supervisors in the practice |  | |
| 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 you are a permanent salaried doctor or partner at this practice | | Yes/ No |
| 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 |

**For ES/CS applications only:**

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| **Feedback from the Educational/ Clinical Supervisor Course** | **Reflections and actions taken** |
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1. The Practice Section 1. This section should be completed by the Practice Manager with support from the prospective trainer.

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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 are you preparing your team for training?** | | |
| Self-assessment |  | | |
| Assessor comments |  | | |
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| **1.3** | **How will you ensure the trainees get a breadth and depth of experience with patients?** | | |
| Self-assessment |  | | |
| Practice manager assessor comments |  | | |
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| **1.4** | **How will you balance service versus training commitments in the practice?** | | |
| Self-assessment |  | | |
| Practice manager assessor comments |  | | |
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| **1.5** | **Detail the weekly timetable for the learners? – mandatory evidence, timetable** | | |
| Self-assessment |  | | |
| Practice manager assessor comments |  | | |
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| **1.6** | **Detail the practice induction programme for Trainees. How is the induction programme run and planned? Mandatory evidence: example induction programme** | | |
| Self-assessment |  | | |
| Practice manager assessor comments |  | | |
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| **1.7** | **Who will undertake the clinical and educational supervision within the practice? Who will replace the approved Educational/Clinical/ Foundation Supervisor when they are away?** | | |
| Self-assessment |  | | |
| Practice manager assessor comments |  | | |
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| **1.8** | **How will you support your trainees in practice pastorally?** | | |
| Self-assessment |  | | |
| Practice manager assessor comments |  | | |
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| **1.9** | **Describe the multidisciplinary working in the practice.** | | |
| Self-assessment |  | | |
| Practice manager assessor comments |  | | |
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| **1.10** | **Describe how the practice will inform patients about training including consent to video/observed surgeries** | | |
| Self-assessment |  | | |
| Assessor comments |  | | |
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| **1.11** | **How will the practice receive feedback from its learners about the practice and how does it plan to use this?** | | |
| Self-assessment |  | | |
| Assessor comments |  | | |
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| **1.12** | **How will 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 will you do when/ if your trainee identifies a significant event?** | | |
| Self-assessment |  | | |
| Practice manager assessor comments |  | | |
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| **1.14** | **How will the trainees get involved with the practice quality improvement programme?** | | |
| Self-assessment |  | | |
| Practice manager assessor comments |  | | |
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| **1.15** | **How do you ensure the practice is inclusive in relation to trainees with protected characteristics? 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 |  | | |
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| **1.16** | **How would you identify and address bullying and harassment in practice?** | | |
| Self-assessment |  | | |
| Practice manager assessor comments |  | | |
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| **1.17** | **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 |  | | |
| Practice manager assessor comments |  | | |
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| **1.18** | **What is the optimum number of trainees the practice can safely train currently? Please justify your answer.** | | |
| Self-assessment |  | | |
| Assessor comments |  | | |
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| **1.19** | **How are trainers supported in the practice?** | | |
| Self-assessment |  | | |
| Assessor comments |  | | |
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| **1.20** | **Describe the changes that have occurred in the practice over the past five years and any further developments that are planned** | | |
| Self-assessment |  | | |
| Assessor comments |  | | |
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| **1.21** | **Have you had a site visit from the local vocational training scheme team yet? (Either the Associate GP Dean for your area, or one of the Training Programme Directors)** | | |
| Self-assessment |  | | |
| Assessor comments |  | | |
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| **1.22** | **Do you have a copy of ‘ St Helens and Knowsley NHS trust Lead Employer ‘ – A guide for medical staffing and practice managers to help you understand your responsibilities as a host organisation?**  Contact details: 0151 4787777, [leademployer@sthk.nhs.uk](mailto:leademployer@sthk.nhs.uk)  Website: [Lead Employer - STHK | Home](https://leademployer.sthk.nhs.uk/) | | |
| Self-assessment |  | | |
| Assessor comments |  | | |
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| **Date of last CQC visit** |  | **CQC outcome/ recommendations** |  |
| **CQC actions taken** |  |

1. The Educational/ Clinical/ Foundation Supervisor

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

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| **Educational/ Clinical/ Foundation Supervisor:** | |
| **2.1** | **Describe the protected time the practice will give you for training (both weekly and to allow you to undertake other Educational/Clinical/ Foundation Supervisor requirements). Detail any outside and/or competing interests you have.** |
|  | Mandatory Evidence: your weekly timetable |
| Self-assessment |  |
| Assessor comments |  |
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| **2.2** | **Describe how you (plan to) identify your learner’s needs?** |
| Self-assessment |  |
| Assessor comments |  |
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| **2.3** | **Describe the teaching methods you (plan to) use and why.** |
| Self-assessment |  |
| Assessor comments (including on videos seen) |  |
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| **2.4** | **How do you (plan to) monitor your trainee’s progress?** |
| Self-assessment |  |
| Assessor comments |  |
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| **2.5** | **How do you (plan to) feedback to trainees?** |
| Self-assessment |  |
| Assessor comments |  |
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| **2.6** | **Describe your process (you are planning) for collecting and acting on feedback on your educational role? Please illustrate with an example if possible.** |
| Self-assessment |  |
| Assessor comments |  |
|  |  |
| **2.7** | **What educational records do you plan to keep?** |
| Self-assessment |  |
| Assessor comments  (including on ePortfolio use) |  |
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| **2.8** | **How would you respond to any patient safety concerns or complaints relating to a trainee?** |
| Self-assessment |  |
| Assessor comments |  |
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| **2.9** | **Describe your Continuous Professional Development as an Educational/Clinical Foundation Supervisor including the HEETV events you have attended.**  ***For Educational and Clinical 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 or Clinical Supervisor’s/ GP Trainer’s Course, stating which Deanery.** |
|  | Mandatory Evidence: list your CPD as an Educational/Clinical/ Foundation Supervisor, your Equality & Diversity training Certificate and your Educational Personal Development Plan (PDP) |
| Self-assessment |  |
| Assessor comments |  |
|  |  |
| **2.10** | **Describe how you will be supported as an Educational/Clinical/ Foundation Supervisor both within the practice and externally. Please state whether you feel this meets your needs.** |
| Self-assessment |  |
| Assessor comments |  |
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1. The Outcome

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| --- | --- | --- |
| **NAME OF EDUCATIONAL/**  **CLINICAL/ FOUNDATION SUPERVISOR** |  | Approval – Yes/No  (delete as appropriate) |
| **Practice Name**  **Address** |  | |
| **Date of Visit** |  | |
| **Visiting Team** |  | |
| **Visitors comments on trainers response to feedback received on ES/CS course.** | | |
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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 Head of School) | |
| **Observations (formative)** | |
| **Approval – Yes/No** |  |

**For the Educational/ Clinical/ Foundation Supervisor**

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

**Summary**

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| **Approval** | Yes / No (delete as appropriate) |
| **Requirements for the GP Head of School to consider** |  |

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

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| **Name of 2nd Reviewer** |  |
| **Date** |  |
| **Comments** |  |