GENERAL PRACTICE POSTGRADUATE MEDICAL EDUCATION

SELECTION AND RE-APPROVAL OF GENERAL PRACTICE TRAINERS, ASSOCIATE TRAINERS & LEARNING ORGANISATIONS

INFORMATION GUIDE FOR APPLICANTS, MEMBERS OF THE PRIMARY HEALTH CARE TEAM AND THE VISITING TEAM

This guide contains information for GPs applying for first time selection to be a GP trainer, associate trainer or retainer supervisor and existing GP trainers, associate trainers or retainer supervisors applying for re-approval. The guide also covers the process of approving practices as learning organisations. It covers the process from application via self assessment through to the visit (if necessary) and post visit actions. It also includes information for the visiting team and will be of interest to other members of the Primary Health Care Team.

All documentation relating to this subject area is available from Health Education East of England website www.eoedeanery.nhs.uk. Please refer to the website for the most up to date information and documentation. Please make sure you carefully read the Criteria for selection.

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INTRODUCTION

Health Education East of England’s trainer selection policy is based on the Standards for Deaneries (including standards for Trainers) from the GMC. The underlying principle behind the scheme is that Trainers and educational environments must be able to demonstrate how they comply with the GMC standards. The form is therefore a self assessment system which can also be used by Health Education East of England assessors to give the trainer, associate trainer or those supervising the learning environment feedback about their application based on the application alone or the application and an assessment visit.

The approval/re-approval form contains questions which are linked to relevant Standards. The form is designed to be completed electronically. This means that when re-applying, personal and organisational data can be reused by the applicant and only corrections will need to be entered. Paper based supporting evidence will be required as detailed on the form and in the guidance below; this should be available to assessors prior to the visit. Health Education East of England will also place weight on Health Education East of England BOS reports from trainees received in between Trainer assessments. These may be available to Trainers and their practices.

Initial applications combine a self assessment and a Health Education East of England assessment including a visit to the practice to assess the learning environment; approval is for 2 years. Where there has been no change to the practice circumstances and trainee reports are uniformly good, the first re-application at 1 year after approval will constitute a self-assessment by the Trainer and an interview by the local Training Programme Director/Associate Dean. If successful the practice will be approved for a further 3 years at which time a full self-assessment will occur. After this the Trainer will be expected to submit a self assessment every 3 years. Providing the self assessments and trainee reports are consistently satisfactory or higher, a formal practice visit will only be required every 5 years.

Any self assessment which generates a cause for concern or unsatisfactory reports from trainees or others will automatically trigger a full Health Education East of England visit. Some self assessments will receive a full Health Education East of England visit to quality assure the system. Trainers will be informed on submission of their self assessment if they are to receive a quality monitoring visit and will have not less than 4 weeks notification before such visits. Other information in addition to that contained in this form may be requested. Applicants will see any visitor’s report before a final determination of the outcome of the application is made. Appeals may be made to the Postgraduate GP Dean and will initially be heard by a panel drawn from the GP School Board under the chairmanship of the Deputy GP Dean.

The self assessment is based on the practice’s available evidence which should be listed for all statements. The Practice’s and/or Trainer’s performance is then categorised as Satisfactory or Cause for Concern. The standard for appointment and re-appointment is satisfactory in all areas examined; recognition of excellence should be recorded where appropriate. The standards will be kept up to date as GMC and Health Education East of England guidance changes.

Figure 1 gives a flow chart detailing the application process.

Version 3
October 2010
Approval flow chart – new trainers

Start
New Applicant

Discuss criteria with TPD

Undertakes development activities

Criteria not met – plan development

VISIT TO PRACTICE – assessment and form signed

CRITERIA MET!
Approval for 2 years

CRITERIA MET!
Approval for 3 years

Reapply by self assessment and interview by TPD at 1 year

CRITERIA MET!
Approval for 6 years

Unsatisfactory or QM – Health Education East of England arranges visit

Satisfactory – further assessment in 2 years

Current Trainer at approval expiry

Meets criteria – complete self assessment application form

Meets criteria

Completes self assessment at 3 years and submits

Approval flow chart – established trainers
## 1 APPLICATION FOR SELECTION OR RE-APPROVAL

