

Chair / Member Handbook for GPQM Panels and Approval Visits



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Appendices

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2. Guidance for Peer Review of Educators
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6. Information Sheet for GPQM Panel Members
7. Guidance for the educational approval of Merged and Federated GP practices

Introduction

This handbook is for primary care professionals involved in the approval process for GP educators and learning organisations involved with the delivery of GP training in the East of England office of Health Education England (HEE). The approval process is based on the standards outlined in the GMC's "The Trainee Doctor" as well as the RCGP/COGPED Standards for Deaneries/LETB's guidance document. This latter document amalgamates both the GMC and the Academy of Medical Educator (AoME) standards. Completing the application form allows applicants to reflect on how they meet these standards as well as demonstrate that they have met all the requirements to be approved as an educator and/or learning organisation, or to renew that approval.

The GMC standards can be found at:

http://www.gmc-uk.org/Trainee_Doctor.pdf_39274940.pdf.

The RCGP/COGPED guidance can be found at:

<http://www.rcgp.org.uk/training-exams/~//media/Files/GP-training-and-exams/Information-for-deaneries-trainers-supervisors/Guidance-for-deaneries-on-standards-for-GP-training-Jan-2014.ashx>

You should also be aware of the following policies:

- Placement Provider and Contract documents
- HEE Trainee in difficulty policy
- Data Protection Act 2018
- General Data Protection Regulation 2018
- European Working Time Directive 2009 (EWTD)
- Freedom of Information Act 2000
- Equality Act 2010

All the above policies could be found in the link below:

<https://heeoee.hee.nhs.uk/faculty/professional-support-unit-guidance>
[Professional Support Unit Guidance | Health Education England](#)

The intention is that all required information will be contained within the approval form. There is no need to submit any additional attachments.

Once the applicant has completed their section, further sections will open in which GP trainee and Training Programme Director (TPD) feedback will be entered and, after approval has been finally confirmed, the entire form will be returned to the applicant. Applicants will not be asked to provide actual certificates for activities completed although if the information provided subsequently turns out not to be correct, this will

be treated as a probity issue. Please retain all original documentation of supporting evidence in case this becomes required at a face to face interview or organisation visit.

Quick 8 Point Summary

1. All new GP Educators need to complete the appropriate initial training and then have a face to face approval interview with 2 senior GP educators – usually an Associate Dean (AD) and a Training Programme Director (TPD).
2. Initial approval will be for 2 years with a planned review at 1 years. These interviews will be arranged at any time throughout the year depending upon the availability of the AD and/or TPDs.
3. Subsequent re-approvals will take place through the GPQM panel process held at the local county level. The standard approval period will be for 5 years with a planned review at 4 years.
4. The central quality team will maintain a database of all educator approvals and will share the relevant part of this database on a quarterly basis with local administrators in order to incorporate local intelligence relating to a change in the educator's or organisation's circumstances e.g. educator retirements, resignations, maternity leave or any other reasons.
5. There will be 4 submissions deadlines per year by which educators seeking re-approval will need to submit their re-approval form to the central quality team. If this has been completed satisfactorily, the form will be passed to the appropriate local administrator so that the educator can be assigned to the next available GPQM panel within that county.
6. The GPQM panel will be chaired by the Associate Dean, or their approved deputy (usually a Training Programme Director). There will be at least 2 other panel members, to include a GP trainer and a practice manager. Associate Trainers can act as additional panel members.
7. A GPQM panel will comprise a briefing session followed by reviewing 8-10 applications for educator or learning organisation re-approval in any one-half day (4 hour) session. The number of applications reviewed per panel may vary for each county/STP area.
8. Once the re-approval forms have been completed, the local administrator will return them to the central quality team for official confirmation of the approval by the monthly Quality Oversight Panel. Following that, the database will be updated, as well as the GMC register, and the outcome will be forwarded to the educator.

Summary of Initial Educator Training

HEE, working across the East of England, has a tiered training process for the initial training for educators from all specialities. The 2 tiers of educators relevant to the GP approval process are:

- Tier 2 = named clinical supervisors, this equates to OOH clinical supervisors (Tier 2a) and Associate Trainers (Tier 2b)
- Tier 3 = educational supervisors, this equates to GP trainers

The training process follows this sequence:

- E-learning modules for the appropriate tier
- Study day provided by one of the universities in the region – Cambridge, UEA and ARU. These days all have the same content
- Generic HEE study provided by one of 5 hubs around the region. These hubs are based in medical education centres with the DMEs coordinating the training. These days all have the same content
- GP school specific study days covering the practical aspects of working as a GP Educator

The general expectation is that Tier 2 training will be completed within 1 year and Tier 3 training within 2 years. Any exceptions to this will need to be agreed with the Head of School.

