

## General Practice Specialty Training (+ Foundation) Educational supervisor/Training Practice Approval and Reapproval Informal, Self and Visitor Assessment Document

Visiting Team	
Lead Visitor	
Practice Manager Visitor	
Visitor(s)	
Date and Time of Visit	

Practice Details	
Address	Telephone (direct so that we can get straight through to the practice/practice manager)
Postcode	Fax
PCT	Practice Description List size, demography, location and character of practice, brief summary of recent practice history and strategic direction
List of key staff and job titles (those involved in training)	
Names of doctors currently being supervised, location (hospital or GP) and status (GPStR, Foundation etc) 1.	How many patients does each see in a typical week? 1.

### Educational and clinical supervisor(s) details

Name(s) of educational supervisors	1.
Name(s) of clinical supervisors	1.
Outside commitments and special interests of GPs	1.
Do you hold MRCGP/FRCGP?	1.
Have you passed summative assessment (if applicable)	1.
Do you have a postgraduate certificate in medical education	1.
Email address(es)	1.
Recommendations from last visit and action taken (if applicable). Please insert any recommendations from the last visit and comment on each here. 1.	

## Explanatory notes

1. In this report, a judgement is made, both as a self assessment and a visitor assessment, on each of the relevant standards for training. Some of the standards are only for comment by the visiting team and are not appropriate for self assessment. The letter key used is as follows:  
A - Standards achieved  
B - Minor concerns regarding achieving  
C - Significant concerns/ standards not met
2. This document can be used for self/informal and formal assessment.
3. Self assessment against standards must be recorded by the educational supervisor/potential educational supervisor.
4. Educational supervisors are required to complete a self-assessment of all criteria listed in this report and submit it by email to the Deanery at least 2 weeks prior to their visit date. The evidence to support each self assessment must also be recorded.
5. It may not be necessary for visitors to record comments against each of the standards.
6. **Standards in shaded orange and italics are areas specific to assessment primarily by visiting Practice Managers.**
7. Gaps in the numbering of this report are because GMC Statements which are not relevant to the practice visit assessment have been omitted.
8. The full GMC guidance can be found at:-  
[http://www.gmc-uk.org/Generic\\_standards\\_for\\_training.pdf\\_31300576.pdf](http://www.gmc-uk.org/Generic_standards_for_training.pdf_31300576.pdf)
9. Those standards numbers with a “(+F)” after them can apply to Foundation trainees too.
10. Where self assessment or visitor comment is not applicable please indicate with N/A.
  - Educational supervisors should note that the presence of one or more Grade C on a re-approval report will automatically lead to a re-approval period of not more than one year.
  - The subsequent re-approval visit need not necessarily be a standard re-approval visit, in that it may be made by only one or two visitors, (and these visitor(s) may not necessarily be those involved on the original visit).
  - The re-approval visiting panel will recommend whether this subsequent visit should be full or modified in nature.
  - Exceptionally the visiting panel may consider suspension of training status. The period of suspension would depend on which standards needed to be improved. At the end of the period of suspension, a re-approval visit would be made and the Postgraduate Dean (GP) would decide on the scope and the visiting panel for this visit.
  - Failure to be re-approved at this stage will result in the educational supervisor losing approval to train and in order to be re-approved in the future; the educational supervisor would have to undergo the normal approval process.

