Quality Assurance of

GP Training Practices



# Quality Assurance of GP Training Practices

Specialty training programmes/posts, including those in general practice, must conform to the training standards set by the GMC for specialty training approval to be granted. Postgraduate Deans are responsible for the quality management of their specialty training programmes.

The GMC set the standards for medical education and training in Promoting excellence: standards for medical education and training (1). This sets out ten standards expected of organisations responsible for educating and training medical students and doctors in the UK.

Quality Assurance (QA) of GP Training takes place in different ways in the School of Primary Care. External scrutiny is via the GMC and School Board. Internal assurance occurs via the Quality Panel and GP Trainer visits.

From 1st April 2017 there will be a requirement to meet the standards set out in the new Health Education England (HEE) Quality Framework for all learners in a healthcare environment (2).

Quality assuring practice placements and GP Trainers is time consuming and for some time there has been discussion within the executive team at the Peninsula School of Primary Care about the value of this. This paper aims to review our current process for GP Trainer visits and proposes a new format for this element of Quality Assurance of GP training.

Current Process:

Currently GPs have to apply to be a Trainer after they have completed the ‘PESC – new Trainer course’. This triggers a visit by the Associate Postgraduate Dean (APD)/Training Programme Director (TPD)/GP Trainer team to their practice, where both the training environment and the GP are assessed to see if they meet the standards required. If appropriate they are approved for a maximum of two years.

New Trainers have an annual follow up review to assess how they have managed with the training process. They will then be approved for 4 years and reviewed 4 yearly after that unless any issues are highlighted.

Trigger visits can occur at any time if any issues are brought to the education team

It is recognised that this system of visiting has both a summative purpose to approve the Training Practice and GP Trainer and a formative element – enabling a rich discussion about GP training and the ways to develop this. This formative element is very valuable in offering support to GP Trainers and to the APD/TPD building up ‘soft’ information regarding practice dynamics, challenges, availability for placements etc. but sits outside the Quality Assurance process.

The system is however time consuming and it could be argued that the detection rate of any problems identified in this way, rather than through ‘Trigger Visits’, is very small.

Suggested Future Process

To streamline the QA process while ensuring that standards are met, and that the formative element of trainer visits is maintained, it is proposed that :

1. School of Primary Care visits, comprising the APD/TPD/GP Trainer to practices and GP Trainers should be 6 yearly. [Appendix A]
2. There should be a 3 yearly peer review visit from at least one member of the patch education team and two GP Trainers from one or more practices. This must be formally documented and will form part of the Trainer approval process for the GMC reviewed by the School of Primary Care. [Appendix B]
3. An annual report should be submitted by every training practice to the Quality Panel. [Appendix C]
4. The patch team can decide how to Quality Assure new trainers at 12 months – either by a repeat visit or through group meetings with other new trainers – thus assuring the standards are being met but adding a formative element to the process
5. Trigger visits should occur in response to any concerns
6. The GP team ‘6 yearly’ visits can be developed to quality assure the placements for all healthcare learners in a practice using the HEE framework. The Trainer visit approval form currently in use will be developed to be fit for this purpose. Piloting work on this will start in 2017.
7. GMC approval will be for four years after the education team visit – this will be updated for a further two years prior to the next education team visit provided that there is an interim visit report and annual return of form 3 to the Quality panel. A spread sheet of this process should be kept at each locality

(1) Promoting excellence: standards for medical education and training

<http://www.gmc-uk.org/education/27388.asp>

(2) HEE Quality Framework 2016/17

<https://hee.nhs.uk/sites/default/files/documents/HEE_J000584_QualityFramework_FINAL_WEB>

**Appendix A – Current Training Practice Report**



**TEACHING PRACTICE**

**REPORT**

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

|  |
| --- |
| **Practice:** |

|  |
| --- |
| **Address:** |
|  |
|  |

|  |  |  |
| --- | --- | --- |
| **Teacher / Trainer Names to be assessed this visit:** | |  |
| **Name** | **Roles to be considered (re-approval or new)** | **GMC No** |
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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 and commentary (at visit) 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.

|  |  |
| --- | --- |
| **Practice Details** | |
| **Practice Address** |  |
| **PCT** |  |
| **Telephone** |  |
| **Fax** |  |
| **Practice Manager name and Email** |  |
| **Organisation Code** |  |

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

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

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

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| --- | --- | --- | --- | --- | --- | --- |
|  | |  | | --- | | **DOMAIN 1 – PATIENT SAFETY** | | | | |  |
|  |  | | | |  |
|  | **Supervision** | | | |  |
| **Q** | a) Who is responsible for supervision of learners and who takes over in their absence? | | | |  |
|  | Undergraduate: |  |  |  |  |
|  | Postgraduate: |  |  |  |  |
|  | Foundation: |  |  |  |  |
|  |  | | | |  |
|  | **Concerns** | | | |  |
| **Q** | b) Who is nominated to deal with any queries or immediate concerns about patient care arising from actions of learners: | | | |  |
|  | Undergraduate: |  | |  |  |
|  | Postgraduate: |  | |  |  |
|  | Foundation: |  | |  |  |
|  |  | | | |  |
| **D** | c) The practice has an **induction process** for learners. (Please make details available for visit) | | | |
|  |  | | | |  |
| **D** | d) The practice offers a high **standard of patient care complying with governance**  **requirements of PCT**. Yes/No | | | |  |
|  | **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? | | | |  |
|  | Commentary from practice  Commentary from Trainee/Student Interview  Commentary from Practice Interview | | | |  |
|  |  | | | |  |
|  | **Indemnity** | | | |  |
| **D** | f) The practice has a system for checking learner indemnity (UG & PG) prior to the placement commencing? Yes/No | | | |
|  |  | | | |

