**Trainee Feedback on GP Foundation Attachment Form**

**Name of Foundation Supervisor:**

**GP Practice:**

**Name of Foundation Trainee (optional):**

**Date form completed:**

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|  **Area** |  **Comments** |
| Induction | *eg. did you get a good induction to the practice? How long did it last? What sort of things did you do?* |
| Supervision during surgeries | *eg. clearly identified supervisor for each surgery, blocked supervisor slots for supervision, opportunity for debrief following surgery, quality of feedback, availability of supervisor* |
| Room and equipment | *eg. consistent room, hot desking, clinical equipment in consulting room* |
| Library | *eg. adequate books, quiet place for study, online resources, access to practice clinical management plans/protocols*  |
| Visiting | *eg. were you required to do any acute unaccompanied home visits?* |
| Relationship with supervisor |  |
| Relationship with clinical team | eg. *everyone helpful? Did you feel a valued member of the team?* |
| Relationship with staff |  |
| Involvement in practice organisation | eg *were you involved in meetings in the practice, administration work?* |
| Workload | *eg. length of consultation, length of surgeries, enough clinical experience, enough exposure to a variety of clinical cases? Too much?* |
| Teaching | *eg. did you get 1 hour protected tutorial in your weekly timetable, were you free to attend foundation teaching?* |
| Audit/Quality Project/SEA | *eg. were you encouraged to get involved in these activities?* |
| SLEs | *eg. did you manage to get the required structured learning events completed ok?* |
| Curriculum Coverage | *eg. did your attachment enable you to cover areas of the foundation curriculum?* |

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| **The best things about my attachment in GP** |  |
| **Areas to develop** |  |