Standard Number	Assessment Criteria (GMC Requirements - Mandatory and <i>Developmental</i> )
	<b>DOMAIN 1 - Patient Safety</b> <i>Standards: The duties, working hours and supervision of trainees must be consistent with high delivery of high quality safe patient care. There must be clear procedures to address immediately any concerns about patient safety arising from the training of doctors</i>
1 (+F)	1.2 Do trainees undertake only those procedures they are trained for and confirmed as competent to perform? Are they supervised appropriately to do so?
Self assessment Ed Sup – <b>A B C</b>	
Visitor comments on evidence observed <b>A B C</b>	
2 (+F)	1.3 Are trainees supervised according to their experience and competence? During the GP component of training workload should increase under guided supervision to full participation in practice clinical responsibilities.
Self assessment Ed Sup – <b>A B C</b>	
Visitor comments on evidence observed <b>A B C</b>	
3 (+F)	1.4 Do trainees have a named clinical and educational supervisor for each placement in their programme? The GP Clinical/Educational Supervisor must: <ul style="list-style-type: none"> <li>• be accessible and approachable and have time for supervision clearly identified within their job plan</li> <li>• Put arrangements in place for continuing educational activities and supervision whenever the educational/clinical supervisor is absent.</li> <li>• Be in the practice, on site – admin, teaching or working clinically on at least 5 half days per week (4 for a flexible trainee)</li> <li>• Have an explicit process for the trainee to access the person supervising them during working hours</li> </ul>
Self assessment Ed Sup – <b>A B C</b>	
Visitor comments on evidence observed <b>A B C</b>	
4 (+F)	1.6 Are there well-organised handover arrangements, ensuring continuity of patient care? For example, when continuity of care needs to be maintained because of a clinician's absence (including the trainee), how is handover achieved?
Self assessment Ed Sup – <b>A B C</b>	
Visitor comments on evidence observed <b>A B C</b>	
5 (+F)	<i>1.9 Do trainees have access to Occupational Health services and other support structures like counselling services</i>
Self assessment Ed Sup – <b>A B C</b>	

Visitor comments on evidence observed <b>A B C</b>	
	<i>DOMAIN 2 - Quality Assurance, Review and Evaluation</i> <i>Standards: Postgraduate training must be quality managed locally by deaneries, working with others as appropriate, but within an overall delivery system for postgraduate medical education for which Deans are responsible.</i>
6	2.6 Are the findings of GMC trainee and educational supervisor surveys used to inform quality management and control of training programmes? <ul style="list-style-type: none"> <li>• Do you encourage the trainee to complete the compulsory trainee East Midlands Online Survey (EMOS)?</li> <li>• How do you, as Educational supervisor, respond to this trainee feedback on the placement?</li> </ul>
Self assessment Ed Sup – <b>A B C</b>	
Visitor comments on evidence observed <b>A B C</b>	
7 (+F)	2.7 Does the placement comply with the Working Time Directive?
Self assessment Ed Sup – <b>A B C</b>	
Visitor comments on evidence observed <b>A B C</b>	
	<i>DOMAIN 3 - Equality, Diversity and Opportunity</i> <i>Standards: Postgraduate training must be fair and based on principles of equality</i>
8 (+F)	3.4 Reasonable adjustments, that do not compromise standards, must be made to training programmes and environments to accommodate trainees with disabilities, special educational needs or other needs. Where applicable describe where these have been made.
Self assessment Ed Sup – <b>A B C</b>	
Visitor comments on evidence observed <b>A B C</b>	
9 (+F)	<i>3.5 In accordance with the requirements of the Gold Guide, educational and clinical supervisors must receive regular training in equality, diversity and human rights best practice. This is available as an online course via the Deanery website. It should be completed every 3 years. Is this in place?</i>
Self assessment Ed Sup – <b>A B C</b>	
Visitor comments on evidence observed <b>A B C</b>	
	<i>DOMAIN 5 - Delivery of Curriculum including Assessment</i> <i>Standards: The requirements set out in the curriculum must be delivered and assessed. The approved curriculum must be fit for purpose</i>
	<i>Education and Training</i>
10	5.1 Is the educational supervisor aware of the guidance on the content of

	training published jointly by the RCGP and COGPED
Self assessment Ed Sup – <b>A B C</b>	
Visitor comments on evidence observed <b>A B C</b>	
11 (+F)	5.2 Are trainees exposed to a range learning opportunities which must, together, provide trainees with exposure to a range of patients, clinical problems, training environments and training opportunities sufficient to deliver the GP curriculum and so equip them for a career in independent practice?
Self assessment Ed Sup – <b>A B C</b>	
Visitor comments on evidence observed <b>A B C</b>	
12 (+F)	5.3 Irrespective of the environment in which they are training, trainees must be able to, and be given help to, access all the learning opportunities that will enable them to complete the GP curriculum. Describe the learning opportunities made available.
Self assessment Ed Sup – <b>A B C</b>	
Visitor comments on evidence observed <b>A B C</b>	
13	5.4 What out of hour's arrangements are available to the learner to enable them to satisfy the requirements of the GP curriculum?
Self assessment Ed Sup – <b>A B C</b>	
Visitor comments on evidence observed <b>A B C</b>	
	<i>Assessment and appraisal</i>
14	5.6 Is the Educational supervisor familiar with MRCGP guidance and regulations?
Self assessment Ed Sup – <b>A B C</b>	
Visitor comments on evidence observed <b>A B C</b>	
15	5.8 Trainees must be supported in preparing for all components of the MRCGP and provided with the necessary facilities, assessments, support and feedback in all primary and secondary care placements. Describe these arrangements.
Self assessment Ed Sup – <b>A B C</b>	
Visitor comments on evidence observed <b>A B C</b>	
16	5.9 Trainees must have regular, formal appraisals in accordance with the requirements of the Gold Guide and the General Medical Council. The Educational Supervisor Report and process is a suitable proxy for this. Do you ensure the trainee has a final PDP that they can provide to the PCT on completion of training?
Self assessment	

