**TA1 Approval Form**

This application is for:

* New supervisors in a new or existing training site
* Re-approval of a supervisor in a new training site

For re-approval of an existing supervisor in an approved training site please complete TA2 re-approval form.

The application form has 5 sections:

Sections 1 – This section should be completed by the prospective or experienced supervisor.

Section 2 – CPD/Development. This section should be completed by the prospective or experienced supervisor.

Section 3 – The Doctor in Training. This section should be completed by the prospective or experienced supervisor.

Section 4 - relates to the Practice and should be completed by the Practice Manager.

Section 5 - is the Outcome form completed by the Lead Visitor

The Patch Office local to your Practice will contact you to arrange completion of the form. The information provided will be treated as private and confidential.

relates to the Educational / Clinical / Foundation Supervisor and a separate form should be completed by each Educational / Clinical / Foundation Supervisor within the Practice that are applying for approval.

**To be completed by prospective or experienced supervisor**

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| --- |
| **Applicant’s Details** |
| Applicant’s Name (full name and known as) |  |
| GMC Number |  | Applicants Email |  |
| Practice Name and Full Address(including branch /merged practices) |  |
| Practice Manager name and email |  |
| Practice NACS Code (e.g. J12345) |  | Patch |  |
| Patch Associate Dean |  |
| Supervisor type \* | ES [ ]  | ECS [ ]  | F2 CS [ ]  |
| Other Practice members interviewed (optional): |  |
| Has this site previously been approved for training? The full list of GMC recognised sites can be viewed via this link. <http://tinyurl.com/4wa2awts>  | Yes [ ]  | No [ ]  |

\* ES – Educational supervisor

 ECS – Enhanced clinical supervisor

 F2 CS – Foundation year 2 clinical supervisor

**Section 1 -** **This section should be completed by the prospective or experienced supervisor**

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| Item  | Applicant’s Details |
| 1.1 | List your professional qualifications with year |  |
| 1.2 | Record your GP employment history for the last five years |  |
| 1.3 | Summary of supervisor related CPD in the last 3 years either written here, or attach any record you have. |  |
| 1.4 | Dates of most recent Provisional, New or Experienced Trainers Course.  | **Please embed or provide copies with this application of any certificates of training.** |
| 1.5 | Date of Equality and Diversity (E&D) training.It is the responsibility of the applicant to keep up to date with (E&D) and have a valid certificate at each re-approval. | **Please embed or provide a copy with this application of your valid E&D training.**  |
| 1.6 | State the number of sessions/hours you work in the GP Practice including tutorial sessions |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Mon | Tues  | Wed | Thurs | Fri |
| AM |  |  |  |  |  |
| PM |  |  |  |  |  |

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| 1.7 | Indicate other professional activities undertaken outside your practice |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Mon | Tues  | Wed | Thurs | Fri |
| AM |  |  |  |  |  |
| PM |  |  |  |  |  |

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| 1.8 | Enclose your trainee training timetable (including time allocated to CPD sessions). |

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| --- | --- | --- | --- | --- | --- |
|  | Mon | Tues  | Wed | Thurs | Fri |
| AM |  |  |  |  |  |
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| 1.9 | Declare any issues regarding health that might impact on your role as a trainer |  |
| 1.10 | Declare any convictions that might have an impact on your role as a GP and trainer |  |
| 1.11 | Declare any current or past GMC investigations which might have an impact on your role as a GP and trainer |  |
| 1.12 | Provide the following dates: a) Your last appraisalb) Your revalidation |  |

**Section 2: Supervisor CPD/Development**

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| Item  | Supervisor CPD/Development |
| 2.1 | Dates of last approval / reapproval visit (if applicable) |  |
| 2.2 | How has feedback on previous visits informed the development of 1. Your CPD, and
2. Your practice as a learning environment?
 |  |
| 2.3 | Describe how you engage with:1. Audit;
2. Preparation for teaching;
3. Reflection on teaching;
4. Reflection on significant events.
 |  |
| 2.4 | Which trainer group do you attend, and how frequently? |  |
| 2.5 | How does your trainer group support the development of your skills and knowledge as an educator? |  |
| 2.6 | How does your Programme Director / Associate Dean feedback information about your trainee? |  |
| 2.7 | Give details about how you invite feedback from trainees about training in your practice. |  |
| 2.8 | If possible, give a statement of results of MRCGP outcomes of previous 3 trainees’ MRCGP including number of attempts to gain the CSA and AKT.If applicable, do you know where your previous trainees are working now? |  |
| 2.9 | Give an overview of any research/educational innovation/publications that you have been involved in over the last 3 years |  |
| 2.10 | What kind of educational techniques, skills and approaches do you use / plan to use? |  |
| 2.11 | Describe your tutorial and teaching process |  |
| 2.12 | What motivates you as a trainer? |  |
| 2.13 | How supportive is your practice to training? |  |

