

**Primary and Community Care**

2-4 Victoria House, Capital Park

Fulbourn, Cambridge

CB21 5XB

**Application and Assessment for Approval/Re-approval for GP Training**

For Practices, Out of Hours Providers and other organisations

This form should be completed on-line.

We cannot accept this form in any other format

**Guidance**

This form allows an application for HEE approval or re-approval to undertake NHS educational work for:

* Primary care learning environments – Practices, Out of Hours providers and other primary care services

The process is based on the standards in the GMC’s “The Trainee Doctor” for specialty and GP training and the RCGP/COGPED Standards for Deaneries/LETBs guidance document. The COGPED/RCGP guidance amalgamates GMC and AoME standards; Supporting evidence should be maintained by organisations which should be available if a visit is required. HEE will also place weight on monitoring reports from trainees; these may be available to Trainers and their practices via their Training Programme Director.

Initial applications usually combine an application and a GP School assessment including a visit to the organisation to assess the learning environment; approval is for 2 years. Where there has been no change to the organisation circumstances and trainee reports are uniformly good, the first re-application at 1 year after approval will constitute a remote review of the application, feedback from trainees and the local TPD and an optional review visit. If successful the organisation will be approved for a further 3 years at which time a full re-application will occur. Providing the application and trainee reports are consistently satisfactory or higher, a formal visit to the organisation might only be required every 5 years for practices and three years for out of hours providers.

Any application which generates a cause for concern, unsatisfactory reports from trainees or others will automatically trigger a full GP School visit to the organisation. Some self-assessments will receive a visit to quality assure the system; organisations will be informed on submission of their application of 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 Director and will initially be heard by a panel drawn from the GP School Board under the chairmanship of the relevant nominated deputy.

The GMC standards can be found at [www.gmc-uk.org/**Trainee**\_**Doctor**.pdf\_39274940.pdf](file:///C%3A%5CTemp%5CTemporary%20Internet%20Files%5CContent.Outlook%5C6AX95WI7%5Cwww.gmc-uk.org%5CTrainee_Doctor.pdf_39274940.pdf)

COGPED/RCGP standards 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:

Placement Provider and Contract document

HEE Trainee in difficulty policy

European Working Time Directive 2009 (EWTD)

Data Protection Act 1998

Freedom of Information Act 2000

Equality Act 2010

By signing the application for educational approval you are confirming that you are familiar with all the above listed policies.

**Disclosure** – By signing the application form for educational approval you are also consenting to the sharing of information contained in the form with NHS regulators such as the GMC and CQC, as well as HEE and NHS Quality Management staff.

**Process**

The process for educational approval comprises an evaluation of evidence from six different sources where relevant

* CQC reports (England)
* Primary Care Web tool reports (England)
* Educational environment/supervisor/environment approval application document
* Trainee/retainer feedback from local surveys and GMC National Trainee Survey
* Feedback from Training Programme Director for Foundation or Specialty Training
* Visits to Practices and other primary care organisations
	+ to all organisations seeking first approval as a new training organisation
	+ to approved training practices/Out of Hours providers within two years of first approval
	+ Targeted visits to approved training organisations in response to concerns raised in feedback from stakeholders ,including Training Programme Directors and trainees, or in response to a declaration to the GP School of major changes within the practice
	+ Quality Assurance visits to a minimum 10% random sample per annum of training practices who have submitted an approval application.

**Section B1 - General Information – to be completed for Training Organisations**

***PLEASE ENCLOSE YOUR ORGANISATION’S LATEST LEAFLET OR WEBSITE LINK***

|  |  |
| --- | --- |
| Practice/organisation Name |  |
| Practice/organisation Address |  |
| Practice/organisation no:  |  |
| Telephone Number (s) |  |
| Fax number |  |
| List of locations/Branch Surgeries address if applicable |  |
| Practice/organisation Website |  |
| Responsible CCG |  |
| Please describe the services your organisation currently provides including arrangements for Out of Hours contact |  |
| C.E./Manager Direct Dial |  |
| C.E.Manager Email |  |
| Date of expiry of current Contract  |  |
| Trainer Group if relevant |  |
| Number of patients  |  |
| Area covered |  |
| CQC status & last visit date |  |
| Practice Status: GMS/PMS/other |  |
| Number of supervisors |  |
| Describe any limits on your provision for disabled or other special needs trainees |  |
| Record any special characteristics of your practice or organisation |  |

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| **GPs in the Organisation**Please list all names | Please confirm role (Principal, Retained GP, Regular Locum, Salaried Assistant, Employed supervisor Other) |
| Name | Role | For number of years | Number of Sessions | Involvement in teaching? If yes, please describe details |
| 1. |  |  |  |  |
| 2. |  |  |  |  |
| 3. |  |  |  |  |
| 4. |  |  |  |  |
| Are any doctors working under GMC conditions/other restrictions? | Y/N |  |  |  |

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| **Administrative Team** – Please confirm role (management, special area of responsibility, general admin, secretarial, receptionist, other) |
| **Number of staff** | **Role** | **Sessions** | **Involvement in teaching?** If yes, please describe details |
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| **Number of Practice Professional Staff** – Practice Nurse, Nurse Practitioner, Healthcare Assistant, Phlebotomist, Counsellor, Other (please describe, and number) |
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| **Number of Attached Professional Staff** – District Nurse, Midwife, Health Visitor, CPN, Social Worker, Other (please describe) |
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| Please outline any significant planned changes to your premises or team which may affect training? |  |
| Describe the practice’s aims as a provider of education including challenges and opportunities |  |