Ed Sup – <b>A B C</b>	
Visitor comments on evidence observed <b>A B C</b>	
	<i>DOMAIN 6 - Support and Development of GPStRs, Educational supervisors and Local Faculty</i>
	<i>Standard: Trainees must be supported to acquire the necessary skills and experience through induction, effective educational supervision, an appropriate workload, personal support and time to learn</i>
	<i>Induction to the service</i>
17 (+F)	<i>6.1 What are the induction processes for trainees starting new placements? These must enable the trainee to practise and learn safely, under supervision, in the placement. Emphasis must also be placed on child protection procedures.</i>
Self assessment Ed Sup – <b>A B C</b>	
Visitor comments on evidence observed <b>A B C</b>	
	<i>Educational Supervision</i>
18	6.3 Trainees must have an educational supervisor from general practice throughout their programme. Where that supervisor changes during the programme, the educational supervisors must ensure that there is a managed handover of responsibilities. Is this in place?
Self assessment Ed Sup – <b>A B C</b>	
Visitor comments on evidence observed <b>A B C</b>	
19 (+F)	6.4 Each placement within a programme must be overseen by a clinical supervisor who may also be the educational supervisor. If the roles are separated, the supervisors must be in regular contact to discuss trainee progress. Is this in place?
Self assessment Ed Sup – <b>A B C</b>	
Visitor comments on evidence observed <b>A B C</b>	
20	6.5 Is the trainee effectively using the RCGPs e-portfolio? Do you discuss with the trainee their progress, outstanding learning needs and how they might be addressed?
Self assessment Ed Sup – <b>A B C</b>	
Visitor comments on evidence observed <b>A B C</b>	
21 (+F)	6.6 Is the trainee having further meetings with their educational and/or clinical supervisor at least once every three months to discuss progress, outstanding learning needs and how to meet those needs? If the trainee falls behind in their completion of the portfolio elements, how do you respond to this?
Self assessment Ed Sup – <b>A B C</b>	
Visitor comments on evidence observed	

<b>A B C</b>	
	<i>Training</i>
22	6.9 Are the learning needs of the trainee, identified by assessments and by other means, being used to modify day to day teaching and how would you respond to a recommendation by an ARCP regarding an alteration of the structure of your training
Self assessment Ed Sup – <b>A B C</b>	
Visitor comments on evidence observed <b>A B C</b>	
23	6.10 Are trainees, whilst in the GP practice, given protected teaching time in line with COGPED guidance? 4 hours of protected teaching time must be designated teaching time in practice, delivered by the educational supervisor/clinical supervisor or, with adequate planning and supervision, another member of the primary healthcare team. This should be pro rata for those trainees training flexibly.
Self assessment Ed Sup – <b>A B C</b>	
Visitor comments on evidence observed <b>A B C</b>	
24 (+F)	6.11 Are trainees asked to undertake routine or repeated activities of no educational value or relevance to the GP curriculum?
Self assessment Ed Sup – <b>A B C</b>	
Visitor comments on evidence observed <b>A B C</b>	
25 (+F)	6.12 Are trainees supported to acquire generic professional skills at all stages of training? This will include training in the use of audit or quality improvement tools as learning, and in the use of significant event analyses
Self assessment Ed Sup – <b>A B C</b>	
Visitor comments on evidence observed <b>A B C</b>	
26 (+F)	6.13 Are effective systems in place to enable trainees to learn from and with other healthcare professionals?
Self assessment Ed Sup – <b>A B C</b>	
Visitor comments on evidence observed <b>A B C</b>	
27 (+F)	6.14 Are trainees provided with guidance on how to raise concerns about their training and offer views on their training? It should be possible for concerns to be raised and received in confidence.
Self assessment Ed Sup – <b>A B C</b>	
Visitor comments on evidence observed <b>A B C</b>	
28 (+F)	6.15 Do trainees have access to career advice? The educational supervisors' role here is to "signpost" trainees.
Self assessment	

