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| Educator and Primary Care Approval and Re-approval Guide for Administrators |
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# Definitions

**Trainer**

* A GP Trainer is an Educational Supervisor (ES) but can also be a Clinical Supervisor (CS). An ES is someone who takes an overview of the *educational* progress of a trainee. They meet with the trainee at least twice a year to write an ESR (educational supervision review). The ESRs happen at the end of May and the end of November for most trainees.
* Trainers must have achieved the Postgraduate Certificate of Medical Education or an equivalent course in order to apply to be approved. HEE (EoE) runs a conversion course for Associate Trainers to convert to Trainer status which is one route, however they still have to go through a formal approval process. Attendance at a course or achievement of the PGCert is not enough to be approved on its own. Whether a GP has been an associate trainer or not, they can become a full GP trainer and an educational supervisor for GP specialty training once they have been a GP in practice for 3 years FTE (full time equivalent).
* A GP Trainer can supervise more than one trainee, including being ES for a trainee in another practice. A GP Trainer is automatically approved for supervising a trainee in the Out of Hours (OOH) setting.

**Associate Trainer**

* Associate trainers are Clinical Supervisors (CS). They must do an Associate Trainers course or one module of the PGCert, or an equivalent course, and have been a GP in a practice for 1 year FTE (full-time equivalent) in order to be eligible to apply for approval. HEE (EoE) runs an associate trainer course from time to time.
* A CS is responsible for supervising the learner in the clinical setting, and making sure that patients are safe. They can write interim reports when meeting with the learner – these are called Clinical Supervisor Reviews (CSRs).
* An Associate Trainer can be allocated a Foundation Trainee or a GPST1 or ST2, but not GPST3.
* An approved Associate Trainer is automatically approved for supervising a trainee in the Out of Hours (OOH) setting.

**OOH Clinical Supervisor**

* HEE (EoE) runs special two day courses for GPs (and occasionally a nurse or paramedic) wanting to be an Out of Hours Clinical Supervisor (OOH CS). They supervise trainees only in the OOH setting, and do not have trainees allocated to them in their practices. They will need to be formally approved in the same way as trainers and associate trainers.
* GP Trainers, GP Associate Trainers, GP Associate Postgraduate Deans and GP Training Programme Directors are automatically approved as Out of Hours Clinical Supervisors (OOH CS).
* Others with appropriate experience may be approved as Clinical Supervisors by application to HEE (EoE). For example, holders of postgraduate certificates, diplomas or degrees in education. Other examples of those who might be suitable include ex-trainers, GPs who have completed a “Clinical Supervisor/ Teaching The Teachers” course, partners of trainers who have significant documented experience of teaching and undergraduate teachers and tutors.
* For non-GP Clinical Supervisors this includes: those who are recognised by their own profession as qualified to teach students at the level to which they will be teaching GP Specialist Trainees. Those who have successfully completed an Associate Trainers or OOH Clinical Supervisor’s course within HEE (EoE).

**Training Programme Directors**

* Most Training Programme Directors have spent some time as a trainer, or perhaps a GP tutor, but this is not always necessary.
* The GP Specialty Training Programme Director (TPD) is a GP postgraduate teacher and educational manager, responsible for the development of a specialty training program for a locality.
* A TPD will monitor the progress of GPSTs and work closely with the GP trainers attached to their programme. He/She supports the professional development of GPSTs, encouraging autonomy and developing their sensitivity to patients' needs, using group learning approaches in particular whilst ensuring that they address the requirements of the MRCGP.

**Associate GP Dean**

* Associate GP Deans (ADs) are senior educators who supervise GP Education and Training in a patch: in HEE (EoE) this means a county.
* They line-manage the TPDs (Training Programme Directors) and GP Tutors in that county.
* They are the first point of contact for TPDs concerned about a trainee, and they are managed within the GP School structure. They are experienced educators and can usually help with queries where the TPDs cannot.
* You can find their contact details [here](https://heeoe.hee.nhs.uk/gp_contacts).

# How do approvals work?

We separate first approvals from re-approvals, and also individual GP Educators from GP Training Environments (usually practices and OOH settings).

**First approval**

In all cases, a first approval will be arranged as a face to face meeting. If the applicant is already working in an approved training environment, then this will be an interview, usually with the AD and a TPD or trainer. If the applicant and their practice need to be approved, then a visit to the practice is arranged, with a team led usually by the AD or TPD. *(Please see ‘GPST Administrators’ section below for details of arranging visits).*

A first approval is always for up to one year. Sometimes a re-approval will be set for less time, to make sure recommendations have been followed, but the majority will be for one year with a re-approval after that.

**Re-approval**

For a first re-approval (i.e. one year after first approval) then the completed application should be submitted initially to the Quality Team at HEE (EoE) and the AD/TPD should decide whether a review should be done face to face (interview or visit) or can be done virtually by the GPQMG (GP Quality Management Group).