<table>
<thead>
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<th>Educator categories</th>
<th>Type of learner and supervision</th>
</tr>
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<tbody>
<tr>
<td><strong>GP Trainer</strong></td>
<td>Educational and Clinical Supervision for:</td>
</tr>
<tr>
<td></td>
<td>• GP Registrars (including their own GP registrar undertaking out of hours training)</td>
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<tr>
<td></td>
<td>• Foundation Doctors in General Practice</td>
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<tr>
<td></td>
<td>• Retained Doctors</td>
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<tr>
<td></td>
<td>Clinical Supervision for:</td>
</tr>
<tr>
<td></td>
<td>• Other GP Registrars undertaking out of hours training.</td>
</tr>
<tr>
<td><strong>Associate Trainer</strong></td>
<td>Clinical Supervision for:</td>
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<tr>
<td></td>
<td>• GP Registrars</td>
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<td></td>
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<td></td>
<td>• Retained Doctors</td>
</tr>
<tr>
<td><strong>Retainer Supervisor for Retained Doctors</strong></td>
<td>Educational and Clinical Supervision for:</td>
</tr>
<tr>
<td></td>
<td>• Retained Doctors</td>
</tr>
</tbody>
</table>

### 1.1 - Applying for Selection or Re-approval as a GP Trainer/ Associate Trainer / Retainer Supervisor

Applicants should download a copy of the application form from Health Education East of England’s website [https://eoe.hee.nhs.uk](https://eoe.hee.nhs.uk) The form provides the essential information to allow a determination on the applicants suitability assessed against GMC and Health Education East of England criteria.

Health Education East of England would not normally expect to receive an application from a **first time applicant** until the applicant has fulfilled the following:

**GP Trainers:** New applicants must hold an academically validated Certificate, Diploma or Degree in Medical Education (essential). They must have discussed the application with their Programme Director who will advise the applicant once he/she is ready to submit an application. (essential)

**Associate Trainers:** New applicants must have fully attended and satisfactorily completed a foundation associate trainer course approved by Health Education East of England (essential). They must have discussed the application with their Programme Director who will advise the applicant once he/she is ready to submit an application. (essential)

**Retainer Supervisors:** It is recommended that retainer supervisors have attended the associate trainers course. Retainer supervisors must be able to demonstrate that they have developed teaching expertise.
All sections of the form must be fully completed in typescript and returned electronically. Incomplete applications will be returned and may delay approval and visit arrangements.

1.1.1 – Section 1 GP trainer/ Associate Trainer /Retainer Supervisor

This section requests personal information about you as an individual. You will need to provide details of your own general practice training, your qualifications and employment history. You will also be asked about your last appraisal, details of your GMC license to practice, any impediments to training (such as cautions or convictions) and when you last undertook equality and diversity training.

1.1.2 – Section 2 The practice or learning environment and applying for approval of an organization as a learning environment

This section may be completed by a practice or other manager. If there are multiple doctors applying for approval within one practice, this section need only be completed and submitted once.

Please use this section to tell us about your practice. You will need to provide information about members of the Primary Care Health Team who will be/are involved in teaching the GP registrar / retainer/ foundation doctors. You will need to provide information on the out of hours and practice on-call arrangements; how you record information on your patient records in all contexts (e.g. electronically, hand held or both). You should provide details of the audit activity within the practice and the educational and business meetings.

Health Education East of England would not normally expect to receive an application from the first time approval of a practice as a learning organisation until:

- one member of the practice has successfully attained the relevant educational qualification as detailed in the criteria detailed in paragraph 1.1 of this document.
- the practice has discussed their application with their Programme Director who will advise the applicant once he/she is ready to submit an application.

1.1.3 – Section 3 Trainer CPD/Educational Development

In this section you are asked to write about your experience and plans as an educator. Please use the questions presented on the form to structure your responses. New trainers will need to provide details of the training they have undertaken in preparation for becoming a GP trainer. Existing trainers should give details of training and educational events they have attended in order to maintain, update and develop their knowledge and skills.

The questions are phrased in the present tense; it is intended that first time applicants should answer in terms of the specific plans they have made for their first registrar. It is acknowledged that modifications will inevitably need to be made in the light of experience.
1.1.4 – Section 4 Educational Processes and your Trainee

This section is about the education and development your trainee can expect in your practice or organization. It details the way you organise the trainee’s experience and the facilities you have available. Again new trainers should answer detailing their expectations of looking after a trainee. Provide as much detail under each heading as you feel is appropriate, and ensure you have available evidence to substantiate your observations.

1.1.5 – Section 5 Summary and Determination

The summary allows the applicant to record their own self assessment of their performance against the criteria listed. It allows Health Education East of England – remotely or when visiting – to record the evidence they have seen and any developmental observations to assist the applicant in the future. Health Education East of England will also record an assessment which will be shared with the applicant either electronically or physically at the end of the visit.

1.3 Submitting your Application

The application should be submitted electronically to Health Education East of England (see the website for contact details). **First time applicants** for GP trainers or associate trainers only should at this stage, request their Programme Director to submit a statement in support of their application. This should normally be provided in an electronic format.