Ed Sup – <b>A B C</b>	
Visitor comments on evidence observed <b>A B C</b>	
29 (+F)	6.16 Trainees must not be bullied or harassed by others or subject others to bullying or harassment. Are there any concerns about this?
Self assessment Ed Sup – <b>A B C</b>	
Visitor comments on evidence observed <b>A B C</b>	
30 (+F)	6.18 Is study leave activity relevant to the career end point of the trainee? <ul style="list-style-type: none"> <li>• They must be provided with information on how to apply for study leave, what courses are appropriate for them and what funding is available.</li> <li>• They must be able to take up study leave in line with the written contract of employment for trainees</li> </ul>
Self assessment Ed Sup – <b>A B C</b>	
Visitor comments on evidence observed <b>A B C</b>	
31	6.24 Does/is the Educational supervisor <ul style="list-style-type: none"> <li>• Work in a GP practice, or an equivalent educational environment, approved for training trainees or, currently in the process of applying for training approval (If they are applying for the first time, have satisfactorily completed an approved educational supervisor's course)?</li> <li>• Demonstrate that they are involved in educational activities within and/or out-with the practice?</li> <li>• A member or fellow of the RCGP?</li> <li>• Familiar with the regulatory framework surrounding GP specialty training be familiar with the technical and administrative aspects of the MRCGP?</li> <li>• Familiar with the GP curriculum and the RCGP Resource Pack and its application?</li> <li>• Understand the structure and purpose of their role in the training program of their designated trainees?</li> </ul>
Self assessment Ed Sup – <b>A B C</b>	
Visitor comments on evidence observed <b>A B C</b>	
	<i><b>DOMAIN 7 - Management of Education and Training</b></i> <i><b>Standard: Education and training must be planned and maintained through transparent processes which show that is responsible at each stage.</b></i>
32 (+F)	7.12 Is the educational supervisors aware that , through the Training Programme Director, they must involve the Deanery as soon as it is clear that a trainee is in difficulty, there are concerns about performance or the trainee has been absent from a placement for more than two weeks?
Self assessment Ed Sup – <b>A B C</b>	
Visitor comments on evidence observed	



<b>A B C</b>	
33 (+F)	7.14 Have there been any significant changes to the practice structure that would affect the training experience? If this is the case the Deanery should be informed immediately.
Self assessment Ed Sup – <b>A B C</b>	
Visitor comments on evidence observed <b>A B C</b>	
34 (+F)	8.1 Is the overall educational capacity of the practice adequate to accommodate the number of trainees allocated?
Self assessment Ed Sup – <b>A B C</b>	
Visitor comments on evidence observed <b>A B C</b>	
	<i>DOMAIN 8 - Educational Resources and Capacity Standard: The educational facilities, infrastructure and leadership must be adequate to deliver the curriculum.</i>
35 (+F)	8.3 Are there relevant specialty specific educational resources available and accessible?
Self assessment Ed Sup – <b>A B C</b>	
Visitor comments on evidence observed <b>A B C</b>	
36 (+F)	<i>8.5 Are trainees and educators practising in safe working environments where their personal safety is not compromised?</i>
Self assessment Ed Sup – <b>A B C</b>	
Visitor comments on evidence observed <b>A B C</b>	
	<i>Medical records/information technology</i>
37 (+F)	<i>Practices must normally have achieved the maximum QOF points for medical records and have 90% of summaries computerised. Is this the case?</i>
Self assessment Ed Sup – <b>A B C</b>	
Visitor comments on evidence observed <b>A B C</b>	
	<i>Premises and equipment</i>
38 (+F)	<i>Are trainees consulting in well-equipped room(s)?</i>
Self assessment Ed Sup – <b>A B C</b>	
Visitor comments on evidence observed <b>A B C</b>	
39	<i>Do trainees usually (in a typical week) use a maximum of 3 consulting rooms on any single site?</i>
Self assessment Ed Sup – <b>A B C</b>	
Visitor comments on	