As a short-term measure, in order to allow potential educators who completed their initial training under the previous system, they will be allowed a year from April 2019 in which to complete the approval process. They will need to provide evidence of appropriate educator CPD at the time of their approval application. If these potential educators have not completed the approval process by April 2020, they will need to complete the new Tiered training process.

If a primary care professional has completed a Postgraduate Certificate of Medical Education (or Diploma/Masters), they will progress straight to the HEE Hub day and then the GP School specific study days.

Please see Appendix1 which summarises this process.

Having completed initial training, GP educators will then need approving as an educator in order to become a named clinical or educational supervisor.

Initial Stages of the Approval Process

Expressing an Interest in Becoming a GP Educator or Learning Organisation

Where a primary care professional or organisation is interested in becoming an educator or approved learning organisation working with GP trainees, they should initially contact the Training Programme Directors (TPDs) at their local training programme and/or the Clinical Lead at their local Out of Hours (OOH) organisation. The purpose of this contact is to discuss what is involved in working as a GP educator and to explain both the initial training process as well as the approval process. The TPD might want to consider visiting the learning organisation to advise on the support and preparation needed to take on GP trainees.

The central Quality team should also be contacted to indicate this potential interest. The team would be able to share the appropriate application form as well as a link to relevant information on the EOE HEE website.

Additionally, the primary care professional should start attending the local Trainers Group, Foundation Supervisors Group (should one exist) and/or the support group for OOH supervisors.

Application Forms

1. GP Educator Approval Form

This form was re-developed in early 2019 in line with the tiered training structure. Once the applicant has selected whether this is a new approval or re-approval, and which educator tier they are applying for, the relevant questions will appear. If this is an initial approval, the applicant will need to provide dates for having completed the e-learning modules as well as the various study days, with a short reflection on their main learning from each of these. It is worth ensuring that they are aware of this in advance. Additionally, the applicant will need to provide dates and reflections for the other evidence required for initial or re-approval. A summary of the evidence required can be found at Appendix 1. The intention is that this form will capture every stage of the approval process and will be shared electronically without the need for any attachments.

2. GP Learning Organisation Form

We will continue to use the existing form for now. However, the regional approval team are reviewing the approval mechanisms for all primary care organisations and it is possible that this form might change in the future.

There will be 4 submission deadlines in each year. These are:

- February 1st
- June 1st
- August 1st
- December 1st

Once the applicant has answered the relevant questions and provided the evidence needed for their initial approval or re-approval, they will digitally sign the form which will 'lock' it. The central quality team will then enter any trainee feedback they have access to and will also 'lock' the form before sending it on to the local administrators. The local administrators will then enter any local trainee feedback they have, as well as TPD feedback, and 'lock' the form again. It is now ready to be passed to the interviewers or the GPQM panel.

Process for arranging the GPQM Panel or Approval Interview/Practice Visit

The central quality team administrator will work closely with the local administrators. Their individual responsibilities are described below.

Central Quality Team

- Maintain the central database including all GP educators and learning organisations
- Share the appropriate part of this database with individual local administrators on a quarterly basis in order to gather local intelligence about educator/organisational changes
- Contact educators and organisations due for re-approval to invite them to submit their application form
- Adding the development points from the previous approval visit/ interview/ panel to the application form before sending the form to the educators for completion.
- Once a re-approval form has been received, check to see if there is any BOS or NETS feedback and enter that on to the form
- After each submission deadline, email the application forms received to the relevant local administrator
- Deal with any queries from educators, learning organisations or local administrators
- Once the approval interview/panel/visit has taken place, receive the completed approval forms and provide a summary for the monthly Quality Oversight Panel
- Once the monthly Quality Oversight Panel has met, inform the GMC of GP Trainer and learning organisation approvals
- Forward the accreditation agreement and completed approval report to the educators

Local Administrators

- Share local intelligence with the central quality team to maintain the central database

- Receive new educator and learning organisation application forms directly from the applicant and then arrange the interview/practice visit as required throughout the year
- In liaison with the other local administrators in your county/STP area, facilitate the provision of enough GPQM panels to accommodate the re-approvals needed in each year
- Receive re-approval application forms after each quarterly submission deadline and allocate the applications to the next available GPQM panel
- Having received these forms, enter TPD and local trainee feedback as required
- Facilitate the collection of local GP trainee as required (for the purpose above)
- Allocate the approval forms to each GPQM panel member and email them out at least 2 weeks prior to the panel with a copy of the approvals panel member information sheet
- After the GPQM panel, return completed re-approval forms to the central quality team

Conducting the Approval Interview, Visit and GPQM Panel

Conducting an Approval Interview for a GP Educator

Face to face approval interviews will take place for 2 reasons:

- Initial approval for every educator at each tier
- Re-approval where concerns have been raised from any source

There should be at least 2 senior educators present at each interview. Senior educators would include Associate Deans (ADs) or TPDs with at least one member of the interview team being at a senior level to the applicant. Interviews would usually last at least one hour and would usually take place at the local education centre. They can take place at any time in the year with the potential to group some interviews on the same day as the local GPQM panel.