All applicants should submit the following information, **electronically**, with their application:

- Programme of practice educational meetings
- Documentary evidence of successfully completing a course leading to a certificate diploma or masters degree in medical education (**Associate Trainers and Trainers only**)  
- A copy of the teaching plan for your present or most recent GP registrar to include clinical and teaching commitments (**Associate Trainers and Trainers applying for re-approval only**)  
- A copy of the Form 4; Section on Teaching and Training and PDP from the trainer / retainer supervisor  
- A copy of their most recent Equality and Diversity training certificate

Please ensure that you retain an electronic version of the application for future reference. This will also save you time when you apply for further periods of approval.

For **existing learning organisations**, the current learners will be requested to complete the GP learner questionnaire online. Questionnaires obtained from previous learners will also be made available to the visiting team. The questionnaires are not normally copied to the GP trainer unless specifically requested and then only in circumstances where the learner has given permission. Trainers/Associate Trainers should ensure that their specialty trainee completes a Health Education East of England feedback form via the Bristol on Line (BOS) survey at the end of every post.
2 THE SELF ASSESSMENT

2.1 – About the self assessment – GP Trainer or Associate Trainer

In order to reduce administration a system of self assessment will take place three years after first re-approval. Therefore an application form needs to be completed and submitted to the Associate Dean who will if appropriate recommend re-approval. Health Education East of England expects all Trainers to have a teaching episode assessed by their peers on at least a three-yearly cycle and formative feedback given to the Trainer. The easiest way to undertake this is by producing a video which should be evaluated within the Trainers workshop. Health Education East of England will expect every educator to have a record of the event, the feedback they received and their reflection on it within the three year self assessment cycle.

The local patch GP Associate Dean will review the completed self assessment form, usually within two weeks of receipt of the form. If the application is graded satisfactory or above and is not selected for a quality control visit the Associate Dean will complete the final page including any recommended developments for the Trainer/Practice and return it electronically to the GP School Administrator who will then forward it to the applicant. The recommendation and comments should normally be electronically accepted by the applicant and returned to the GP School Quality administrator. Any recommendation which is graded less than satisfactory will automatically generate a visit from the patch Associate Dean and a visiting team as detailed below. Furthermore up to 10% of self assessment applications not due for a visit will be visited for quality assurance purposes.

Health Education East of England will visit trainers, associate trainers and the educational environment in which they practice every second self assessment, i.e. between five and six years since the previous visit. The exception to this is that after the first approval there will be a visit after one year to aid the development of the new educator.

3 THE VISIT

3.1 – About the Visit – GP Trainer or Associate Trainer

The purpose of a trainer selection visit is to prepare a report for the GMC to enable them to consider your selection or re-approval as a GP trainer. At this time we would also consider an Associate Trainer and, if applicable, your practice’s selection or re-approval as a learning organisation. Whilst the visit is summative in nature and will be challenging we anticipate that much of it will be formative.

When planning a visit for a GP trainer, or Associate Trainer and practice selection or re-approval, it is essential that all practice staff are aware of the purpose of the visit. The lead visitor should ensure that all members of the visiting team are introduced to the applicant (s), to his/her partners, primary care health team and current registrar.

The lead GP trainer and, if applicable, current learners should be available throughout the duration of the visit and not just during the times allocated within the timetable for their individual interviews.
If you are a first time applicant in a currently approved training practice it may be sufficient simply to interview you and review your teaching and consulting skills (see section 2.5) – the inspection of the practice may be waived. The interview may take place at a venue other than the training practice (e.g. postgraduate centre or Health Education East of England Office/sub-office) but will still be as rigorous as a visit to the practice itself.

During a visit to also approve the practice the visitors will look at the practice, the team, the systems and the trainer. The whole teaching team and other practice staff should meet the visitors. Time needs to be allocated for at least one of the visitors to look at the records; for at least two visitors to interview the GP trainer and to review his/her teaching and consulting skills (see section 2.5); for one visitor to interview the learners; and for one visitor to interview the practice manager.

Prior to the visit, Health Education East of England's administrator will send (electronically) copies of the following documents to each of the visiting team:

- Application forms (for all visited trainers);
- Further supporting documentation;
- Previous practice visit report (if applicable)
- GP registrar questionnaires (existing trainers only)

Visitors and the visited are advised to review the following on line documentation prior to the visit (the lead visitor will have one copy of each document available for reference on the day of the visit):

- Information Guide for Applicants and Visitors (this guide);
- Criteria for the Selection and Re-approval of Trainers, Supervisors in Primary Care and their Practices;

Examples of the types of questions that may be asked during the visit are in appendix A.