evidence observed <b>A B C</b>	
40 (+F)	<i>Do trainees have their own space and facilities in the practice to secure personal items safely?</i>
Self assessment Ed Sup – <b>A B C</b>	
Visitor comments on evidence observed <b>A B C</b>	
41 (+F)	<i>Does the practice inform patients that it is a training practice? This is particularly with reference to the recording of consultations and the inspection of medical records for the purpose of educational supervisor selection and accreditation; deanery and GMC quality assurance activities</i>
Self assessment Ed Sup – <b>A B C</b>	
Visitor comments on evidence observed <b>A B C</b>	
42 (+F)	<i>Are the practice able to show evidence that patients are satisfied with its services and physical environment?</i>
Self assessment Ed Sup – <b>A B C</b>	
Visitor comments on evidence observed <b>A B C</b>	
43 (+F)	<i>Does the practice comply with health and safety legislation?</i>
Self assessment Ed Sup – <b>A B C</b>	
Visitor comments on evidence observed <b>A B C</b>	
44 (+F)	<i>Is IT support available in the practice, including a computer with appropriate search facilities, internet and electronic reference access as well as facilities for private study?</i>
Self assessment Ed Sup – <b>A B C</b>	
Visitor comments on evidence observed <b>A B C</b>	
45	<i>Is there audiovisual equipment for recording consultations? The equipment should work and be available to the trainee all or most of the time?</i>
Self assessment Ed Sup – <b>A B C</b>	
Visitor comments on evidence observed <b>A B C</b>	
46	<i>Does the trainee have access to the drugs and equipment needed to provide effective routine, emergency and out-of-hours care?</i>
Self assessment Ed Sup – <b>A B C</b>	
Visitor comments on evidence observed <b>A B C</b>	
47 (+F)	<i>Does the practice provide access to reference texts in <u>either electronic or</u></i>

	<p><i>written format? There must be a catalogue which includes the normal location of those texts. The material available must be up-to-date and could include:</i></p> <ul style="list-style-type: none"> <li>• <i>one reference text on each of the major medical specialties</i></li> <li>• <i>one or two on practice management and finance</i></li> <li>• <i>one or two on the consultation/models etc</i></li> </ul> <p><i>Good internet access is of course vital</i></p>
Self assessment Ed Sup – <b>A B C</b>	
Visitor comments on evidence observed <b>A B C</b>	
<b>48</b>	<i>Is a suitably equipped doctor's bag provided?</i>
Self assessment Ed Sup – <b>A B C</b>	
Visitor comments on evidence observed <b>A B C</b>	
<i>Training capacity</i>	
<b>49 (+F)</b>	Does the involvement of the educational supervisor or other GPs in the practice in local and national professional organisations compromise clinical contact with patients, time for training and quality of training?
Self assessment Ed Sup – <b>A B C</b>	
Visitor comments on evidence observed <b>A B C</b>	
<b>50 (+F)</b>	Is the list size and workload of the practice large enough to offer trainees a wide variety of clinical experience representing normal, everyday general practice? What is the consultation rate? Is the trainee seeing at least 80 patients in a typical week?
Self assessment Ed Sup – <b>A B C</b>	
Visitor comments on evidence observed <b>A B C</b>	
<b>51 (+F)</b>	Is the practice able to cope with its patient load effectively with or without a trainee?
Self assessment Ed Sup – <b>A B C</b>	
Visitor comments on evidence observed <b>A B C</b>	
<i>Practice Management</i>	
<b>52 (+F)</b>	<p><i>Does/is the practice</i></p> <ul style="list-style-type: none"> <li>• <i>Able to show that it is committed to providing a good, comprehensive, cost effective and continuing service to patients, including the use of effective and economic prescribing methods and referrals to secondary care and laboratory and x-ray facilities?</i></li> <li>• <i>Have clinical governance procedures?</i></li> <li>• <i>Make provision for preventive care and health promotion?</i></li> <li>• <i>Be able to show effective use of the entire primary healthcare team?</i></li> <li>• <i>Manage an active programme of audit that demonstrates the full</i></li> </ul>