For subsequent re-approvals, where there are no concerns about the performance of the practice or GP Educator, applications will be reviewed by the GPQMG.

Where there are concerns and for 10% of applications with no concerns, for quality assurance purposes, a face to face review will be required either by interview or by a visit.

**Application forms for approval/re-approval**

There are two types of application forms *(embedded below)* one for all type of GP Educators and one for training environments (practices/OOH organisations). In the near future, we intend that the application forms will be completed online on a secure website, accessed by log-ins, so that GP Educators and Managers can update the forms each time they apply, and the GPQM panel members can add their report to the forms for agreement after the review. Until this facility is available, the Quality Team at HEE (EoE) will send the completed application forms by email to the local GP Specialty Training Administrator together with any evidence required as listed below.



**Required data set for Educational Supervisors (Trainers) and Clinical Supervisors (Associate Trainers) in a practice**

1. Completed new **approval form**based on GMC, COGPED, RCGP guidance
2. Documentary evidence of successfully completing a course leading to an acceptable certificate, diploma or Masters degree in medical education, or equivalent
3. Most recent **Equality and Diversity Certificate** (within three years)
4. Detailed trainee **clinical workload and teaching timetable** to include patient numbers, length of sessions, duration of teaching elements and total hours worked
5. A **teaching and learning plan** agreed with trainee at the beginning of training and reviewed later in training, with individualized objectives
6. Document detailing **the applicants learning as an educator** over the past 1-2 years (courses attended, trainer workshops, etc); including achievement of previous educator PDP objectives (may include recommendations from previous approval visits); and a forward looking educator **PDP** plan
7. **Peer feedback** on an episode of teaching within the last three years. (e.g. video review of a teaching episode), including **trainer reflection**

**Required data set for OOH Clinical Supervisors**

1. Completed new **approval form**based on GMC, COGPED, RCGP guidance
2. Documentary evidence of successfully completing a course leading to an acceptable certificate, diploma or Masters degree in medical education, or equivalent
3. Most recent **Equality and Diversity Certificate** (within three years)
4. A **schedule for an Amber and Green** shift demonstrating the available time for providing clinical review, feedback and completion of the OOH record sheet
5. A copy of a **report on a clinical session** and the learning objectives achieved
6. A forward looking educator **PDP** plan

**Required data set for Practices/OOH organisations**

1. Completed new **approval form**
2. The organisational **induction timetable**
3. Detailed trainee **clinical workload and teaching timetable** to include patient numbers, length of sessions, duration of teaching elements and total hours worked

# GPST Administrators

**GPQM Panels**

GPST administrators are responsible for organising the GPQM panels. These meetings are county based, and will require some liaison with neighbouring GPST Administrators. GPST administrator contact details are included in the HEE (EoE) GP School Grid which is circulated by the Community School each time it is updated.

Each county will organise panels to review applications. The GPST administrator will organise the panel dates 1 year in advance so appropriate time is given to finding panel team members and securing venues. It is also useful to plan panels around busy periods of time and other activities such as ARCPs. The HEE (EoE) Quality team will tell each area how many applications to expect in any given period, which will also be 1 year in advance. The quality team are responsible for reminding GP Educators and practices when their re-approvals are due, however it is outlined in their accreditation agreements that they are expected to contact the quality team regarding their re-approval 1 year in advance of their approval expiry date.

The frequency and length of the panels will depend on the number of re-approval applications. The maximum number of re-approvals in a ‘standard’ panel should be 10 applications and 15-20 minutes should be given for discussing each application (one GP Educator OR one environment). Where a panel includes more than 10 applications, a larger team should be assembled *(see example below)* and 2 panels can be run side by side on the same day at the same time. It is best to check with the chair of the panel with regards to how many team members they think should be present at the GPQM panel, given the number of applications.

**If more than 2 panels are run on the same day, please account for the fact that 2 GPST administrators will be needed to provide the administrative support (1 for each panel). The GPST administrator will need to contact their neighbouring GPST administrator(s) and ask for their help with this.**

**EXAMPLE:**

16 application forms

Panel team to consist of:

1 AD, 2 TPDs, 2 Trainers, 2 Practice Managers, 1 Trainee, 2 GPST Administrators.

**Approval interviews at GPQM panels**

If there is space in a panel, GP educators who need their initial face to face approval meeting can be invited to the panel and this will need to be added to the agenda. In addition, where there are concerns about an educator and virtual re-approval is not suitable, these applicants can be invited for a face to face interview at the panel. It is the responsibility of the GPST administrator to contact and invite the educators who need approving/re-approving face to face and provide them with the details of the venue, time etc.

**1. Setting a date for a GPQM panel**

After you have received the list of applications for re-approval from the Quality Administrator, the first step should be to set the date for the panel and this requires liaising with the AD and/or TPD’s and asking for their availability to chair the meeting. As mentioned above, this should be done a year in advance.

