**GP QM Group and Process**

We are changing our processes for approving and re-approving trainers, training environments and clinical supervisors according to the COGPED agreed process for HEE:



In future this process could be developed to cover the approval/ quality management of other primary care clinicians, and other groups of practices, e.g CEPNs (Community Education Provider Networks).

Proposed start: October proposed for new applications. For those visits already arranged after the start of October, an offer of a virtual process could be made and the practice allowed to choose whether to continue with the visit or not.

Should any practice request a visit at their re-approval date, they should be accommodated.

For new approvals:

* Practice: AD/TPD to visit with a team
* Trainer/ Associate Trainer: AD/TPD to interview, either at the practice or at MEC/ HEEoE. This could be done as part of a practice visit
* All new approvals for 1 year initially

Such visits and interviews will be arranged by the local MEC administrator for the programme concerned, after liaising with the AD/ TPDs.

For re-approvals:

It is proposed that for each county (or workforce partnership) there will be a GP Quality Management Group to meet to review all applications and recommend

1. Trainer/ practice approval for the standard period (5 years maximum)
2. Trainer/ practice approval for a shorter period with recommendations for action
3. A full approval visit

The workload will depend on the length of the approval period, and how long each review might take. If the review of each application takes 15-20 minutes then it should be possible to complete 10-12 applications per session. Therefore even in the area with the most applications and with an approval period of 3 years, it should not be necessary for each group to meet more frequently than once a month, and in many areas it will be less frequently than this.

Each county GP QM Group will be made up as follows:

|  |  |
| --- | --- |
| **Essential** | **Desirable** |
| Associate GP Dean/ Training Programme Director (*Chair)* | Practice Manager |
| GP Trainer | Administrator |
| GP Trainee (from another area) |  |

The group must have at least three members to function.

It is intended that each group will meet locally, at a venue agreed by and arranged by the local GPST administrators, who will need to collaborate to do this by county (or workforce partnership area). TPDs and GP Trainers are presently expected to contribute to the visiting programme, and this work will be encouraged in the same way.

Over time it should be possible to align the applications so that trainers and their practices are reviewed at the same time. This may require bringing some applications forward, and extending the approval period of others. The GP School will provide flexibility during the initial period to allow this to happen where possible.

It is planned that the application forms will be available and completed fully online, from the HEEoE website, via a personal log-in, and that each re-application can be done by updating the last form to make it current. The report information will be added to the application form online, so that the applicant can view and accept it.

TPDs will need to ensure that information about trainee outcomes is available for the meetings, and that they contribute by completing a feedback form for each application.

It is suggested that each member of the GPQM group prepare a proportion of the applications prior to the meeting, and summarise their findings to the group, to reduce the time spent on each one. Discussion could then be targeted on applications which are not straightforward.

Data set for review of applications:

|  |  |  |
| --- | --- | --- |
| **Training practice** | **Trainer** | **Associate trainer** |
| Application with evidence requested in form  *Completed and available online* | Application with evidence requested in form  *Completed and available online* | Application with evidence requested in form  *Completed and available online* |
| CQC report  *Available online on the day* | ES performance evidence – ESR feedback etc | TeP review |
| Primary Care Web Tool outcome data  *Available online on the day* | TeP review |  |
| BOS survey – past and present trainees (3 years)  *Provided by HEEoE/ online* | Attendance at HEEoE/ UKCEA educational events | Trainee/ Foundation doctor outcomes |
| GMC survey  *Provided by HEEoE/ online* | Attendance at Trainers workshop | Attendance at HEEoE/ UKCEA educational events |
| Trainee outcomes (3 years)  *Provided by local programmes* | Trainee outcomes (3 years) | Attendance at Trainers workshop/ AT support group |
| TPD feedback form  *Will be sent out by GPST admin and made available on the day* | TPD feedback form  *Will be sent out by GPST admin and made available on the day* | TPD/FPD feedback form  *Will be sent out by GPST admin and made available on the day* |
| Separate trainee feedback (where no BOS result)  *Will be sent out by GPST admin and made available on the day* | Separate trainee feedback (where no BOS result)  *Will be sent out by GPST admin and made available on the day* | Separate trainee feedback (where no BOS result)  *Will be sent out by GPST admin and made available on the day* |

Online applications and the timing of re-approvals will be managed by the Quality Team at HEEoE as now, but they will liaise with the GPST administrators to ensure the group members get the correct information about the list of applicants well in advance of any meeting and that the applications expected have been completed.