The interviewees should have reviewed the application form prior to the interview so that they can prepare their questions. Additionally, a suggested question list can be found at Appendix 3. Discussion at the interview should focus on relevant areas from the applicant's form, including the evidence that has been provided by the applicant as well as any feedback that has been provided.

By the end of the interview, there should be some mutually agreed development areas which need to be recorded on the form. The interviewees also need to record:

- Highlights from the application form and interview
- Decision on the approval recommendation (please see below)

Once completed, the application form is returned to the central quality team by email. The quality team will present a summary of all provisional approval decisions to the monthly Quality Oversight Panel for final confirmation of approval. The GMC register of GP trainers will then be updated.

Educator approval is a decision made about that person and is not linked to the organisation in which they work.

Conducting an Approval Visit for a Learning Organisation

Approval visits to learning organisations will take place for 2 reasons

- Initial approval for every learning organisation
- Re-approval where concerns have been raised from any source

Visits can take place at any time of the year. Where the learning organisation being visited has several sites, the visit will usually take place at the main site. If there are educators linked to the learning organisation who also need initial approval or re-approval, these interviews could take place at the time of the visit. The visit will usually

last 3-4 hours. However, if there are multiple interviews to be conducted, this might need to be extended.

The local administrator will have made the arrangements for the visit, including assembling the visiting team and agreeing a timetable with the practice. A draft timetable can be found at Appendix 4. The visiting team should include

- Associate Dean as the lead visitor (highly desirable)
- Training Programme Director (mandatory - where necessary, a TPD can be the lead visitor for new approvals although not where the visit has been arranged following concerns having been expressed about the learning organisation)
- GP Trainer(s) (mandatory)
- Practice manager (mandatory)
- Tier 2 GP educator (desirable)
- GP trainee (desirable) from a neighbouring training programme

The number of visitors will need to vary according to the number of interviews needed. However, there should be at least 3 visitors. When agreeing the timetable for the visit, the local administrator will have stipulated which members of the visiting team were interviewing which applicant, with at least 2 people interviewing each applicant.

All members of the visiting team should receive a copy of all applicable application form(s) prior to the visit so that they can prepare potential questions. A suggested list of questions can be found at Appendix 3.

The visiting team should meet at the start of the visit to compare notes and to agree areas that they would like to explore during the interviews. A tour of the premises should take place at some point during the visit as well as speaking to members of the practice team to gauge the level of support for training within the wider practice team. It is essential to meet any current trainees at the practice in the early part of the visit before any individual educator interviews take place. The practice manager should be interviewed separately to discuss how the practice plans to support training generally.

Once all the interviews have taken place, the visiting team should meet again to compare their thoughts and then agree highlights, development points and an agreed recommendation decision. This should then be shared with as many representatives of the learning organisation that would like to be present at the debrief session.

Once completed, the application form(s) are returned to the central quality team by email. The quality team will present a summary of all provisional approval decisions to the monthly Quality Oversight Panel for final confirmation of approval. The GMC register of GP trainers and learning organisations will then be updated.

Conducting an Approval Visit for an Out of Hours (OOH) Organisation

This will generally follow the process described above. However, it is more likely that OOH Organisations will be visited every time a re-approval is due.

The lead visitor should generally be either the local Associate Dean or the central HEE lead for OOH. Additional members of the visiting team will include a Tier 2a/ OOH clinical supervisor as well as a representative of the commissioning body. Trainee

representation is very important for these visits. Representative trainee feedback is also an important piece of evidence for the visit.

A summary of the issues to be considered at the visit can be found at Appendix 6

Conducting a GPQM Panel for the Re-approval of GP Educators and Learning Organisations

General Practice Quality Management (GPQM) panels take place to re-approve existing GP educators and learning organisations. They are held in local education centres and are organised by the local administrators. The number and duration of panels is determined by the local county/STP area in order to provide the capacity needed. It is possible to hold 2 panels side by side although it is generally recommended to provide separate rooms. Internet access is needed during the GPQM panel and it is preferable that the re-approval forms are held on a shared drive so that they can be viewed by all panel members. Applicants are not present at the GPQM panel.

The GPQM panel needs at least 3 members to be quorate. These will comprise

- An Associate Dean and/or Training Programme Director (acting as chair) – essential
- Training Programme Director as additional panel member when an AD is the chair - essential
- Tier 3/GP Trainer(s) – desirable
- Practice Manager(s) – essential
- Tier 2/Associate Trainer(s) - desirable
- ST3 GP Trainee (from another area) - desirable

The number of panel members will vary according to the number of applications to be considered although there should always be a minimum of 3 panel members. Trainee representation from a neighbouring scheme is highly desirable although not mandatory.