**Venue**

Requirements for the panel:

* IT needs to be sufficient to allow internet access for all members of the group
* There should be enough computers for 1 per panel member and 1 for the GPST administrator
* A degree of privacy is required as the discussions will be confidential
* Electronic copies of the applications and evidence should be available to all members

If a GPST Administrator cannot book a room at their place of work, then in the first instance they should ask a neighbouring GPST Administrator if they have a suitable room available at their PGMEC. Alternatively, you can also contact your Quality Administrator who can check if there are any rooms available at HEE (EoE) Head Office in Fulbourn, Cambridge. GPST administrators should be aware that even though the venue locality may change, it is still their responsibility to provide the administration throughout and on the day of the panel, which will include travelling to wherever the alternative venue is. They will also need to check with the panel chair if they are happy to hold the panel in Cambridge or at a different venue, as they may have other commitments after the panel that require them to be in a certain area by a certain time. The Chair of the panel may even suggest holding the panel at their practice as an alternative.

**2. Assembling a team for a GPQM panel**

The minimum number of members for a GPQM Panel is three, and the make-up is outlined below.

|  |  |
| --- | --- |
| **Essential** | **Desirable** |
| Associate GP Dean/ Training Programme Director (*Chair)* | Practice Manager *(If a practice or OOH provider is not being re-approved at the panel, a practice manager will not be needed)* |
| GP Trainer *(****NOT*** *Associate Trainer)* | GP ST3+ Trainee (from another Programme or county) |
| Administrator |  |

When assembling the team, the GPST Administrator should ensure that the email invite gives as much information to potential panel members on what the process involves and what their role in the process will be/what they will be required to do (see example email below).



**TIP** It is a good idea for GPST administrators to ‘target’ the Trainers and Practices who will need re-approval the following year. The email will act as an early warning that their re-approval is due next year as well as an opportunity to read other educators/environments re-approval forms and become familiar with them so when it comes to filling out their own forms it is easier.

**How to get a GP Trainee**

A GP Trainee can be found by liaising with a GP Administrator from a different county who will contact trainees in their scheme. The Trainee should have no association with the practice or Trainers that are being re-approved. The Trainee must be ST3 + and be given at least 13 weeks’ notice due to rota restrictions.

**Payment Queries**

There is no remuneration for this work, other than travel expenses. GP Educators are expected to participate in quality management activities as outlined in their accreditation agreements. The TPDs and ADs will use their HEE (EoE) sessions for the meetings.

Travel expenses can be claimed from HEE (EoE) via the Quality Team. GPST administrators should ensure the Quality Team have the details of the panel members for reimbursement records.



**Trainer’s roles and responsibilities as outlined in their accreditation agreements.**

Attendance at:

* ARCP Panels
* GPQM Panels
* Practice approval/re-approval visits
* GP Recruitment events (SAC)

**3. TPD and Trainee Feedback for GPQM panels**

If no BOS Survey has taken place, the GPST administrator will need to send a trainee feedback form to trainees at the relevant practice. The Quality Administrator will let the GPST Administrator know which Trainers and Practices need Trainee Feedback forms. TPDs will also need to complete a TPD feedback form for any practices or trainers being reviewed. TPD and Trainee Feedback forms should be sent out as soon as the GPST Administrator has received the list of re-approvals from the Quality Administrator.

When the GPST Administrator has received the trainee and TPD forms, they should be forwarded to the Quality Administrator so they can be added to the practice and trainers files. The Quality Administrator will need all the feedback forms **at least 3 weeks** before the panel date. The GPST Administrator may need to chase the TPDs and Trainees to get these back. If you have any issues with collecting the forms, please speak to your AD.

The forms are embedded below:



**4.** **Preparation before the GPQM panel**

* Prepare and send out an agenda to the panel members. This should include arrival time, location, timings for the list of re-approvals, lunch break, etc.
* Book catering for arrival refreshments, half-way break refreshments and buffet lunch if applicable. **This needs to be funded from the local scheme’s budget.**
* Access to the Primary Care Web Tool will need to be available. Please note that an nhs.net email account is required to register for this tool. Please sign up for this yourself if you can, or ensure that at least 1 panel member (perhaps the chair) has a log in for this. Registering for an account can be done via the link <https://www.primarycare.nhs.uk/register.aspx>
* All completed application forms and documents need to be uploaded onto relevant computer desktops before the day (one computer per panel member plus one for the GP Administrator).