The GPQM group should complete the report section on each application form electronically at the meeting. The reports will be available online via the applicant’s personal log-in, and there will be a place for the applicant to accept and ‘sign’ the report.

A suggested template for recording the meeting is at [Appendix 1](#appendix1)

Concerns about practices or trainers:

Where there are any concerns about a training practice, the TPD and AD should visit, either at the expected time for re-approval or earlier, as appropriate. If there are concerns about a trainer, but not about their practice, an interview should be arranged.

**APPENDIX 1**

**GPQM Group Agenda**

Date Time Venue

Present: AD: TPD: GP Trainer:

GP Trainee: Practice Manager:

Administrator: Other:

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Item** | **Notes** | **Action** |
| 1 | Conflicts of interest | *e.g. where the TPD on the group is related to the trainer in a practice applying for re-approval* |  |
| 2 | Confidentiality | *Chair to remind panel of need for confidentiality and get agreement of understanding* |  |
| 3 | Practice A | 1. *Record of decision* 2. *Areas of notable practice* 3. *Innovations* 4. *Areas for improvement* 5. *Areas of significant concern* 6. *Requirements prior to approval* | *Initials of person completing form* |
| 4 | Trainer D | 1. *Record of decision* 2. *Areas of notable practice* 3. *Innovations* 4. *Areas for improvement* 5. *Areas of significant concern* 6. *Requirements prior to approval* | *Initials of person completing form* |
| 5 | Associate Trainer Z | 1. *Record of decision* 2. *Areas of notable practice* 3. *Innovations* 4. *Areas for improvement* 5. *Areas of significant concern* 6. *Requirements prior to approval* | *Initials of person completing form* |

**APPENDIX 2**

Tasks and responsibilities

|  |  |
| --- | --- |
| GPST administrator(s) | 1. Organisation and communication of any visits or interviews required for new applications 2. Organisation and communication of GPQM Group meetings – venue, time, date, group members 3. Ensuring GPQM group access to internet for meeting 4. Sending out feedback forms to TPDs and trainees for each applicant, and making the completed forms available to the GPQM group. 5. Liaising with HEEoE Quality Team as required |
| HEEoE Quality Team | 1. Oversight of approvals and re-approvals – dates, and monitoring 2. Regulatory matters – applying to GMC and RCGP for approval of trainers and training environments 3. Quality assurance of the approval process 4. Liaising with MEC administrators and GPQM Groups as required |
| HEEoE GP School | 1. Allowing periods of approval to be extended when this will allow alignment for the new process 2. Communication around the process – especially at the start 3. Maintain currency of webpages relating to this area |
| GPQM group | 1. Make time in work schedule for meetings 2. Know and understand the COGPED process and standards 3. Complete the report forms on the day (Chair) 4. Liaise with MEC administrator(s) and Quality Team as appropriate |

TPD/AD, GP trainer

Interview team and date

Trainer only

Local GPST Administrator

Quality Team

Check TPD support

Practice +/- trainer(s)

Visit Team and date

TPD/AD, GP Trainer, Practice Manager

Interview

Visit

Intrepid

GMC

Quality Team

Report

Practice/ trainer

**New Approval**

Application &

evidence

TPD feedback

Interview team and date

Visit Team and date

TPD/AD, GP Trainer, Practice Manager

Interview

Visit

GPQMG

BOS surveys/ Trainee feedback

Venue/ date/ team

LIST

Share out

Approval meeting

Report

Summary

Review date

GMC

Intrepid

Quality Team

Practice/ trainer

**Re-Approval**

Application &

evidence

Quality Team

Local GPST Administrator

Quality Team alerts practice re-approval due

Concerns