Prior to the panel, the local administrators will have entered TPD and local trainee feedback on each of the application forms. They will also compile a list of trainee names who have been attached to each of the educators being reviewed within the last 2 years as either a clinical supervisor or educational supervisor. These will be used during the panel to enable the panel members to review the educators use of the GP trainee e-portfolio. Wherever possible, local administrators will also compile a list of outcomes for each of these trainees, for example, exam success or problems with workplace-based assessment.

The local administrator arranging the GPQM panel will have allocated each member of the panel a share of the re-approval forms to review before the panel itself. Where necessary, this allocation should be checked with the chair of the GPQM panel and/or the local TPDs to avoid any potential conflicts of interest. The re-approval forms should be emailed to the panel member concerned at least 2 weeks prior to the panel. Wherever possible, it is suggested that practice managers should review learning organisation forms and that the approved educators on the GPQM panel should review educator forms at the appropriate level. For example, Tier 2 educators should

only review application forms from other Tier 2 educators. Each panel member should also be emailed a copy of the information sheet for GPQM panel members so that they understand what preparation is needed prior to the panel itself.

At the beginning of the GPQM panel, the chair should conduct a briefing session for all panel members. If there are multiple panels being held on the same day, a joint briefing could take place. The purpose of the briefing is to ensure that all panel members understand the process and to give them the opportunity to declare any conflicts of interest.

Each application is likely to take about 20-30 minutes to consider. Taking into account the briefing, a 4-hour panel would usually be able to review 8-10 applications.

The following areas should be considered when reviewing a **GP educator**:

- The panel member who prepared that applicant should present to the panel their thoughts on the application form as well as key features from the evidence and trainee/TPD feedback provided on the form
- The panel should satisfy themselves that the applicant has satisfactorily provided the evidence required for re-approval
- Where available, the panel should review relevant trainee outcomes
- 1 or more educators on the panel will review that applicant's e-portfolio usage and share their thoughts with the panel
- Agreement needs to be reached about whether the applicant will be given provisional re-approval, and for how long, and an agreed summary of the highlights and development areas needs to be entered on the re-approval form before 'locking' it

With respect to e-portfolio usage, the following areas should be reviewed:

- Tier 2b educators
 - Reading, validating and commenting on log entries
 - A sample of completed assessments eg CBDs, Audio-COTs, observed CEPS
 - A completed Clinical Supervisors Report (CSR)
 - Educators Notes
- Tier 3 educators:
 - All of the above, plus
 - An educational Supervisors Report (ESR)

The following areas should be considered when reviewing a learning organisation:

- The panel member who prepared the learning organisation concerned should present to the panel their thoughts on the application form as well as key features from the evidence and trainee/TPD feedback provided on the form

- The panel should satisfy themselves that the learning organisation has satisfactorily provided the evidence required for re-approval
- One of the educators on the panel should check the outcome of the most recent CQC report available on the CQC website
- The practice manager on the panel should review data about practice activity as provided on the Primary Care Web Tool and share any concerning features with the panel
- Agreement needs to be reached about whether the learning organisation will be given provisional re-approval, and for how long, and an agreed summary of the highlights and development areas needs to be entered on the re-approval form before 'locking' it

At the end of the panel, the completed forms should be returned to the local administrator, who will then send them back to the central quality team. The team will present a summary of the re-approval forms to the monthly Quality Oversight Panel for final approval.

Conflicts of Interest

Alternative arrangements for approval visit or panel members should be made when

- The member concerned works for the learning organisation being approved, or did so within the last year
- The member concerned works in the same learning organisation as the educator being approved, or did so within the last year
- The member concerned works in the same super-partnership or Primary Care Network, or did so within the last year. The only exception to this might be where the organisation is divided into sub-groups which are managed separately, and the member concerned works in a different sub-group

Local sensibilities should always be taken into account and, where necessary, advice taken from the Associate Dean, AD lead for Quality or Head of School.

Recommendations and Approval Periods

Initial applications for educators and learning organisations

- Approval for 2 years with a review at 1 year

Re-approvals for educators and learning organisations

- Where no concerns, approval will be for 5 years with a review at 4 years
- Where there are some concerns, although not enough to decline re-approval, there are several options:
 - Approval for a year with a specific list of evidence to be provided

- Approval until the next available GPQM panel with a specific list of evidence to be provided
- Arrange a face to face interview to explore concerns further
- Arrange a practice visit to explore concerns further

Further Advice and Contact Information

1. **Period of time that the tiered training can be completed over**

The general expectation is that Tier 2 training will be completed within 1 year and Tier 3 training within 2 years. Any exceptions to this will need to be agreed with the Head of School.