The lead visitor will complete a Health Education East of England assessment form on behalf of the visiting team.

3.1.1 – About the Visit – Retainer Supervisors

The purpose of the visit it to prepare a report for the Dean of General Practice Education to consider the Retainer Supervisor and practice as providing a suitable learning environment for the retainer. The visit will be formative in nature.

The retainer supervisor and, if applicable, current retainers should be available throughout the duration of the visit.

If you are a first time applicant in a currently approved training practice it may be sufficient simply to interview you and review your teaching and consulting skills (see section 2.5) – the inspection of the practice may be waived. The interview may take place at a venue other than the training practice (e.g. postgraduate centre or Health Education East of England Office/sub-office).
Prior to the visit, Health Education East of England’s administrator will send (electronically) copies of the following documents to each of the visiting team:

- Application forms (for all visited retainer supervisors);

The visitor(s) and the visited are advised to review the following on line documentation prior to the visit

- Information Guide for Applicants and Visitors (this guide);
- Criteria for the Selection and Re-approval of Trainers, Supervisors in Primary Care and their Practices;

Examples of the types of questions that may be asked during the visit are in appendix A.

3.2 The Visiting Team – GP Trainer and Associate Trainer

The visiting team will normally be led by an associate Dean or TPD and include a local Programme Director (Health Education East of England review), a local trainer (GP peer review) and, for visits to also approve the practice will normally also include one or two local primary care professionals such as a practice manager and/or practice nurse with educational or visiting expertise (primary care professional peer review). The person being visited will be advised in advance of the team who will be visiting their practice. The roles of each member of the visiting team will depend on the number and composition of the team. The minimum number of visitors will be two; and Associate Dean or Training Programme Director and a Training Programme Director or Trainer who may be from another scheme.

3.2.1 The Visiting Team – Retainer Supervisor

The visit will normally be led by a GP tutor or an associate Dean. It is likely the visit will only be carried out by one individual, however on occasions there may be both a GP tutor and associate Dean present.

3.3 Timetable – GP Trainer or Associate Trainer

The visit to the practice may last about three and a half hours. The practice should be aware that the visit may take this length of time and it should be agreed at the beginning of the visit exactly how this time will be used. In particular, inspection of the premises will need to fit in with the clinical services that are likely to be in operation.

Practices are strongly recommended to draw up a specimen visit timetable using the guidelines below. The specimen timetable should be submitted electronically to the patch Associate Dean no later than six weeks prior to the visit. The Associate Dean will approve the timetable and inform the practice of any changes recommended no later than three weeks before the visit.

The individual applying for approval and, if applicable, current learners should be available throughout the duration of the visit and not just during the times allocated within the timetable for their individual interviews.
Examples of timetables with indications of the time for each element are included below. (These times are only a guide and more or less time will be allocated where necessary).

1) Visits to select or re-approve a GP trainer (s) / Associate Trainer / Retainer Supervisor only (eg the practice does not require approval/re-approval)

<table>
<thead>
<tr>
<th>Event</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>Visitors assemble and plan visit</td>
<td>10 minutes</td>
</tr>
<tr>
<td>Interview applicant* and view videos**</td>
<td>Up to 60 minutes (per trainer)</td>
</tr>
<tr>
<td>Interview learners in post</td>
<td>Up to 30 minutes (per learner)</td>
</tr>
<tr>
<td>Visitors reassemble, collate findings and agree recommendations</td>
<td>20 minutes</td>
</tr>
<tr>
<td>Debrief with prospective trainer</td>
<td>15 mins. (per trainer)</td>
</tr>
</tbody>
</table>

2) Visit to approve/re-approve a GP trainer / Associate trainer / Retainer Supervisor (s) and the training practice

<table>
<thead>
<tr>
<th>Event</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>Visitors assemble and plan visit</td>
<td>10 minutes</td>
</tr>
<tr>
<td>Inspection of library &amp; practice facilities, records and computer system</td>
<td>45 minutes</td>
</tr>
<tr>
<td>Interview learners in post</td>
<td>30 minutes</td>
</tr>
<tr>
<td>Meet available members of primary care team</td>
<td>15 minutes</td>
</tr>
<tr>
<td>Meet available partners</td>
<td>15 minutes</td>
</tr>
<tr>
<td>(a) Interview applicant/s* and view videos**</td>
<td>60 minutes (per trainer)</td>
</tr>
<tr>
<td>At the same time the nominated member of the visiting team will:</td>
<td></td>
</tr>
<tr>
<td>(b) Assesses premises and interview practice manager and staff</td>
<td></td>
</tr>
<tr>
<td>Visitors reassemble, collate findings and agree recommendations</td>
<td>20 minutes</td>
</tr>
<tr>
<td>Debrief with trainer</td>
<td>15 minutes (per trainer)</td>
</tr>
</tbody>
</table>

*It is a Health Education East of England requirement that the interview with the individual applying for approval is normally undertaken by at least two members of the visiting team.
** in the case of first approval only the visiting team will view a video. Subsequently videos will be evaluated within Trainers Workshops.