	<p><i>audit cycle, and the application of both standards and criteria or quality improvement processes Undertake regular significant event analysis?</i></p> <ul style="list-style-type: none"> <li>• <i>Have regular practice meetings, which the trainee is expected to attend and at which practice management and the management of patients are discussed?</i></li> <li>• <i>Have a well run appointments system that meets current national access standards or at least have an awareness of and are working towards?</i></li> <li>• <i>Carry out and act upon the results of annual and other patient satisfaction surveys?</i></li> <li>• <i>Have a well thought through and well publicised patient complaints procedure?</i></li> <li>• <i>Provide the trainee with a Practice Guide?</i></li> </ul> <p><i>Have up to date and effective policies for home visiting, continuity of care for patients, emergency care and out-of-hours cover?</i></p>
Self assessment Ed Sup – <b>A B C</b>	
Visitor comments on evidence observed <b>A B C</b>	
53 (+F)	<i>Do all members of the team who are directly involved in training have annual appraisals and consider their educational role in this appraisal? This should include the practice manager.</i>
Self assessment Ed Sup – <b>A B C</b>	
Visitor comments on evidence observed <b>A B C</b>	
	<i>Additional standards to be assessed as part of the educational supervisor appointment process</i>
54	<p>Is the educational supervisor aware of The educational process / adult learning concepts</p> <ul style="list-style-type: none"> <li>• Formative and Summative Assessment processes</li> <li>• Their responsibilities as a teacher [GMC guidance]</li> <li>• Their own continuing professional developmental needs as an educational supervisor</li> <li>• Their role as an employer</li> </ul>
Self assessment Ed Sup – <b>A B C</b>	
Visitor comments on evidence observed <b>A B C</b>	
55 (+F)	Can the educational supervisor assess their ability to deal with a trainee with problems of a varying nature, and their awareness of the support available at different levels?
Self assessment Ed Sup – <b>A B C</b>	
Visitor comments on evidence observed <b>A B C</b>	
56	To discuss and evaluate the support available within the practice for the educational supervisor and the training process.

Self assessment Ed Sup – <b>A B C</b>	
Visitor comments on evidence observed <b>A B C</b>	
<b>57</b>	Comment on the educational supervisors input to the training programme as a whole
Self assessment Ed Sup – <b>A B C</b>	
Visitor comments on evidence observed <b>A B C</b>	
<b>58</b>	<p><i>Other matters not covered elsewhere</i></p> <p>Additional standards to be assessed at <b>one year review</b></p> <ul style="list-style-type: none"> <li>• Is there evidence of adequate induction to the new role of Educational Supervisor and ongoing support?</li> </ul> <p><i>Developmental standards</i></p> <ul style="list-style-type: none"> <li>• <i>Does the educational supervisor have a Certificate of Medical Education (or equivalent)</i></li> <li>• <i>The training practice should be a good learning environment for a range of types of trainee namely undergraduate, foundation trainees, GPStRs, overseas, refugee or EU doctors in clinical placements, GP retainers, GP returners and flexible career scheme doctors.</i></li> </ul>
Self assessment Ed Sup – <b>A B C</b>	
Visitor comments on evidence observed <b>A B C</b>	
<b>59 (Foundation only)</b>	<i>Specific comments relating to Foundation trainees (if applicable)</i> Has the F2 trainer attended an appropriate training course?
Self assessment Ed Sup – <b>A B C</b>	
Visitor comments on evidence observed <b>A B C</b>	

## Visitors Summary

Practice Details	Educational supervisor(s) Details	Visiting Team	
		Lead Visitor	
		Practice Manager Visitor	
		Other Visitor(s)	
		Other Visitor(s)	
		Date and time of visit	

Highlights for the Practice	
Highlights for the Trainer	
Mandatory recommendations	
Developmental recommendations	
How many learners (GP or Foundation) is the Practice to be approved for? Other comments about physical or educational capacity.	

We recommend approval/Re-approval for a period of		Signature on behalf of the visitors	Date
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Final Approval of Academy Board	Yes	No	Yes with conditions	Comments
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