2. **Interval between completing new educator training and applying for approval as a GP educator**

Having completed the new educator training process, applications to be approved as a GP educator should generally be made within 1 year. Any exceptions to this can only be agreed by the Head of School of General Practice. Evidence for ongoing educator CPD would be needed to support this.

3. **Interval after CCT when eligible to be approved as a GP educator**

For Tier 2 educators – applications can be considered 1 year after CCT

For Tier 3 educators - when working in an established training practice, applications for approval as a new GP educator can be considered after 2 years. When working in a non-training practice, the interval should be 3 years.

4. **Transition period for potential educators who undertook the previous initial training courses**

As a short-term measure, in order to allow potential educators who completed their initial training under the previous system, they will be allowed a year from April 2019 in which to complete the approval process. They will need to provide evidence of appropriate educator CPD at the time of their approval application. If these potential educators have not completed the approval process by April 2020, they will need to complete the new Tiered training process.

5. **Educator moving from Tier 2 to Tier 3**

When a Tier 2 educator has completed the required training to be considered for approval as a Tier 3 educator, they would need to complete an approval form and then have a face to face approval interview.

6. **Educators changing their place of work**

Moving within the East of England

Approval as a GP educator is specific to the person concerned and is not necessarily linked to the learning organisation, they are working in. So, if an approved GP educator changed the practice in which they worked, their approval status would move with them to their new practice. However, if that new practice was not approved as a learning organisation, the practice would need to seek approval as a learning organisation before GP trainees could be based there. And individual educators should ensure that the Quality team at Fulbourn are informed of their new contact details.

Moving into a different deanery area

East of England recognises the GP educator approval decisions made by other areas in the UK, both within Health Education England and in Scotland, Wales and N. Ireland. An approved educator moving into our region would need to make themselves known to the local training programme and to the Quality team at Fulbourn and would then fit into our approval processes.

We would hope that the GP educator approval decisions made within our area would similarly be recognised by other areas although can not guarantee this. We would suggest contacting both the local training programme and the regional office to clarify what their processes are.

7. Fallow periods

Fallow periods which have been actively chosen by the educator and/or learning organisation of up to 12 months need to be agreed with the local training programme and should not usually have any impact on the educator's approval status. The approval period will remain the same, unless the absence happens within a year of the educator's initial approval. In this case, the 1-2 year re-approval will be deferred by up to a year to allow the educator sufficient time to gather the evidence for successful re-approval.

If the fallow period has been for more than 1 year, once the GP educator is ready to resume active training, the educator should arrange a meeting with one of the local TPDs. The purpose of this meeting is to discuss any changes that have occurred during the educator's fallow period and to ensure that the educator is ready to return to training. Assuming this meeting is successful, the educator can start working with GP trainees again. The approval period will remain the same to act as a further check. If the TPD has concerns though, a face to face re-approval interview will be arranged with the appropriate Associate Dean and the educator will need to complete a re-approval form.

Where a fallow period has occurred due to a lack of trainees to be placed at the practice, and the educator has continued to attend local trainer group meetings as well as appropriate regional educator meetings, there will not be any impact on the educator's or learning organisation's approval status.

8. Lapsed approval

If approval has lapsed for 1 year or more the applicant will need to contact the Quality Team.

9. Prolonged Sick Leave

If the GP Educators have been on sick leave more than 4 weeks, it would be necessary to move the GP Trainee to different environment unless alternative appropriate educational supervision can be provided by the practice. Please ensure that you liaise with TPD about this.

10. Can GP Educator approval interviews be conducted by skype?

This is generally not recommended. Where the applicant feels that there is a good reason to support skype being used, this should be discussed with the relevant Associate Dean and/or Head of School.

11. Gathering the evidence needed for approval and re-approval as a GP educator

The evidence needed for a new approval can be obtained either through the new educator training process or by attending the local trainer group.

The majority of the evidence needed for a re-approval can be obtained through participating in a county-based Educator Development Session and in the local ARCP panel as well as attending local trainer group meetings.

12. National Performance list (NPL)

Tier 2 and 3 GP Educators need to be on the NPL

13. What happens if there is a significant change to the learning organisation in which educators work?

A significant change to the learning organisation will generally lead to a learning organisation approval visit. Such changes could include new premises and practice mergers. Please see the guidance on merged and Federated practices.

14. Educator maternity leave

Congratulations! The same process would apply as for fallow periods. If the absence is for more than 1 year, there will be an interview with one of the TPDs to determine that the educator has kept up to date and is ready to return to training.

15. Educator retirement

The educator should inform both the local training programme and the central Quality team. The educator database will be updated and, if the educator is Tier 3, their name will be removed from the GMC register with effect from their retirement date. Once this latter action has happened, the educator should cease all active training.

Additionally, the names of retiring trainers will be shared with the monthly Quality Oversight Panel.