3.3.1 Timetable – Retainer Supervisor

The visit is likely to last up to 2 hours. The visitor(s) will wish to inspect the library, practice facilities, records and computer system. They will want to meet with the current or prospective learner and will want to meet available partners and members of the primary care team. They will want to spend up to one hour meeting with the applicant. Finally they will expect to collate their findings and agree recommendations.

The individual applying for approval and, if applicable, current learners should be available throughout the duration of the visit and not just during the times allocated within the timetable for their individual interviews.

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An example of a timetable with indications of the time for each element are included below. (These times are only a guide and more or less time will be allocated where necessary).

<table>
<thead>
<tr>
<th>Event</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>Visitors assemble and plan visit</td>
<td>5 minutes</td>
</tr>
<tr>
<td>Inspection of library &amp; practice facilities, records and computer system</td>
<td>20 minutes</td>
</tr>
<tr>
<td>Interview learners in post</td>
<td>20 minutes</td>
</tr>
<tr>
<td>Meet available members of primary care team</td>
<td>10 minutes</td>
</tr>
<tr>
<td>Meet available partners</td>
<td>10 minutes</td>
</tr>
<tr>
<td>Assesses premises and interview practice manager and staff</td>
<td>10 minutes</td>
</tr>
<tr>
<td>Interview applicant</td>
<td>30 minutes</td>
</tr>
<tr>
<td>Agree recommendations and debrief with retainer supervisor</td>
<td>10 minutes</td>
</tr>
</tbody>
</table>

3.4 **Documentation/Information to provide on the day of the visit – GP Trainer or Associate Trainer**

On the day of the visit you will be required to:
- Provide a copy of a full cycle audit (that has not been carried out by a registrar).
- Provide a copy of the GP registrar contract of employment if not attached to the application form
- Provide a copy of the practice’s policy on out of hours arrangements
- Show the GP registrar’s Out of Hours Workbook*
- Provide copies of the practices protocols of care / guidance for patients, for example with asthma, high blood pressure and diabetes
- Provide a copy of the practices annual report or minutes of the annual Contract review meeting
- Provide a copy of the GP Trainer's / Associate Trainer's CPD log

*not applicable to **first time applicants**

3.4.1 **Documentation / Information to provide on the day of the visit – Retainer Supervisor**

On the day of the visit you will be required to:
- Provide a copy of the retainer’s signed contract
- Show the retainer supervisor teaching diary
- Provide copies of the practices protocols of care / guidance for patients with asthma, high blood pressure and diabetes
- Demonstrate knowledge of where Health Education East of England GP training literature can be found on line
- Provide a copy of the practices annual report or minutes of the annual Contract review meeting

3.5 **Teaching and Consultation Skills – Video (GP Trainers and Associate Trainers) FOR FIRST APPROVAL ONLY**

Applicants will be expected to be able to demonstrate their consultation and teaching skills to the visitors. This should be formative and developmental experience for the applicant.
Applicants are advised to have available:

- A video recording of a teaching session (e.g. random case analysis) which can be reviewed in short periods of time or be prepared to undertake a role play giving a tutorial to a GP registrar with a member of the visiting team or the GP registrar. This should be relevant to the profession and last 10-15 minutes. At the end of the role play you should demonstrate your ability to critically reflect on your teaching.

Please ensure that the video tape, a video player and monitor are available in the interview room on the day of the visit so the visiting team are able to view your video.

3.6 Debrief

At the end of the visit the lead visitor will feedback any recommendations or development points to the trainer/s. These will be documented in the final page of the application form.

4 POST VISIT

4.1 Report – GP Trainers/ Associate Trainers

The visited trainer(s) and visiting team will receive a copy of the final assessment to check for factual accuracy. If no comments of factual accuracy have been received within 14 days, Health Education East of England will assume that the report has been accepted by all parties.

The aim of the report of a training practice/GP trainer/ Associate trainer visit is to be a/an:

- record of the performance of the practice/practitioner against GMC/Health Education East of England criteria;
- record for Health Education East of England systems;
- formative document for the practitioner and the practice;
- record of performance and thanks to the practice and the practitioners for past work;
- instrument for development within the practice;

4.1.1 Report – Retainer Supervisors

The completed application form will include recommendations for improving training provision within the practice and will constitute a written summary of those points discussed with the trainer during the visit debrief. Action taken on these recommendations will be reviewed at subsequent visits.