**5. Sending the documentation to the panel members**

Until the online secure area for applications is available, the GPST administrator will be sent the completed application forms and supporting evidence by the Quality Administrator. This will be done a minimum of **2 weeks** prior to the GPQM panel. **Any incomplete application forms or missing supporting evidence that has not been returned by the educators/practices by the deadline set by the Quality Administrator will be rejected, and will not be sent to the panel for review.**

The GPST administrator will then need to forward these to the panel members within **2 days** of receiving them. ***It is important to ensure that the documents are circulated as quickly as possible so the panel team need sufficient time to read through the documents before the day of the panel.***

Below is a generic email example which can be sent out by the GPST Administrator to the panel members once the documentation is received from the Quality Administrator. There is also an information sheet for panel members which explains the GPQM process in more detail and outlines what is expected of the panel members. In addition, an interactive PDF checklist has been created which can be used by panel members when they review their share of application forms. The checklist is arranged in the same order as the application forms and outlines the essential and desirable criteria for approval/re-approval (see embedded below).



**TIP** A possible method of dividing up the paperwork between the panel members could be:

* Practice Manager: learning organisation re-approval forms
* Chair/TPDs/Trainers: educator re-approval forms
* GP Trainee: BOS Surveys, to feedback and summarise both the good points as well as any issues

***Please note the applications do not have to be divided like this, it is just one example. Please speak to the Chair of the panel who will advise you on how they would like the applications to be shared out.***

**6. GPQM Panel Day**

Once all the documentation and evidence *(see required approval documentation below)* has been summarised by the appropriate person and discussed by the panel, it is the GPST Administrator’s responsibility to record the outcome of the discussions onto the practice and trainer application forms as advised by the Chair. Alternatively, if the Chair is happy to record the outcomes onto the application forms themselves, the GPST Administrator will need to record of the outcomes on a GPQM Session Agenda sheet embedded below.



**7. After the GPQM panel**

The reports for each Trainer and Practice should be completed on the day of the panel (unless there are any problems). After the GPQM panel the GPST Administrator will need to send the completed reports and agenda notes back to the HEE (EoE) Quality Team. **The reports should be completed and sent back within 2 weeks of the date of the panel.**

**GPST Administrator to:**

* Update their lists of GP Educators and Training Environments adding newly approved ones
* Update their contact lists in the same way, including Practice Managers
* Update their lists of trainers and TPDs attending visits/panels – potentially to identify those who have not participated and who they can target for future panels and practice visits

**Practice Visits**

GPST Administrators are responsible for arranging visits to practices on occasion. Practice visits might be arranged for the following reasons:

* For first approvals of practices and trainers
* For ‘first’ re-approvals at the request of the AD/TPD
* For re-approvals where there are concerns, and triggered visits
* For 10% of re-approvals (where there are no concerns) for Quality Assurance purposes

**1. Setting a date for a practice visit**

The first step should be for the GPST Administrator to set a date for the practice visit and this requires liaising with the AD and/or TPDs and asking for their availability to lead the practice visit. The AD or TPD will usually specify whether they can do a visit in the morning or afternoon and provide dates. The GPST administrator will then need to contact the practice with the proposed dates. If there is plenty of notice, it should be possible to give the practice/GP Trainer a choice of maybe two dates which the visit lead can do.

**2. Assembling a team for a practice visit**

The team should be led by an AD or TPD, and should include one or more GP Trainers and if possible a Practice Manager. It is often possible to persuade a GP Trainer to bring their manager with them. Sometimes the practice manager attending asks if they can bring a colleague e.g. assistant practice manager or administrator for learning and development purposes. In most circumstances it is fine for this to happen, but please check with the visit lead beforehand. A GPST3 from another area could also be part of the team, but should not replace the GP Trainer and is not essential.

The visiting team should be made up with the workload of the visit in mind. Where there are more GP Educators to (re-)approve, the visiting team should be larger. It is usual for a larger team to split up during the visit so that more can be done in the time.

For OOH Provider visits, other visitors are required such as a GPST3 trainee and a representative from the CCG. The AD will be able to advise on who you can contact for CCG representatives.

**Standard Practice visit- visiting team members:**

|  |  |
| --- | --- |
| **Essential** | **Desirable** |
| Associate GP Dean or Training Programme Director *(visit lead)* | Practice Manager |
| GP Trainer *(****NOT*** *Associate Trainer)* (x2) | GP ST3+ Trainee (from another Programme or county) |

**OOH Organisation visit- visiting team members:**

|  |  |
| --- | --- |
| **Essential** | **Desirable** |
| Associate GP Dean or Training Programme Director *(visit lead)* | Practice Manager |
| GP Trainer *(****NOT*** *Associate Trainer)* (x2) |  |
| GP Trainee (from another Programme or county) |  |
| CCG representative |  |

When assembling the team, GPST Administrators should ensure that the email invite gives as much information on their roles and what the process involves *(see example email below).*



***If a GPST Administrator cannot get a team together, they should consider changing the date in discussion with the AD/TPD lead visitor. The practice and the lead will need as much notice as possible of any change/postponement.***

**3. Preparation before the practice visit**

**Timetables**

When a visit date has been set and a visiting team is in place, the GPST administrator will need to draft a visit programme/timetable.