16. Health and probity declarations on the application form

These should be completed honestly and accurately. If it subsequently becomes apparent that the educator has not made a full and frank disclosure, this will be treated as a probity issue and could lead to a GMC referral. If you have any queries about what needs declaring, please speak to the relevant Associate Dean and/or Head of School.

If anything arises of this nature between appraisal periods, please contact the relevant Associate Dean and/or Head of School.

17. What is the Quality Oversight Panel and what do they do?

This is a monthly meeting of the senior GP educator team involving the GP Dean, the Head of School and the GP Associate Deans. The Quality team presents the Panel with a list of the educators and learning organisations that have received provisional approval during the preceding month. The Panel will discuss any potential issues before confirming the approval status. After the meeting, the Quality team will then email each applicant a copy of their final approval form and update the relevant databases, including the GMC register.

Contact Information

Health Education England: Gpapprovals.eoe@hee.nhs.uk

Scenarios

Scenario 1

A doctor moves into the local area having been approved as a full trainer (tier 3) in a different region. They were approved 6 months ago, but due to the move had not started training. They have now applied to become a full trainer (tier 3).

Would this have to be done face to face or would a GPQM panel be sufficient?

Scenario 2

One of the training practices in the local area merges with another that shares the same building. The practice to be merged with is not involved with training. Most staff are to be retained and the practice population has increased from 14000 to 21000. The practice was approved 3 ½ years ago and currently has one tier 3 and one tier 2 trainers with an ST3 and an ST1 in post.

Is there any action that needs to be taken at this point and, if so, by whom?

Scenario 3

A practice has been training for the past 10 years. At a GPQM panel the CQC report is reviewed. You note that 1 year ago they were given “needs improvement” for “safe” and “well led” and on the most recent inspection report there is still an overall assessment of “needs improvement”.

What should the panel do in this situation?

Scenario 4

You are re-approving a tier 3 trainer at a GPQM panel. They have been training for the past 5 years. You note on the application form that they have only managed to attend the local trainers’ workshop twice in the past 2 years and cannot see that they have attended either the Autumn Seminar or Spring Symposium in the past year.

Are you able to re-approve and, if so, for how long?

Scenario 5

You are re-approving a tier 3 trainer at a GPQM panel. This is their first re-approval following a year of training. Everything on the application appears to be in order except there is trainee feedback suggesting that their availability for clinical supervision is not always good and that they can often be dismissive during debriefs.

How should the panel proceed?

Scenario 6

A practice within the region was asked to stop training when there was instability amongst the clinical and administrative teams and the environment was not felt suitable for GP training. After a hiatus of 2 years the practice has applied again to become involved in training. A tier 3 approved doctor joined the practice from a neighbouring practice within the past year and still has 2 years left prior to re-approval.

What are the minimum required people for this visit?

Scenario 7

A practice has submitted an application to become a new training practice with one tier 3 doctor that also needs to be approved. A few weeks prior to the face-to-face approval visit the associate dean hands in their notice. They were due to visit with one of the TPDs, a tier 3 trainer, practice manager and GPST3.

Can this visit still go ahead?

Scenario 8

An OOH organisation was approved for training a year ago. The evidence provided seems satisfactory for re-approval. The next GPQM panel is scheduled for one month.

Is it acceptable for the local administrative team to add them to the next panel?

Appendix 1 Evidence required for Approval and Re-approval Process

List of Evidence Required for Initial Approvals

- Your attendance at trainers' workshops and a reflection on your learning (we expect you to attend at least one before your first application)
- Evidence of your ability to consult with patients
- Evidence that you can do a CBD/COT
- Evidence that you can navigate the eportfolio
- Evidence of an ability to debrief
- Equality and diversity training
- If Tier 3, evidence that you have attended a session on ESRs (and perhaps observed an ESR taking place.)
- Tier 3 GP educators should have MRCGP (essential). Tier 2 GP educators or existing educators who have not passed the MRCGP by examination or by assessment (MAP) are encouraged to do so (desirable); Non-GP associate trainers from other professions are encouraged to achieve a similar standard of qualification in their own profession (desirable for non-GPs)

List of Evidence Required for first re-approval at 1-2 years

- If you are a Tier 2 educator, observe a local ARCP panel, or if you are a Tier 3 educator, participate in one
- Attend a regional GP educator development day
- Attend 50% of trainers' workshops, with reflection on learning
- Provide evidence of benchmarking a CBD and COT, with reflection
- Demonstrate PDP objectives in your NHS appraisal linked to training
- If you are working for Out of Hours Organisations, please provide a statement of satisfactory performance as a separate attachment.
- Equality and diversity training every 3 years

