# TPD Feedback Form for GP Educators

## East of England

Please use this form to provide feedback on the GP educator named below.

|  |  |
| --- | --- |
| Name of Educator *(to be completed by TH):* |  |
| Name of TPD completing the Form: |  |
| Date completed: |  |

1. Please confirm that the above-named educator has attended at least 50% of trainers workshops. If no, please state any mitigating factors that you are aware of.

|  |  |  |
| --- | --- | --- |
| Yes  | No | <please type here> |

1. Are you aware of any concerns related to this educator from trainees or otherwise in respect of their educational role? If so, please provide further details.

|  |  |  |
| --- | --- | --- |
| Yes  | No | <please type here> |

1. Please confirm that this educator has been involved in local ARCP panels within the past 5 years (where relevant). Please note that tier 2 educators are not required to be panel members but should observe at least one panel. If no, please provide any known mitigating factors.

|  |  |  |
| --- | --- | --- |
| Yes  | No | <please type here> |

1. Do you have any positive feedback you would like to share on this educator? (*optional)*

<please type here>

1. Would you support the ongoing accreditation of this educator?

Please circle: Yes No

**Form Complete**

Please return your completed form to your local training hub:

|  |  |
| --- | --- |
| **Training Hub** | **Email Address**  |
| Bedfordshire, Luton, and Milton Keynes | ccs.blmk.traininghubqualityteam@nhs.net  |
| Cambridgeshire & Peterborough | cpth.qualityteam@nhs.net |
| Hertfordshire & West Essex | hwetraininghub@nhs.net  |
| Mid and South Essex | primarycare.workforce@nhs.net  |
| Norfolk & Waveney | nwicb.primarycareworkforce@nhs.net |
| Suffolk & North East Essex  | snee.traininghub@nhs.net |