|  |
| --- |
| HEE Quality Assurance of General Practice Placements  |

This document is to be used when Quality Assuring a placement for any learner in a General Practice. It should form the basis for a discussion about the learning environment and ways in which learning opportunities are offered, as well as enabling a discussion about the skills and experience of the ‘teachers’ and their development needs. This is based on the requirements of the GMC and HEE Quality Framework.

|  |
| --- |
| **Practice Details** |
| Practice: |  |
| Address:   |  |
| CCG: |  |
| Telephone: |  |
| Fax: |  |
| Practice Manager name and email: |  |
| Organisation Code: |  |
| **Date of visit:** |  |

|  |  |
| --- | --- |
| **Visiting Team**  | **Role** |
|  |  |
|  |  |
|  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Supervisors** | **GMC Number** | **Role** (GP Trainer, Foundation Trainer etc.) | **Reason for visit** (approval or reapproval) | **E&D training date** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

|  |  |  |
| --- | --- | --- |
| **Learners in the practice in the last 3 years** | **Role** (GP Trainee, Foundation Trainee etc.) | **Date** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

|  |
| --- |
| **Practice Demographics and detail of partnership** |
|  |

|  |
| --- |
| **Practice CQC rating and date of last CQC visit** |
|  |

|  |
| --- |
| **Date of last Trainer/Peer review visit** |
|  |
| **Actions following last Trainer/Peer review visit**  |
|  |

|  |
| --- |
| Tell us what happens |

How do you ensure your teaching and teaching environment are providing the best opportunities for your learners to achieve their professional goals?

For each section tell us what you do well, what you would like to change, what opportunities and challenges there are and provide some evidence to support your statements

**Complete relevant Appendix form that lists mandatory evidence for your specialty**

|  |
| --- |
| LEARNING ENVIRONMENT AND CULTUREDoes the learning environment and culture enable:* care to be safe, effective and compassionate for patients;
* trainees to feel supported with the opportunities they need to learn effectively;
* review and reflection with a commitment to improvement;
* patient involvement with developments
* multidisciplinary learning
 |
| What do you do well? |
| What would you like to change? What challenges might you encounter? |
| What evidence have you got to support your statements?e.g. timetables, Induction, supervision in surgery, visits, OOH, QoF points, audits, referral data, patient feedback through surveys and PSQ , SEAs, protected teaching time, equality and dIversity training, trainee feedback on practice to QP, complaints, etc |

|  |
| --- |
| EDUCATIONAL GOVERNANCE and LEADERSHIP:How do you meet the standards required to ensure your learners are trained appropriately?What support do you give your learners? What happens when you are concerned about a trainee’s performance? |
| What do you do well? |
| What would you like to change? What challenges might you encounter? |
| What evidence have you got to support your statements?e.g Quality panel reports, Trainer approval visit reports, portfolio evidence, trainers workshop, trainer conference, trainee results |

|  |
| --- |
| SUPPORTING AND EMPOWERING LEARNERSHow do you ensure the requirements for Workplace based assessment are achieved? |
| What do you do well? |
| What would you like to change? What challenges might you encounter? |
| What evidence have you got to support your statements?e.g Tutorial time protected and timetabled appropriately, Supervision, Trainee group teaching attendance, Review of portfolio, Ad hoc support, Feedback |

|  |
| --- |
| SUPPORTING AND EMPOWERING EDUCATORSTraining is appropriate and timely with regular updating on curriculum requirementsTraining is appraised Training is supported |
| What do you do well? |
| What would you like to change? What challenges might you encounter? |
| What evidence have you got to support your statements?e.g Trainer visits,,Peer review, QP feedback, Appraisal evidence, Advanced Trainer Course, APD support, Trainer conference, Workshop , Appropriate timetabling and extra study days in contract as a trainer |

|  |
| --- |
| DELIVERING CURRICULUM AND ASSESSMENTS* Training is planned and is learner centred
* Training is up to date and fit for the future
* Patient feedback is used to shape training
 |
| What do you do well? |
| What would you like to change? What challenges might you encounter? |
| What evidence have you got to support your statements?e.g Learning needs assessments, Manchester rating skills, Planning of educational content, Workload assessment and case mix, Innovations in practice, Different ways of working, Share what you are proud of!, Opportunities to be engaged in wider context – e.g St3/4, partnership meetings, Forums, CCG meetings , PSQ, PPG groups, Feedback from learners |

|  |
| --- |
| DEVELOPING A SUSTAINABLE WORKFORCE* Ensuring learners are prepared to make the transition into independent practice
 |
| What do you do well? |
| What would you like to change? What challenges might you encounter? |
| What evidence have you got to support your statements?e.g Final review, appraisal prior to finishing placement, tutorial, shaping the trainee PDP  |

|  |
| --- |
| Video |
| What do you want to show that you are proud of? What do you want help with? |

|  |
| --- |
| **Feedback from Visiting team** |
| LEARNING ENVIRONMENT AND CULTURE: |
| EDUCATIONAL GOVERNANCE AND LEADERSHIP: |
| SUPPORTING AND EMPOWERING LEARNERS: |
| SUPPORTING AND EMPOWERING EDUCATOR: |
| DELIVERING CURRICULUM AND ASSESSMENTS: |
| DEVELOPING A SUSTAINABLE WORKFORCE: |
| VIDEO FEEDBACK |
| OVERALL SUMMARY: |
| SUGGESTIONS: |

|  |
| --- |
| **Training approved for :** |
| Learners Specialty and number | Length of approval |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |

|  |  |
| --- | --- |
| **Signatures:** | Date |
|  |  |
|  |  |
|  |  |
|  |  |

**Appendix**

|  |
| --- |
|  **Evidence seen for GP Training**  |
| CQC rating |  |
| E&D training dates *(please enclose a copy of the current certificate/s)* |  |
| Induction timetable |  |
| Rota with scheduled protected training time |  |
| Video |  |

|  |
| --- |
| **Evidence seen for Foundation Training**  |
| CQC rating |  |
| E&D training dates *(please enclose a copy of the current certificate/s)* |  |
| Induction timetable |  |
| Rota with scheduled protected training time [and work schedule] |  |
| Timetable with named supervisor  |  |
| Audit /QI activity |  |
| F2 Supervised surgery every 2 weeks |  |
| Attendance at F2 learning events |  |

|  |
| --- |
| **Evidence seen for Medical Student Training**  |
| CQC rating |  |
| E&D training dates *(please enclose a copy of the current certificate/s)* |  |
| Induction timetable |  |
| Rota with scheduled protected training time |  |

|  |
| --- |
| **Evidence seen for AHP Training**  |
| CQC rating |  |
| E&D training dates *(please enclose a copy of the current certificate/s)* |  |
| Induction timetable |  |
| Rota with scheduled protected training time |  |