List of Evidence Required for re-approval at 4-5 years

- If you are a Tier 2 educator, observe a local ARCP panel, or if you are a Tier 3 educator, participate in one
- Attendance at a local approvals panel
- Attendance at a regional GP educator development day
- Attendance at 50% of trainers' workshops, with reflection on your learning
- Evidence of benchmarking a CBD and COT, again with reflection
- Evidence of undertaking peer review (Please see appendix 2)
- Demonstrate PDP objectives in your NHS appraisal linked to training
- If you are working for Out of Hours Organisations, please provide a statement of satisfactory performance as a separate attachment.
- Equality and diversity training every 3 years
- If you are a Tier 3 educator, evidence of ESR feedback from an ARCP panel
- It is desirable to attend a regional symposium once in the review period

Appendix 2 Guidance for Peer Review of Educators

Guidance for Peer Assessment of Teaching

With grateful thanks to the Bedford Trainers Group, modified February 2019

As part of Health Education England's process for the re-approval of educators, educators need to provide evidence of peer review on an episode of their teaching within the usual approval period of 4-5 years. This is usually in the form of a video review of a teaching episode such as a tutorial, case debrief or case-based discussion. The peers involved in this review should be an educator from a different practice. Generally, there should be 2 peers performing this review and completing the feedback together. The review would usually take place as part of a trainer group meeting. This guidance was designed to facilitate this reflective process with the intention of being a formative assessment for trainers. The relevant areas below should be considered as part of this process.

Assessment framework

- Usually the first 10 to 15 minutes of the teaching session should be reviewed
- Check with the trainer the context of the episode of teaching and the trainee's stage of training
- Discuss how the trainer identified the relevant learning needs for this episode
- Consider how the educator established rapport with the learner and if the educator appears interested and enthusiastic
- Assess if/how the aims and objectives for the session were set
- Assess if there was a learner centred approach, if the learner's agenda was addressed and whether the educator responded flexibly to the learner's needs
- Style of teaching: Didactic, Socratic or Heuristic?
- Assess the use of open questions to assess the level of the learner's knowledge and understanding
- And the use of closed questions to probe, prompt, and check understanding
- Where relevant, was the teaching style modified to complement the trainee's learning style?
- Was active participation by the trainee encouraged to promote reflective practice?
- Was positive as well as developmental feedback given?
- Does the trainer appear knowledgeable and up-to-date?
- Were key learning points summarised?
- Were future learning needs identified with suggestions on how to address them?
- Was agreement reached on how and when these will be addressed?

Health Education England - Peer review of teaching episode

Name:

Date:

Peer Group Members:

Brief outline of content:

Strengths identified:

Suggestions for improvements:

Personal Reflections:

Appendix 3 Suggested Question List for Approval Interview and Visits

Interview with GP Trainee (and other learners)

General

- How are you getting on?
- Induction:
 - Did you receive an introductory pack?
 - What induction did you have?
Patient Care
- What about consultation times?
- What is the role of the GP trainee 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
- Support with eportfolio and ARCPs etc

Interview with GP Trainer

- Why are you training?
- Clinical experience: balance between protected time and service. (appointment time frequency; daily workload; contribution to visiting; out of hours)
- Organisation of teaching programme – clinical and training timetable.
- Teaching materials e.g audit, significant event analysis
- Techniques used: what are you doing? How does your learner learn? What evidence is there for the use of video?
- Assessment: Formative and evidence
- WBPA and exam preparation
- Inspection of teaching records
- Dealing with:
 - GP trainee personal problems
 - GP trainee educational problems
- Awareness of PSU
- Evidence of attendance at regional or national workshops and local trainers' group
- Who is the nominated deputy?
- Trainers Personal Learning Plan
- Evidence of needs-based plan

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/QiA 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

- What say did you have in the learner appointment?
- 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? Please comment on tidiness, cleanliness and poster displays etc.
- What improvements do you suggest?
- Comment on the organisation of the staff.
- What meetings are held in the practice?
Comment on their effectiveness.
- Do you think that the practice would function better with more (or less) meetings or differently organised ones?
- How is teamwork fostered?
- How are the staff involved with the development of the practice?
- How are staff appraisals conducted?
- Do the staff have written contracts of employment?
- What does the generic work schedule like?
- 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 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?
- Is their feedback requested and are they aware of how any such feedback is used in assessment of the trainee?
- 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?)

Appendix 4 Draft timetable for Practice Visit

Practice Approval Visit

Date
Time
Practice Address

Visiting Team	
	Associate Postgraduate Dean
	Training Programme Director,
	GP Trainer
	GP Trainer
	Practice Manager

Proposed Programme (indicative timings)	
09.00	Visitors arrive
09.15	Planning time
09.45	Tour of premises: all visitors
10.00	Trainer 1 Trainer Interview Trainer 2 Trainer Interview Practice Manager Interview with Practice Manager
11.00	Meeting with Practice Team members
11.15	Visiting team meets to agree feedback
11.45	Feedback to Practice
12.00	Close of visit

The visit should be complete by approximately three hours. The visiting team are happy to fit in around the practice schedule so this timetable should be used as a guide only.

