

**TEACHING PRACTICE**

**REPORT**

(For completion jointly by all teachers and trainers in practice)

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| **Practice:** |

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| **Address:** |
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| **Teacher / Trainer Names to be assessed this visit:** |  |  |
| **Name:** | **Roles to be considered (re-approval or new)** | **GMC Number** |
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| **Visitors:** |
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| **Date:** |

**Practice Evidence required in support of application:**

* Learner evaluation of teaching Yes/No
* Outcome of previous educational plan Yes/No
* Introductory timetables Yes/No
* Weekly timetables Yes/No
* Teaching video Yes/No

**To be completed electronically – boxes will expand and lines may be added to tables. Please delete yes/no as appropriate.**

**REPORT**

Letters on the left-hand side indicate the type of response required.

**D** = Data – Confirmation by practice that relevant statement is correct.

**I** = Interview – Information to be obtained from pre visit interview with trainee(s) and during visit.

**Q** = Question – Information to be provided on application form prior to visit.

**E** = Evidence – Evidence to be submitted with application form.

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| **Practice Details** |
| **Practice Address:** |
| **PCT:** |
| **Telephone:** |
| **Fax:** |
| **Email:** |

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| **Practice Description** |
| **Demography:** |
| **Premises:** |
| **List size/WTE:** |

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| --- | --- |
| **Employed Staff** | **Hours/week** |
| **Manager**  **Deputy** |  |
| **Practice Nurses:** |  |
| **Clerical/Reception/Secretarial:** |  |
| **Other: e.g. Research Staff** |  |

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| **Doctors working in practice** |  |  |  |  |  |
| **Name** | **Age** | **Qualifications** | **Status** | **Sessions worked** | **Other relevant roles** |
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| **Doctors in Training** | **Stage** GPR, Retainer, Returner, F1/F2, student |
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|  | **Recommendations of Previous visit and action taken** |
| **E** |  |

**DOMAIN 1 – PATIENT SAFETY**

**Supervision**

**Q** a) Who is responsible for supervision of learners and who takes over in their absence?

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|  | **responsible for supervision** | **takes over in their absence** |
| **undergraduate** |  |  |
| **foundation** |  |  |
| **postgraduate** |  |  |

**Concerns**

**Q** b) Who is nominated to deal with any queries or immediate concerns about patient care arising from actions of learners?:

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| --- | --- |
|  | **nominated person** |
| **undergraduate** |  |
| **foundation** |  |
| **postgraduate** |  |

**D** c) The practice has an **induction process** for learners. (Please make details available for visit) Yes/No

**D** d) The practice offers a high **standard of patient care complying with governance**

**requirements of PCT**. Yes/No

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| **QOF Scores** |  |
| **Patient satisfaction questionnaire overall score** |  |

**Q/I**  e) How is **adequate supervision guaranteed** even when workload is high or there is illness / absence in the practice?

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| **Commentary from the practice:** |
| **Commentary from the student / trainee interview** |
| **Commentary from the practice interview** |

**Indemnity**

**D f) The practice has a system for checking learner indemnity (UG & PG) prior to the placement commencing?**  Yes/No

**DOMAIN 2 – QUALITY ASSURANCE, REVIEW & EVALUATION**

**Education Appraisal**

**Q/I** a) What development needs have you each identified in the educational part of your NHS appraisal and how have you used your educational grant to meet these?

Please list all relevant courses and updates for each trainer / teacher.

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| **Commentary from practice:** |
| **Commentary from practice interview** |

**Learner Evaluation of teaching**

**Q/I** b) Please **describe** how you collect leaner evaluation and how you use evaluation to improve teaching. *An example would be best.*

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| **Commentary from practice:** |
| **Commentary from practice interview** |

c) Please **enclose** all learner evaluations over the last year. No

**Peer Evaluation of teaching**

**Q/I** d) What, if any, system do you have in the practice that allows doctors to view and provide feedback on other doctors teaching? *(note: this question enquires about teaching quality improvement activities rather than the trainee’s progress per se)*

Please **describe** the system if you do.