A practice approval/re-approval visit will last approximately three hours and is usually done in the morning (9am-12pm) or afternoon (2pm-5pm). It is advisable for the GPST Administrator to discuss the requirements for the visit with the visit lead and the practice manager/Trainer(s) well in advance of the visit.

Sample timetables for visits are embedded below:



***Timetables are often adjusted on the day depending on the availability of practice staff and doctors, but discussion in advance with the practice manager will help when designing the timetable.***

**TPD & Trainee feedback (for re-approval visits only)**

TPD and trainee feedback is needed if the visit to the practice is a re-approval visit e.g. if the visit is for 10% QA purposes or a triggered visit.

The Quality Administrator will let the GPST Administrator know if there is any BOS data available for the practice and educators being re-approved, and if there isn’t any, it is the responsibility of the GPST Administrator to send a trainee feedback to trainees at the relevant practice. TPDs will also need to complete a TPD feedback form for the practice and trainers being re-approved at the visit and it is the responsibility of the GPST Administrator to contact the TPDs and collect the feedback.

When the GPST Administrator has received the trainee and TPD forms, they should be forwarded to the Quality Administrator so they can be added to the practice and trainer’s files. The Quality Administrator will need all the feedback forms **at least 3 weeks** before the visit date. The GPST Administrator may need to chase the TPDs and Trainees to get these back. If the GPST Administrator experiences any issues with collecting the forms, they should contact the AD or TPD leading the visit as soon as possible.

**Sending the documentation to the panel members**

The GPST administrator will be sent the completed application forms and supporting evidence by the Quality Administrator. This will be done a minimum of 2 weeks prior to the practice visit (unless there are any specific problems with the application forms – the Quality administrator will inform you of these).

The GPST administrator will then need to forward the documentation and timetable to the visiting team members within **2 days** of receiving them. **It is important to ensure that the documents are circulated as quickly as possible because the visiting team need sufficient time to read through the documents before the visit.**There are also some example interview questions that can be sent to the visiting team members to give them an idea of what questions to ask during the interviews *(embedded below)* this is particularly useful for those who have not attended a practice visit before.



**Interviews**

Where only a GP Educator needs approval, then a face to face interview can be arranged between the AD/TPD and the GP Educator at a mutually convenient venue (often the AD’s place of work or local PGMEC). The approval interviews should last approximately 1 hour. The Quality administrator will inform you of any new educator approvals. Sometimes the AD or TPD will request for a GP Trainer to assist them with the interview, in which case you will need to circulate an email to your Trainers contact list with the details of the interview and requesting their assistance.

The GPST administrator should provide the Quality Administrator with the date of the interview because they may not necessarily have received the educators’ application form already, and if this is the case they will need to set a deadline to receive this by *(usually* ***3 weeks*** *before the interview date)*. The Quality administrator will send the paperwork directly to the AD or TPD **2 weeks** before the interview and copy you into this email for your information.

Alternatively, as previously mentioned in the GPQM Panel section of this document, face to face approval interviews can be added to panels if there is space and this may be preferable for the AD/TPD. You will need to speak to them about this option though.

**4. After the practice visit**

The reports from the practice visit should be completed by the AD/TPD and sent to the GPST Administrator. The GPST administrator will then need to send the completed reports back to the HEE (EoE) Quality Team. Reports following practice visits should be returned to the Quality Administrator within **4 weeks** of the practice visit date.

**GPST Administrator to:**

* Update their lists of GP Educators and Training Environments adding newly approved ones
* Update their contact lists in the same way, including Practice Managers
* Update their lists of trainers and TPDs attending visits/panels – potentially to identify those who have not participated and who they can target for future panels and practice visits

# Quality Administrators

**GPQM Panels**

**1. Preparing for a GPQM panel**

It is the responsibility of the Quality Administrator to remind/contact approved GP Educators and environments to alert them of when their re-approval is due. This is done a minimum of 3 months ahead of the scheduled panel date and at least a minimum of 3 months ahead of their expiry date.

The Quality Administrator will provide the GPST Administrators with a list of GP Educator and practice/training environment re-approvals that can be reviewed at a GPQM panel 1 year in advance.

**2. Getting the documentation**

The Quality Administrator will email all applicants who are due to be re-approved at least 3 months before the panel date requesting a completed application form and supporting documentation. Whilst the Quality Administrator is waiting for the applications to be returned, they will liaise with the HEE (EoE) Commissioning Team to obtain the BOS survey data for the last 3 years (if available) for the practices and educators being re-approved at the panel. If there is no BOS survey data available, the Quality Administrator will contact the relevant GPST administrator to make them aware of the trainers and practices that will need Trainee Feedback forms. This will be done at least 4 weeks prior to the panel date if not before.