Appendix 5 Additional Areas to Consider at an OOH Organisation Visit

1. Ask the local training programmes to undertake an online survey of GP trainee experience of working for the OOH organisation
2. Clinical Governance reports and National Quality Requirements for OOH providers
3. Evidence of Significant Event Audits, Serious Untoward Incident reporting and complaint processes
4. Prescribing reviews as well as guidance given to clinicians relevant to prescribing eg repeat prescriptions, antibiotic prescribing, controlled drugs, management of patients with substance misuse problems
5. Evidence for sharing learning from the above with the clinicians working for the organisation
6. Evidence for meetings between the OOH Organisation and local Trainer Groups
7. GP trainee induction - content, feedback and admin processes
8. Arrangements for the clinical supervision of GP trainees eg shift management, ensuring a sufficient range of experience is available to trainees, how the RAG rating is implemented, ability to undertake e-portfolio assessments during a shift, completing relevant paperwork, seeking trainee feedback on their supervisors, process for managing concerns about trainees
9. Information about the equipment and emergency medication provided for clinicians and GP trainees
10. Information about shift booking processes and how the organisation ensures enough shifts are available to GP trainees
11. Ensuring GP trainees are included in any clinical audit processes and that they receive their feedback in a timely fashion
12. Support and training available to OOH clinical supervisors
13. Records kept of educator approval information

Appendix 6 Information Sheet for GPQM Panel Members

Thank you very much for agreeing to attend the General Practice Quality Management (GPQM) panel. We hope that this information sheet will help you to prepare for the panel and will give you an idea of what to expect on the day itself.

An Outline of the Process Prior to the GPQM Panel

Every learning organisation and primary care educator is initially approved for 1-2 years and then needs to seek re-approval every 4-5 years. Most of these re-approvals are considered at a GPQM meeting without the educator or learning organisation needing to be present. They complete their re-approval form which is then submitted to the central quality team at Fulbourn. Following this, GP trainee and TPD feedback is inserted in the form by the central and/or local administrators.

The GPQM panel needs at least 3 members to be quorate. These will comprise

- An Associate Dean and/or Training Programme Director (acting as chair) – essential
- Training Programme Director as additional panel member when an AD is the chair - essential
- Tier 3/GP Trainer(s) – essential
- Practice Manager(s) – essential
- Tier 2/Associate Trainer(s) - desirable
- ST3 GP Trainee (from another area) - desirable

At least two weeks prior to the GPQM meeting, the coordinating local administrator will divide the re-approval forms up between the members of the panel and will email the relevant forms to each panel member, accompanied by this information sheet. We would ask that each member of the panel prepare their share of the re-approval paperwork prior to the meeting itself and that you are able to summarize your findings to the panel. We suggest allowing **at least 2 hours** for this preparation work. This helps to ensure that the panel runs smoothly on the day and should mean that we can finish on time.

The paperwork will be divided as follows

- The learning organisation re-approval forms will usually be sent to the practice manager
- The educator re-approval forms will be shared between the educator members of the panel
- The trainee will not usually be sent any forms prior to the panel
- Where there is an unequal number of learning organisation and educator re-approval forms, they will be shared as evenly as possible which might mean that an educator will review a learning organisation form and vice versa

When reading the **organisation and educator re-approval forms**, we ask that you make some comments in the highlights and development area boxes. These will be confirmed at the panel itself.

For **Practice Managers**, please ensure that you have your Primary Care Web Tool username and password available on the day as you will be asked to access this website at the panel.

Having completed your preparation, please email the form back to the local administrator arranging the panel so that they can ensure all the forms are available to the panel on the day itself.

If you have any concerns about the answers provided by the applicant that you feel might need addressing before the panel, please contact the chair of the panel.

An Outline of the Process at the GPQM Panel

Please arrive promptly for the start of the meeting. It is likely to last 3-4 hours, unless you have been notified otherwise. The chair will initially brief the panel to ensure that everybody understands the process. You should also be given the opportunity to declare any potential conflicts of interest. The group will introduce themselves and discuss who will take which roles during the panel. Each re-approval application will be discussed in turn with the person who had prepared that application presenting their summary to the group. After that, other sources of evidence will be reviewed and discussed. This might include CQC reports, the primary care web tool and the trainee e-portfolio. One or more members of the panel will be allocated to review each source of evidence with the group then discussing their overall findings and coming to their decision about re-approval with agreed appropriate highlights and development points.

It is anticipated that each re-approval will take 20-30 minutes to process and that about 8-10 applications might be considered at each GPQM. The process on the day itself is greatly enhanced by good preparation beforehand.

Thank you very much for your help and we hope that you find the process useful and interesting.

7. Guidance for the educational approval of Merged and Federated GP practices