**Section B2: Deanery/LETB Feedback**

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| --- | --- | --- | --- |
| Information | Applicant’s evidence and reflections | GMC | HEE Comment |
| TPD Feedback (where relevant)  | *To be completed by HEEoE* | 6.7 | *(TPD feedbackto be provided as supporting evidence if relevant)* |
| Trainee Feedback x 3 years | *To be completed by HEEoE* | 6.7 | *(BOS survey results where permitted by trainee)* |

**Section B3 – Education and the Training Organisation**

**The following pages request information in two areas which have been defined by the GMC. The relevant standards are taken from “The Trainee Doctor”. Please complete for all applications seeking learning environment approval.**

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| **1.Support and development of trainees (see** [**http://bit.ly/1QDyEKq**](http://bit.ly/1QDyEKq) **Domain 6 p11-13)***This section is about the support offered to trainees to acquire the necessary skills and experience through induction, effective educational and clinical supervision, an appropriate workload, relevant learning opportunities, personal support and time to learn*  | **HEE comments** |
| **Standard:** Every trainee in the organisation must have an induction to ensure they understand their duties and reporting arrangements; their role in the inter-professional and inter-disciplinary team; workplace and departmental policies and to meet key staff. *(standard 6.1)* |  |
| ***Please attach and reflect on your organisational induction (and attach your organisational induction timetable).***  |  |
| **Standard:** Working patterns and intensity of work by day and night must be appropriate for learning (neither too light nor too heavy), in accordance with the approved curriculum, add educational value and be appropriately supervised. The working week timetable should also comply with the EWTD. *(standard 6.10)* |  |
| ***Please attach a detailed clinical teaching and clinical workload trainee timetable that includes patient numbers, and total number of hours (to include surgery/session start and end times, breaks, teaching events and tutorials, self-directed study times). Please describe the weekly clinical workload, including the number of patient contacts, for a trainee, or per session for OOH providers, for both trainees on amber and for green shifts.*** ***Please confirm that workload is appropriate for an educational environment and that the organisation is compliant with the EWTD (including if relevant any adjustments made for Out of Hours sessions) YES/ NO*** |  |
| **Standard:** Trainees must have the opportunity to learn with, and from, other healthcare professionals.*(standard 6.17)* |  |
| ***Please provide evidence of your organisations multi-professional learning events at which trainees are encouraged to actively contribute, including SEA and audit meetings, and describe how the organisation involves trainees in leadership and management.*** |  |
| **Standard:** Trainees must not be subject to behavior that undermines their professional confidence or self-esteem (standard 6.18) |  |
| ***Has the organisation managed a complaint in this area within the last three years? If yes what changes did the organisation implement as a result of the complaint?*** |  |

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| **2. Educational resources and capacity (see** [**http://bit.ly/1QDyEKq**](http://bit.ly/1QDyEKq) **Domain 8 page 16)***This section is about the organisation’s educational facilities and infrastructure to deliver the GPST curriculum*. | **HEE comments** |
| **Standard:** There must be a suitable ratio of trainers to trainees within the organisation. The educational capacity in the organisation must take account of the impact of the training needs of others (for example, undergraduate medical students, other undergraduate and postgraduate healthcare professionals and non-training grade staff). *(standards 8.1,8.3)* |  |
| ***Please describe how many learners are attached to the practice/organisation (including medical and nursing students, FY2s, GP trainees, GP retainers and career start doctors) and what arrangements are in place for their supervision.******Does the organisation ensure dedicated educational experience and supervision for GP Trainees? Yes/No******How many trainees are supervised by one supervisor at any one time?*** |  |
| **Standard:** Trainers including clinical supervisors and those involved in medical education must have adequate time for training identified in their job plans. *(standards 8.2, 8.3)* |  |
| ***Does the organisation provide protected time to allow named Clinical/Educational Supervisors to undertake the administrative and educational aspects of their role? Yes/No*** |  |
| **Standard:** Educational resources relevant to, and supportive of, training must be available and accessible, for example, technology enhanced learning opportunities. *(standard 8.4)* |  |
| ***Please describe the teaching/training equipment and electronic and physical resources with which your organisation supports training.*** ***Does your organisation ensure the safe secure recording and storage of consultations/assessments on digital media and is the organisation fully compliant with the Data Protection Act? Yes/No*** |  |

**Section B4 – Summary and Determination**

This section brings together the assessments done in the foregoing pages to produce an overall recommendation. Please enter a summary assessment from all the entries in each of the Sections 1-4 – either Cause for Concern or Satisfactory.

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| --- | --- | --- |
| **Section** |  **Visitors Comments/evidence seen** | **Agreed overall assessment** |
| 1 Support of trainees |  |  |
| 2 Resources and capacity |  |  |
| **OVERALL** |  |  |

**GP School Assessor and /or Visitor’s final comments:**

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**Organisation Visit Report:-**

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| --- |
| **Highlights** |

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| **Areas for Development** |

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| --- |
| **Recommendations**Trainer/Supervisor:Organisation: |

**HEE Assessor’s name:…………………..and electronic signature or please tick this box to confirm the recommendation**

**Visitor’s names and electronic signatures or please tick the box to confirm your recommendation: 1……………………………………………..**

1…………. 2………….

3…………. 4………….

**2……………………………………………..**

**3…………………………………………….. Date of assessment:…………..**

**4……………………………………………..**

**Trainer’s name…………………….. and confirmation to accept the assessment/recommendation**

*(please tick box to accept the assessment, or if possible sign electronically)*