When the Quality Administrator has received the applications forms, it is their responsibility to check these to ensure they are completed to the appropriate standard and that all supporting documentation has been submitted. If the Quality Administrator is unsure of whether a submitted application form includes enough detail and is sufficient for the GPQM panel, they will need to contact the AD for advice/guidance.

The Quality Administrator will also contact GP Educators and Practices to chase any outstanding documentation that has not been initially submitted by the applicant and is responsible for ensuring it is returned in time for the panel (at least 2 weeks before the panel date). If the Quality Administrator is having difficulty obtaining documents or is not getting any response from the Practices or Educators they will need to inform the AD of this as soon as possible. **Any incomplete application forms or missing supporting evidence that have not been returned by the educators/practices by the deadline set by the Quality Administrator will not be sent to the panel for review.**

**3. Before the GPQM panel**

Until the online secure area for applications is available, the Quality Administrator is responsible for sending any completed application forms and supporting evidence to the local GPST Administrator at least **2 weeks** before the panel date. The Quality Administrator should also provide the GPST Administrator with any additional comments relating to the application forms e.g an E&D certificate that is due to expire soon. The Quality Administrator will not send any incomplete application forms to the GPST administrator. The Chair of the panel will need to be notified of any applicants who have missed the documentation deadline, have not fully completed the application form or have not supplied the required evidence.

**4. After the GPQM Panel**

When the panel has assessed all application forms the completed reports should be sent to the Quality Administrator who should then:

* + Update intrepid with the data from the approval/re-approval panel e.g. new approval expiry dates, new educators (if the panel included a face to face approval interview)
  + Update their spreadsheets with the data from the approval/re-approval panel
  + Email the Educators/Environment with their report following the panel clearly outlining if there are any additional documents needed before approval can be granted and setting clear timeframes for this. The Quality Administrator will also ask for the Educators and Environments to confirm they are happy with the report and request they sign it
  + Ensure any time frames given are followed up if missing documents have still not been received from the Environments/Educators
  + Send accreditation agreements to GP Educators and request these are signed and returned within 2 weeks and send practices a practice re-approval certificate
  + File the completed reports in the correct place
  + Inform the GP School administration of any new approvals (for contracting and communication reasons)
  + Ensure the GP Trainers’ record on the GMC portal is updated

**Practice Visits**

**1. Preparing for a practice visit**

The Quality Administrator will alert local GPST Administrators of new applications for approval (GP Educators and practices/training environments).

**2. Getting documentation**

The Quality Administrator will email all applicants who would like to be approved **at least 6 weeks** before the practice visit requesting a completed application and supporting documentation.

When the Quality Administrator has received the applications forms, it is their responsibility to check these to ensure they are completed to the appropriate standard and that all supporting documentation has been submitted. If the Quality Administrator is unsure of whether a submitted application form includes enough detail and is sufficient, they will need to contact the AD for advice/guidance. **The Quality Administrator should also make sure, for data protection purposes, that any application containing confidential/sensitive information regarding named individuals is anonymised before it is sent to the local team so that individuals cannot be identified as this can lead in some instances to formal complaints.**

The Quality Administrator will also contact GP Educators and Practices to chase any outstanding documentation that has not been initially submitted by the applicant and is responsible for ensuring it is returned in time for the visit (**at least 2 weeks** before the panel date). If the Quality Administrator is having difficulty obtaining documents or is not getting any response from the Practices or Educators they will need to inform the AD of this as soon as possible.

**3. Before the practice visit**

Until the online secure area for applications is available, the Quality Administrator is responsible for sending any completed application forms and supporting evidence to the local GPST Administrator **2 weeks** before the visit date. The Quality Administrator should also provide the GPST Administrator with any additional comments relating to the application forms e.g. E&D certificate due to expire soon. In addition, the Quality Administrator will mention if evidence is missing such as a trainee timetables, peer reviews etc. when sending the documentation. It may be the case that the practice/educators can provide this evidence on the day of the practice visit. However, it is at the discretion of the visit lead if they proceed with approving the Educators and Practices considering the missing documentation.

**4. After the practice visit**

When the Practice visit has taken place the completed reports should be sent to the Quality Administrator who should then:

* + Update intrepid with the data from the approval e.g. adding new practices, new educators, contact details and approval expiry dates
  + Update their spreadsheets with the data from the approval
  + Email the Educators/Environment with their report following the visit clearly outlining if there are any additional documents needed before approval can be granted and setting clear timeframes for this. The Quality Administrator will also ask for the Educators and Environments to confirm they are happy with the report and request they sign it
  + Ensure any time frames given are followed up if missing documents have still not been received from the Environment/Educators
  + Send accreditation agreements to GP Educators and request these are signed within 2 weeks and send the practice a re-approval certificate
  + File the completed reports in the correct place
  + Inform the GP School administration of any new approvals (for contracting and communication reasons)
  + Liaise with the GMC to register new training practices and GP Trainers using GMC Connect. ***Please note only new or re-approved GP Trainers and Environments should be uploaded onto GMC Connect - the GMC does not validate Associate Trainers and OOH CS***
  + Update intrepid with new training environments practice codes using the ODS list this will help the Programme & Information Team at HEE when it comes to the GMC Survey etc.
  + **Expired trainers/practices*.******If at any point, it comes to light that a trainer or practice approval has expired, it is imperative that this is brought immediately to the attention of the Quality Coordinator, of the Head of School of General Practice******and of the relevant GP Associate Dean and local TPD.*** The QA should check if the trainer/practice currently has any trainees and inform the above of this. A letter, approved and signed by the Head of School, and copied to the GP AD and TPD, should be sent to the trainer/practice to inform them of their expired status and to grant them an extension of their approval, if appropriate, until the next GPQM panel. They should be added to the next panel for their area at the earliest opportunity unless the GP AD wishes to arrange a separate approval meeting with the trainer/practice earlier. The letter should state that their training status will be revoked should we not hear back from them or should they not submit their fully completed application before the required deadline. Should the Quality Administrator not hear back from a trainer/practice despite reminder emails, every effort should be made to contact them by telephone or via the GPST Administrator to check the reason why they haven’t responded. It may be that the trainer has retired, is no longer practising, or that the practice no longer wishes to be a training practice.
  + ***At no point, should the Quality Administrator ask the GMC to remove a trainer or practice from their approved lists without the written and express authorisation to do so from the Head of School and the relevant GP AD.*** If a trainer informs the Quality Administrator that they have retired or that they are no longer practising or wish to be a trainer, this should be communicated to the Head of School and the GP AD in the first instance and their written approval sought, as above. Before asking the GMC to remove the trainer from their list, the above process **must** be followed.

# Summary of tasks and responsibilities

|  |  |
| --- | --- |
| **GPST Administrator(s)** | 1. Organisation of any visits or interviews required for new applications 2. Organisation of GPQM Group meetings – venue, time, date, group members 3. Sending out feedback forms to TPDs and trainees for completion when there is no BOS data available, and chasing any forms that have not been received 4. Distribution of documents to panel members 5. Sending final report from panel to Quality Team Administrators |
| **HEE (EoE) Quality Team** | 1. Oversight of approvals and re-approvals – dates and monitoring 2. Requesting documentation and checking before sending to local GPST administrator for distribution to the panel, and chasing anything that has not been received 3. Sending out reports, accreditation agreements and certificates to Educators and Training Environments 4. Updating databases/spreadsheets 5. Regulatory matters – applying to GMC for approval of Trainers and Training Environments |
| **HEE (EoE) GP School** | 1. Allowing periods of approval to be extended when this will allow alignment for the new process 2. Update webpages relating to this area |

# FAQs

**What documentation do I need to send to the panel/visiting team?**

The documentation that needs to be sent to the panel/visiting team is the documentation that the Quality Administrator has sent to you. This will include application forms (usually in zip files), a spreadsheet outlining who is being approved/re-approved (sometimes containing additional notes about the application forms). You will also need to send the agenda for the panel and timetable for the visit that you will have prepared in advance.

**How do I go about getting trainee and TPD feedback? What do I need to do with the TPD and trainee feedback?**

You will need to email the Trainees and TPDs to obtain the feedback. In the email you will need to attach the latest version of the forms that can be found in this guide. The forms will need to be sent at least 6 weeks before the approval panel with a clear deadline at least 2 weeks before the panel date.

**What should I do if I don’t receive the Trainee and TPD Feedback?**

In the first instance chase the feedback via email. If you have still not received anything after chasing, contact the AD for support and guidance.

**What should I do if my TPDs aren’t engaging with me/the QM process?**

Contact your AD and/or Head of School of GP to discuss.

**What should I do if I cannot get a panel/visiting team together?**

You will need to re-circulate the email if you have not had responses and copy the AD into the email for support. If you still have no luck, escalate the problem to the AD immediately.

**What happens if I am on annual leave when the documentation needs circulating?**

Ask an internal colleague to send the documentation out for you and ensure they know the timelines of when they should be receiving the documentation from the Quality Administrator and when they should be sending the documentation to the team/ panel and provide them with the contact details of the team/panel. You will need to notify the Quality Administrator and the AD that you will be on annual leave well in advance of the panel and tell them who they need to send any correspondence to.