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| --- | --- | --- |
|  | **DOMAIN 2 – QUALITY ASSURANCE, REVIEW & EVALUATION** |  |
|  | **Education Appraisal** |  |
|  | 1. 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. |  |
| **Q/I** | 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.* |  |
|  | Commentary from practice  Commentary from Practice Interview |  |
|  |  |  |
|  | e) Pleasehave available at the visit all learner evaluations over the last year. Yes/No |  |
|  |  |  |
|  | **Peer Evaluation of teaching** |  |
| **Q/I** | f) 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. |  |
|  | Commentary from Practice  Commentary from Practice Interview |  |
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|  | **DOMAIN 3 – EQUALITY / DIVERSITY** |  |
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**D** a) Have all teachers/trainers completed equality and diversity training in the last 3 years? Yes/No

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| --- | --- | --- | --- |
|  | **DOMAIN 5 – DELIVERY OF CURRICULUM / ASSESSMENT** | |  |
|  |  | |  |
| **E** | **Planning of teaching** | |  |
|  | 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? | |  |
|  | 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? | |  |
|  | 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? | |  |
|  | 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? | |  |
|  | Commentary from Trainee / Student Interview  Commentary from Practice Interview | |  |
|  |  | |  |
|  | **Video** | |  |
| **I** | 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)   |  | | --- | | Commentary by visiting team on Videos | | |  |

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|  | **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 |  |
|  | Commentary from practice  Commentary from Trainee / Student Interview  Commentary from Practice Interview |  |
|  |  |  |
| **Q/I** | b) **Educational supervision** engagement in e-portfolio and student log. |  |
|  | Commentary from Review prior to visit  Commentary from Practice interview |  |

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| --- | --- | --- |
|  | **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? |  |
|  | Commentary from practice  Commentary from Practice Interview |  |

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|  | **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. |  |
|  | 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. |  |
|  | 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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**Approval given for:** **Trainees**

**Students**

**Years**

**Signature of visiting team**

**Undergraduate Postgraduate**

|  |  |
| --- | --- |
| Signed |  |
| Name |  |

|  |  |
| --- | --- |
| Signed |  |
| Name |  |

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

**Appendix B** *-* **Interim Review Visit Feedback Form**

|  |  |
| --- | --- |
| Date |  |
| Date of last locality Education Team visit |  |
| Trainer/s name |  |
| Practice |  |
| Names of visiting team  [at least two GP trainers +/- trainees] |  |
| Name of GPST (or other supervised learner) if applicable |  |
| Other learners in practice – e.g. Foundation Doctors, Medical Students, Pharmacists etc |  |

The purpose of the interim visit is to peer review training in Practices, flag any areas of concern to the locality education team, allow for cross fertilisation of ideas about training between trainers and dissemination of good practice and provide formative feedback on the training in the practice.

|  |
| --- |
| **Review of video of : COT / CBD / Tutorial** (circle as appropriate) |
| Comments |
| **Review of ePorfolio /ESR/ learning log feedback and linkages. (For CS review of CSR, discussion of e-portfolio or other documentation relating to learners supervised)** |
| Comments (is the ESR evidence-based, are the comments and feedback SMART?) |
| **Interview with GPST or other supervised learner** (to focus on strengths and weaknesses of training experience) |
| Summary of discussion |
| **Highlights of visit and strengths of Supervisor and practice** |
|  |
| Any areas of good practice to disseminate |
| **PDP review and evidence of current E&D certification** *(please include date E&D certificate expires)* |
|  |
| **Recommendations** |
|  |

|  |  |
| --- | --- |
|  | Trainees |
|  | Students |
|  | Years |

Approval given for:

[per practice]

**Signature of reviewing team:**

|  |  |
| --- | --- |
| Signed |  |
| Name |  |
| Date |  |

This Interim Form should be completed by the visiting GP Trainer team and then shared with the visited Trainer to confirm points of fact that had been discussed. Once agreed, it should be emailed to the local GPST Administrator. The copy emailed to the local GPST administrator should be typewritten. GP Trainers can retain this form as part of their GP appraisal evidence for GP training.

**Appendix C - Annual Form for Quality Panel**

|  |  |  |
| --- | --- | --- |
| Trainer name |  | |
| Trainer Practice |  | |
| Trainees in practice in last 12 months |  | |
| Date of last Locality Education team approval |  | |
| Education Processes - please attach induction pack, timetables, log of tutorials | | |
| Do you get sufficient protected teaching time? training time? | |  |
| What have you done as Trainer CPD this year? | |  |
| Evidence of Practice Quality – please attach CQC ratings | | |
| What significant staffing changes have you had in last 12 months? Do you have any outstanding vacancies? | |  |
| Has your trainee passed their exams and WPBA for MRCGP?If not why not? | |  |
| Reflection on Training year:  What has gone well?  What have been the challenges?  What changes have you made as a result? | |  |
| Any Other Comments? | |  |