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| **Commentary from practice:** |
| **Commentary from practice interview** |

**DOMAIN 3 – EQUALITY / DIVERSITY**

**D** a) Have all trainers completed equality and diversity training in the last year? Yes

**DOMAIN 5 – DELIVERY OF CURRICULUM / ASSESSMENT**

**Planning of teaching**

**E** a) Please **submit** evidence of how you plan teaching.

* Introductory timetables Yes/No
* Weekly timetables Yes/No

**Q/I** b) How do you identify student / trainee learning needs and how are they addressed?

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| **Commentary from Practice:** |
| **Commentary from Trainee / Student Interview** |
| **Commentary from Practice Interview** |

**Delivery of teaching**

**Q/I c) How do you organise clinical learning to ensure appropriate workload balanced, case mix and the required out of hours experience?**

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| **Commentary from Practice:** |
| **Commentary from Trainee / Student Interview** |
| **Commentary from Practice Interview** |

**Recording learning**

**Q/I d) How are outcomes of learning and future educational needs recorded and shared within the practice?**

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| **Commentary from Practice:** |
| **Commentary from Trainee / Student Interview** |
| **Commentary from Practice Interview** |

.**Assessment**

**Q/I e) How are workplace based assessment processes implemented in the practice?**

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| **Commentary from Trainee / Student Interview** |
| **Commentary from Practice Interview** |

**Video**

**E** f) Please **prepare a video** of teaching and a commentary to map the progress of the tutorial. (Please have the video ready to view. You will be asked to select a 5-10 minute clip which either demonstrates your teaching skills, or areas that you found challenging as a teacher/trainer)

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| **Commentary by visiting team on Videos** |

**DOMAIN 6 – SUPPORT FOR TRAINERS AND LEARNERS**

**Q/I** a) **Support arrangements** for learners:

* Confidential feedback on learning is available
* Work patterns are appropriate
* Protected time is available for learning and study leave
* There are appropriate arrangements in practice for self directed learning

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| **Commentary from Practice:** |
| **Commentary from Trainee / Student Interview** |
| **Commentary from Practice Interview** |

**I** b) **Educational supervision** engagement in e-portfolio and student log.

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| **Commentary from Review prior to visit** |
| **Commentary from Practice interview** |

**DOMAIN 7 – MANAGEMENT OF TRAINING**

**D** a) There is a signed contract of employment with trainees and between the Yes/No

Practice and medical school.

**D** b) There is support for teaching and training from all partners in practice Yes/No

**Q/I** c) What aspects of teaching / training is the Practice Manager responsible for?

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| **Commentary from practice:** |
| **Commentary from Practice Interview** |

**DOMAIN 8 - RESOURCES AND CAPACITY**

**Teaching resources**

**D** a) Is there enough room to carry out teaching with a dedicated room for each trainee? Yes/No

**D** b) Do you have adequate library and online resources? Yes/No

**D** c) Do you have adequate audiovisual facilities? Yes/No

d) Do learners have access to adequate diagnostic and therapeutic

equipment at the surgery and when on visits? Yes/No

**Q/I** e) Comments on resources.

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| **Commentary from practice:** |
| **Commentary from practice interview** |

**SUMMARY**

**Q/I** What are the strengths of this training practice?

Areas suggested by practice for further discussion.

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| **Commentary from practice:** |
| **Commentary from practice interview** |

**Recommendations**

*The recommendations below are intended to be constructive and we would encourage you to* draw *on them when producing your educational plan*

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**Practice Development Plan in Response to recommendations**

*This should be discussed at your NHS Appraisals and the plans made should be incorporated in your next report.*

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**PRACTICE AIMS/OBJECTIVES FOR THIS VISIT**

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| **How would you like this visit to help you?** |

**Approval given for:**

**Trainees [PER PRACTICE]**

**Students**

**Years**

**Signature of visiting team**

**Undergraduate:**

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| Signed: |
| Name: |

**Postgraduate:**

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| Signed: |
| Name: |

**Evaluation of visit completed: Yes/No**