**What happens if I am unable to provide administrative support on the day of the panel?**

You will need to work in your Workforce Partnership Groups (WFPG) and ask your neighbouring GPST administrators if they are able to help. If they cannot help, you can ask the Quality Administrator if they can offer any support. If it is not possible for the Quality Administrator to support you, you must inform the AD as soon as possible as an administrator is an essential part of a panel team. ***Please note that Quality Administrators are not responsible for providing administrative support at panels and should only be asked in exceptional circumstances.***

**What happens if I am unable to secure a suitable venue for the panel?**

If you cannot secure your usual venue then in the first instance you could ask a neighbouring GPST Administrator if they have a suitable room available at their PGMEC. Alternatively, you can also contact your Quality Administrator who can check if there are any rooms available at HEE (EoE) Head Office in Fulbourn, Cambridge. Please be aware that even though the venue locality may change, it is still your responsibility to provide the administration throughout and on the day of the panel which means you will have to travel to wherever the alternative venue is. You will also need to check with the panel chair if they are happy to hold the panel in Cambridge, as they may have other commitments after the panel that require them to be in their local areas by a certain time.

# Resignations and retirements

When a GP Educator resigns please let the Quality Team and the GP School know. *(*[*communityschools.eoe@hee.nhs.uk*](mailto:communityschools.eoe@hee.nhs.uk)*)*

Sometimes practices decide not to continue with training. They should have discussed this with the local TPDs, as sometimes a fallow period (a year without a trainee for instance) can enable them to continue training later. However, if they want to stop altogether, please let the Quality Administrator for your area and the GP School know.

The Quality Administrator will update the HEE (EoE) database, and remove the educator(s) from their contact lists as well as the GMC connect portal. **Before asking the GMC to remove the educator from their list, please follow the steps outlined on page 17.** The GP School and GP Administrator will also update their records.

# GPQM Panels– GPST Administrator Checklist

|  |  |
| --- | --- |
| **Action** | **Complete** |
| Set a date for the GPQM Panel |  |
| Arrange a Venue |  |
| Assemble a team |  |
| Request Trainee and TPD Feedback |  |
| Prepare and send out an agenda to panel members |  |
| Book catering |  |
| Ensure the panel has access to the Primary Care Web Tool |  |
| All application forms and supporting documents to be uploaded onto relevant computer desk tops before the day |  |
| Send all documents to the panel members (2 weeks before the panel) |  |
| Record the outcome of the discussions onto the practice and trainer applications |  |
| Send the completed reports and agenda notes back to the HEE (EoE) Quality Team Administrator (within 2 weeks of the panel) |  |

# Practice Visits – GPST Administrator Checklist

|  |  |
| --- | --- |
| **Action** | **Complete** |
| Set a date for the Practice Visit |  |
| Assemble a team |  |
| Prepare a visit programme/timetable |  |
| Request Trainee and TPD Feedback (**for re-approval visits only)** |  |
| Send all documents to the panel members (2 weeks before the visit) |  |
| Send the completed reports and agenda notes back to the HEE (EoE) Quality Team Administrator (within 4 weeks of the visit) |  |

# GPQM Panels – Quality Administrator Checklist

|  |  |
| --- | --- |
| **Action** | **Complete** |
| Contact approved GP Educators and Environments to alert them of when their approval is due (at least 3 months in advance) |  |
| Provide GPST Administrators with a list of GP Educator and Practice/Training environment re-approvals (1 year in advance) |  |
| Email applicants requesting completed application forms and supporting documents (at least 3 months in advance) |  |
| Check the application forms and supporting documents when these have been received |  |
| Chase any outstanding documentation from the applicants |  |
| Send the completed application forms and supporting evidence to the GPST Administrator (2 weeks in advance of the panel). ***If the application is incomplete at this stage, it will not be sent to the GPST Administrator and will be added for review to the next available panel following discussion with the GP AD and GPST Administrator.*** |  |
| When the reports have been received from GPST administrator, send the completed reports to educators and practices along with accreditation agreements and practice certificates |  |
| * Update all databases and spreadsheets * Inform GP school of any newly approved applicants * Update GMC connect and GMC bulk upload trainers list * Update TPD attendance at GPQM panels/practice visits spreadsheet |  |

# Practice Visits – Quality Administrator Checklist

|  |  |
| --- | --- |
| **Action** | **Complete** |
| Alert the local GPST Administrators of new practices/trainers who need approval |  |
| Contact the practice and all educators who need approval requesting completed application form and supporting documentation (add timeframe) |  |
| Check the application forms when they have been returned **and anonymise where appropriate** |  |
| Chase any outstanding documentation from the applicants |  |
| Send the completed application forms and supporting evidence to the GPST Administrator (2 weeks in advance of the visit). Only complete applications will be sent to the GPST Administrator (see previous page). |  |
| When the reports have been received from GPST administrator, send the completed reports to educators and practices along with accreditation agreements and practice certificates |  |
| * Update all databases and spreadsheets * Inform GP school of any newly approved applicants * If it is a new practice, request formal approval by the GMC by uploading the required information via GMC connect * Update TPD attendance at GPQM panels/practice visits spreadsheet |  |