Retainer supervisors are requested to assess the report for factual accuracy. If no comment is received within 14 days, Health Education East of England will assume the report has been accepted.
The aim of the report of a training practice/GP trainer/Associate trainer visit is to be a/an:

- record of the performance of the practice/practitioner against Health Education East of England criteria;
- record for Health Education East of England systems;
- formative document for the practitioner and the practice;
- record of performance and thanks to the practice and the practitioners for past work;
- instrument for development within the practice;

4.2 Training Agreement – GP Trainer /Associate Trainer

Following receipt of the signed final assessment a training agreement will be issued and forwarded to the GP trainer for signature and return.

4.3 Period of approval – GP Trainer / Associate Trainer

First time applicants will normally be selected for a maximum of two years with a visit normally taking place after one year. Existing GP trainers / associate trainers and their practices will normally be re-approved for a period of up to six years with a further visit normally taking place after five years but with an interim self assessment at 3 years.

In the event that a trainer / associate trainer or practice is not recommended for selection or re-approval the trainer (s) will be provided with a copy of Health Education East of England’s appeals procedure. The reasons for failure will be cross referenced with the relevant items of the Criteria for the Selection and Re-approval of Trainers, Supervisors in Primary Care and their Practices.

4.31 Period of approval – Retainer Supervisor

Retainer supervisors and their practices will be approved for a maximum of 5 years (the duration of the retainer scheme).

In the event that an retainer supervisor practice is not recommended for selection or re-approval the trainer (s) will be provided with a copy of Health Education East of England’s appeals procedure. The reasons for failure will be cross referenced with the relevant items of the Criteria for the Selection and Re-approval of Trainers, Supervisors in Primary Care and their Practices.

4.4 Assessing the Assessors – GP Trainers and Associate Trainers

The visited trainer/s will be provided with an ‘Assessing the Assessors’ form to provide feedback on the visit. Trainers are encouraged to complete this on-line and e-mail the completed form to Health Education East of England as soon as possible after the visit. This document will be made available to all members of the visiting team and will be used in the continuing evaluation and progression of the systems for the selection and re-approval of GP trainers and their practices.
4.5 Notification of Changes

It is the GP trainer’s / Associate Trainer’s / Retainer Supervisor’s (or practice manager’s) responsibility to inform Health Education East of England of any changes affecting the practice or the GP trainer’s, Associate trainer’s or supervisor’s ability to continue to provide training. Trainers / Supervisors and their practices should bear in mind that they are approved on the basis that circumstances remain unchanged throughout the given period of approval.

4.6 Appeals Procedure

If an applicant feels that they have been unfairly treated there is a formal appeals procedure. A copy of the appeals procedure is included within the training criteria available from our website.

5 HEALTH EDUCATION EAST OF ENGLAND QUALITY STANDARDS FOR PRACTICE VISITS

Health Education East of England aims to adhere to the following timescales when processing documentation relating to the selection and re-approval of general practice trainers and their practices.

<table>
<thead>
<tr>
<th>Process</th>
<th>Timescale</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patch Deans to receive all visit paperwork</td>
<td>3 weeks ahead of visit</td>
</tr>
</tbody>
</table>
| Letter informing applicant/GP trainer of visit date and confirming the visit details to the visitors* | At least 3 months notice (first time applicants)  
4 – 6 months notice (existing trainers)       |
| Written report to be received by the patch Dean                       | Within 21 days of the visit|
| Report to be sent to all visitors and applicant                       | Within 21 days of the visit|
| Notification of any factual inaccuracies                              | To be notified within 14 days of issue to the visitors and visited|
| Trainer agreement and approval letter or letter confirming non-approval** | To be issued within 6 weeks of the visit|
| Completed Assessing the assessor form should go to the patch Dean for review | To be sent to Associate Dean 3 weeks after the visit|

* Retainer supervisors / practices will be instructed as to how to proceed with organising the visit by Health Education East of England staff once an application has been received.
** GP trainers / associate trainers only.

If you feel that our standard of service has fallen below that you would expect, please write to the Director of Postgraduate General Practice Education. We also welcome constructive criticism to aid the continuing development and evaluation of the process for selecting and re-approving GP trainers and their practices.
6 ELECTRONIC COMMUNICATION

It is part of Health Education East of England’s strategy that we should try to increase the amount of electronic communication. This is to reduce paper wastage and to increase the experience and expertise of trainers in modern knowledge management; the latter being an essential part of modern practice and thus a GP registrar’s education and training. Downloading does not necessitate printing, and management of information on screen is possible and desirable. Some documents require a signature and where possible we will ask only for that sheet to be sent in paper form.