**Section 3: The Doctor in Training**

***NB: To be completed by prospective, new and experienced trainers***

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| --- | --- |
| **Item**  | **Trainee** |
| 3.1 | Provide details of the induction process for trainees |  |
| 3.2 | Do you ensure that your trainee is registered with a GP?  |  |
| 3.3 | What arrangements are in place to ensure continuity of education, support and supervision in the event of the trainer’s absence? |  |
| 3.4 | How will your practice assure a broad mix of cases for the trainee? |  |
| 3.5 | Which day release course does your trainee attend? |  |
| 3.6 | Describe how your trainee reports back details about the day release course |  |
| 3.7 | Describe how you have supported a previous trainee through a patient complaint. |  |
| 3.8 | How will you monitor your trainee’s progress in meeting his/her learning objectives? |  |
| 3.9 | Who is your contact should you have concerns about your trainee? |  |
| 3.10 | Describe how your trainee engages in audit / quality improvement. |  |
| 3.11 | Describe how your trainee will gain insight into practice management (e.g. by attending practice meetings) |  |
| 3.12 | How do you review your trainee’s prescribing? |  |
| 3.13 | Describe how other members of the primary healthcare team are involved in training |  |
| 3.14 | How do you monitor your trainee’s use of the e- portfolio? |  |
| 3.15 | Give details about how you ensure that the OOH training has been undertaken |  |

**Section 4: The Practice Details – To be completed by the Practice Manager**

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| **Item**  | **Practice Details** |
| 4.1 | Practice Manager |  |
| 4.2 | i) Practice Manager telephone (ideally direct line) ii) Practice Manager email |  |
| 4.3 |  Background of practice e.g. rural; inner city; demographics, how long it’s been a training practice |  |
| 4.4 | Details of all doctors Please indicate the outside commitments of all doctors in the practice |  |
| 4.5 | Does the trainee practice at the branch surgery for 2 sessions or more in a week? If so, please supply branch surgery detail |  |
| 4.6 | Practice List size |  |
| 4.7 | Is your Practice CQC compliant? |  Yes No  |
| 4.8 | Last QoF Achievements |  |
| 4.9 | Please detail the additional services provided by the practice |  |
| 4.10 | Please outline any recent significant changes in the practice and planned future developments |  |
| 4.11 | Can your practice provide for trainees with disabilities or other exceptional needs? |  |
| 4.12 | Describe the facilities for trainees |  |
| 4.13 | Patient record and practice computer system. |  |
| 4.14 | What consultation recording and playback equipment is available in your practice? Are you compliant with GMC rulings on recording patient consultations? |  |

**Section 5 – Outcome to be completed by the Lead Visitor**

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| **Section 5 Visit outcome:** |
| Visitors and role: |  |
| Other Practice members seen at visit: |  |
| Date of Visit |  |
| a) Previous Areas for Development / Agreed Actions (from last report) |  |
| b) Highlights |  |
| c) Current Areas for Development / Agreed Action |  |
| **Supervisor Approval:**(See Appendix A) | 1 | First Approval:2 years |  | 2 | Reapproval 5 years |  |
| 3 | Conditions(6m-1 year) |  | 4 | Withdrawal of Approval |  |
| Patch Associate Dean  | Name: Date: |
| Report Approved by Primary Care School Board | Dr Manjiri BodheHead of School of Primary Care, Health Education England, Wessex Date: |

**Appendix A**

All enquiries should go to your patch office in the first instance. Contact details and Patch websites can be found via this link: <https://wessex.hee.nhs.uk/general-practice/patch-team-contacts/>

Contacts for NHSE Wessex GP School as well as any trainee / educational supervisor resources can all be found via this link: website: <https://wessex.hee.nhs.uk/general-practice/>

**Appendix B**

**GMC Guidelines for GP Educational Supervisors:**

This form has been designed to take into consideration the criteria contained in the GMC Professional standards for medical, dental and veterinary educators:

* Ensuring safe and effective patient care through training
* Establishing and maintaining an environment for learning
* Teaching and facilitating learning
* Enhancing learning through assessment
* Supporting and monitoring educational progress
* Guiding personal and professional development
* Continuing professional development as an educator.

For more Information regarding the GMC Standards please go to the GMC website

[Criteria for trainer recognition - GMC (gmc-uk.org)](https://www.gmc-uk.org/education/how-we-quality-assure-medical-education-and-training/approving-medical-education-and-training/approval-of-trainers/criteria-for-trainer-recognition%22%20%5Cl%20%22%3A~%3Atext%3DThe%20criteria%20comprise%20seven%20areas%3A%201%20Ensuring%20safe%2Cdevelopment%207%20Continuing%20professional%20development%20as%20an%20educator.%22%20%5Co%20%22https%3A//www.gmc-uk.org/education/how-we-quality-assure-medical-education-and-training/approving-medical-education-and-training/approval-of-trainers/criteria-for-trainer-recognition#:~:text=the%20criteria%20comprise%20seven%20areas%3a%201%20ensuring%20safe,development%207%20continuing%20professional%20development%20as%20an%20educator." \t "_blank)