Where possible, communications regarding the selection and re-approval of GP trainers and their practices will be by electronic means.

7 DATA PROTECTION

Health Education East of England records and processes information on computer to progress the selection and re-approval process for trainers / supervisors in Primary Care and their Practices Where appropriate, information is shared with those who have a responsibility for the organisation, management and delivery of training, to help them execute their function in the planning and delivery of training. Evidence of attendance at regional or national workshops and local trainers' group

A copy of Health Education East of England Data Protection Policy is available upon request.
## APPENDIX A

### EXAMPLES OF QUESTIONS THAT MAY BE ASKED DURING A VISIT

This is not designed to be a comprehensive list of the questions that will be asked during a visit, but to simply give examples of the cues that may be used; the type of questions asked and topic areas members of the team can expect to be asked to comment upon.

### Interview with GP Trainer

<table>
<thead>
<tr>
<th>Question</th>
<th>Answer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Why are you training?</td>
<td></td>
</tr>
<tr>
<td>Clinical experience: balance between protected time and service. (appointment time frequency; daily workload: contribution to visiting; out of hours)</td>
<td></td>
</tr>
<tr>
<td>Organisation of teaching programme – clinical and training timetable.</td>
<td></td>
</tr>
<tr>
<td>Teaching materials eg audit, significant event analysis</td>
<td></td>
</tr>
<tr>
<td>Techniques used: what are you doing? How does your learner learn? What evidence is there for the use of video?</td>
<td></td>
</tr>
<tr>
<td>Assessment: Formative and evidence</td>
<td></td>
</tr>
<tr>
<td>Summative assessment and evidence</td>
<td></td>
</tr>
<tr>
<td>Inspection of teaching records</td>
<td></td>
</tr>
<tr>
<td>Dealing with: GPR personal problems</td>
<td></td>
</tr>
<tr>
<td>GPR educational problems</td>
<td></td>
</tr>
<tr>
<td>Who is the nominated deputy?</td>
<td></td>
</tr>
<tr>
<td>Trainers Personal Learning Plan</td>
<td></td>
</tr>
<tr>
<td>Evidence of needs based plan</td>
<td></td>
</tr>
</tbody>
</table>
Interview with GP Registrar (and other learners)

**General**

- Tell us about your career experience to date?
- How are you getting on?
- Induction:
  - Did you receive an introductory pack?
  - What induction did you have?
  - When did you receive your contract of employment?

**Patient Care**

- What about consultation times?
- What is the role of the GPR in the practice?
- Prescribing issues
- Audit: Who teaches you audit?
- What out of hours work do you do?
- Who supervises you?

**Communication**

- Partners
- Practice Manager
- GP Trainer
- Communication within the practice
- Practice meetings (clinical and business)

**Practice Organisation**

- Are you clear on the management structure within the practice?
- Are you clear about areas of responsibility?
- What evidence do you have for teamwork?

**Personal and Professional Development**

- How do you learn best?
- How is your trainer helping you in this area?
- What are your aspirations?

**Structure and Process of Training**

- Space and time?
- Development of teaching programme
- Methods Used
- Feedback and assessment process
- Contribution of partners and PHCT
- Summative assessment support
## Interview with the Partners/Practice Team

### Professional Values
- As a practice, what do you aspire to?
- What are your values?

### Good Patient Care
- Examples
- How do you know?
- What are the barriers?
- What about consultation times?
- What is the role of audit and who takes responsibility for this?

### Communication
- With each other
- With the learner

### Practice Organisation
Meetings:
- Clinical
- Management
- Who is in the primary health care team?
- What is the structure?
- How does the learner fit in?
- Are there any areas of no access to the learner?

### Personal and Professional Development
- How do you see the practice moving forward?
- How do you keep up to speed as a practice?

### Structure and Process of Training
- What role do you have in the learner’s training?
- What support are you able to give the GP Trainer?
- What about implications to the practice of protected time?
- What about feedback/assessment and your involvement in this?
- How can we help?
## Interview with Practice Manager

### The Learning Environment

- Do the premises limit the practice’s effectiveness in any way?
- What improvements do you suggest?
- Comment on the organisation of the staff.
- What meetings are held in the practice? Comment on their effectiveness.
- How is teamwork fostered?
- How are the staff involved with the development of the practice?
- How are staff appraisals conducted?
- Does the GPR have a written contract of employment?
- Comment on the involvement of patients in the organisation and development of the practice.
- How does the practice respond to patient complaints?

### Teaching, Learning and Training

- Is the manager, and are other members of the team, involved in teaching the trainee?
- Do they have a clear idea of the aims of training and of the contribution the trainer asks them to make? Are they, for example, briefed before the trainee sits in with them or has teaching sessions with them?
- What is the team’s commitment to teaching and learning?
- What arrangements are there for the protection of the trainee’s teaching time (are staff, for example, allowed to interrupt tutorials?)

### Workload

<table>
<thead>
<tr>
<th>Question</th>
<th>Answer</th>
</tr>
</thead>
<tbody>
<tr>
<td>How well does the practice cope with its workload?</td>
<td></td>
</tr>
<tr>
<td>Which aspects place the practice under the greatest stress?</td>
<td></td>
</tr>
<tr>
<td>What machinery does the practice have to cope with periods of particularly high workload and how do they involve the trainee (for example in seeing extras or emergencies?)</td>
<td></td>
</tr>
<tr>
<td>What is the booking rate for partners and the trainee?</td>
<td></td>
</tr>
<tr>
<td>When is the next available appointment with each doctor, including the trainee?</td>
<td></td>
</tr>
<tr>
<td>Are the staff aware of any arrangements to ensure that the trainee does not see an excess of acute problems (people ringing on the same day with sore throats, earache etc)?</td>
<td></td>
</tr>
</tbody>
</table>
### Out of Hours and Domiciliary Care

- What are the out of hours arrangements? How is the trainee involved and how is cover arranged for him/her? How are home visits allocated? Is the system fair?

### Patient Records

- How could records and systems for dealing with them be improved?

### Information Systems

- Comment on your organization’s use of IT and your records system. How do you communicate with other care providers? Do you plan any changes?
- Describe your information sources and library.

### Audit

- How are the staff involved with audit?
- Is there any audit of managerial and administrative aspects of the practice?
Role of the Trainer and the Learning Organisation – some guidance

The trainer has to fulfil at least three roles: as doctor, teacher and educational manager.

As a doctor you are a role model for the GP Registrar (GPR). Enthusiasm, commitment and competence are essential attributes. These are enumerated and expanded upon in GMC and RCGP documents, where it is noticeable how professional and personal values now feature alongside clinical skills and knowledge.

GPR attachments are supernumerary. That is, the practice should be able to function without them. However, to be fully involved registrars need to be planned into the routine clinical programme. This needs both administrative and educational input. A trainer is paid for two sessions per week. Health Education East of England expects one of these sessions to be a combination of formal tutorials and informal learning. The second session should be used for educational planning and personal study. We do not expect the trainer personally to do the entire tutorial and after surgery teaching. Indeed GP Registrars often value contact with different clinicians. It is helpful to make the distinction between educational supervision (the trainer’s job) and clinical supervision (able to be done by a qualified GP or nurse).

How would you demonstrate how good a teacher you are to a peer?

Role of the Training Practice/organisation

The training practice/organisation will provide high quality clinical care, excellent educational opportunities, a supportive environment and be an enjoyable place to work. The accommodation should be adequate for both service and education and suit the numbers of those in training. It is not helpful to specify dimensions but Health Education East of England will expect sensible and flexible solutions where space is tight.

A training practice should have working systems that support the patients, professionals and administrative staff. The practice should show how it supports training by ensuring there is dedicated time for teaching and learning and the time and space for approved trainers to develop educationally. Members of the practice should also contribute to the teaching by being involved in the clinical supervision of those in training. Individuals with clinical and teaching expertise should be identified and integrated into the training team.

The patients should be informed through the practice leaflet, and other appropriate methods, of the practice’s involvement in training, its possible impact on the practice and the need for external quality inspection that will involve review of patients’ records. Most patients are more reassured than the doctors and staff by these statements.

The educational infrastructure is important and includes having a good library with Internet connection, the latter preferably at the point of consultation. Audit activity must be an integral part of practice and be demonstrated by written reports of completed cycles.
The practice video recording system can be used for teaching all the practice, not just the registrar.

The quality of the patient record is an established and accepted proxy measure of the quality of patient care. The record is an example of good practice, a record of good care and an information resource for the clinician.

Study leave out of the practice in the GPR attachment can present difficulties. There are sets of principles that underpin decisions to grant and fund it; these are set out in the regulations. (section 8 in the criteria) In essence it is not a right and there is a minimum, which would be the GP ST release course but no maximum. The GP year is the major opportunity for the GPR to gain and reflect on clinical care in a primary care setting. The GP ST course is part of the working week so that if the course is not running then alternative learning activity should be planned. Study leave should be granted by the trainer on the basis of agreed educational need. A GPR who is integrated into the practice will be providing clinical care to patients and should take patients' needs into account when undertaking study leave.