**North West Office**

**GP Specialty Training School**

**FOUNDATION SUPERVISOR**

**and**

**LEARNING ENVIRONMENT**

**RECOGNITION & ACCREDITATION**

*(Please complete and email back in word format )*

**Completed by: ……………………………………………………………**

*(Name of Foundation Supervisor)*

**Date: ………………………………..**

*(For GP School use only)*

**Lead visitor: ……………………………………………………………..**

**Co-visitor: ……………………………………………………………..**

**Date: ……………………………….**

(This page is for GP School use only**)**

**Summary of Findings:**

**Key Strengths:**

**Key areas for development:**

**Recommendation to Deputy Dean for GP and Public Health:**

THE FOUNDATION SUPERVISOR

**GMC Framework areas for clinical supervisor quality assurance**

1. Ensuring safe and effective patient care through training
2. Establishing and maintaining an environment for learning
3. Teaching and facilitating learning
4. Enhancing learning through assessment
5. Continuing professional development as an educator

**Mandatory Foundation Supervisor Declarations**

**I declare that I have satisfactorily completed Equality and Diversity Training/update**

Date of Training:

**I confirm that I am not under any on-going investigations or restrictions to practice from the GMC or any other Regulatory or Contracting body and that I will inform the Deputy Dean at HEE immediately of any such investigations/restrictions**

**I can confirm that I am progressing satisfactorily through my appraisal/revalidation cycle**

(*If you have answered NO to any of the above, contact your Associate Dean before the review)*

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Foundation Supervisor Details**

Name:

GMC No:

Date of Birth:

Gender:

Surgery Name and Address :

Website:

Surgery Tel:

Practice Code (eg P……..):

Foundation Programme Area:

Mobile No:

E-mail Address:

Date of Registration:

Qualifications with dates:

MRCGP Yes/No Date:

Others:

Summary of Hospital Experience:

General Practice Experience:

**Foundation Supervisor as Doctor**

How long you been in a substantive GP post?

Are you Full-time / Part-time?

(if part–time, indicate how many sessions)

How long have you been with the current practice?

Since

Have you been subject to any fitness to practice investigations? (If yes please give details)

Yes/No

Are you free of any health problems that may hinder your commitments as a Foundation Supervisor?

Yes/No

**Foundation Supervisor as Teacher**

Have you completed the Foundation Supervisors course?

Yes / No

Date(s):

Have you enrolled on or completed the Basic Trainers Course?

Yes / No

Date(s):

What other relevant courses have you attended?

Are there any educational activities you lead on in practice?

Are there any educational activities you lead on in the locality/region?

Have you any further educational development planned?

**Foundation Supervisor**

**(For HEE use only: Visitors Report)**

|  |  |
| --- | --- |
| **Criteria** | **Comments** |
| **FS as a Doctor**  (GP experience, MRCGP, Probity, Health) |  |
| **FS as Teacher**  (Own learning, PDP, Developing skills, Plans for future) |  |
| **Areas of Good Practice** |  |
| **Areas to develop** |  |
| **HENW criteria met** | Yes / No |

THE LEARNING ENVIRONMENT

If this is an already approved learning environment please still complete so we have a complete

up-to-date picture of the new supervisor in the learning environment

**Practice Details**

Practice Name:

Address:

Practice Code:

Surgery Tel: 

Local Teaching Programme:

Branch Surgery:

Website:

Practice Manager

Name:

Direct Tel:   Mobile No: 

E-mail Address:

Number of years in practice:

Education Manager (if different from above)

Name:

Direct Tel:      Mobile No:

E-mail Address:

Number of years in practice:

**The Clinicians (Doctors/ Nurses/Associates)**

Please underline who will supervise in your absence. Indicate if they any of them are involved in teaching and/or have done teaching courses

|  |  |  |
| --- | --- | --- |
| Name | Sessions/Hours contracted | Special interests  (including teaching) |
|  |  |  |

**Practice Staff**

Please list the numbers and total hours for the staff employed by the practice.

|  |  |  |  |
| --- | --- | --- | --- |
| **Staff Grade** | **Number of staff** | **Total hours**  **per week** | **Relevant Experience/ Qualifications in teaching** |
| Practice Manager(s): |  |  |  |
| Receptionist(s): |  |  |  |
| Secretarial staff/IT/data entry: |  |  |  |
| Others: |  |  |  |
|  |  |  |  |

Do all the staff have a PDP and an educational portfolio?  Yes / No

Do all the staff undergo annual appraisal?    Yes / No 

**Practice Attached Staff**

Please list the members of the Extended primary health care team that are attached to the practice  Please list any teaching qualifications members of the PHCT have or teaching courses they have attended if known.

What team meetings take place?

What other teaching/training occurs in the practice? (eg. medical students, GPR, nurses, assistant practitioners, advanced practitioners, other PHCT members, apprentices, physician assistants.)

**The Premises**

Total list size:

Type of premises: Health centre  / Rented   / Practice owned  / LIFT  

If not in the same building list other services accessible nearby:

How many consulting rooms are there?

Will the FY Trainee have own consulting Room? Yes  / No

Is there video recording equipment available for videoing consultations?  Yes / No

What other services are housed in the same building?

**Learning Environment: Premises and Services**

**(For HEE use only: Visitors Report)**

|  |  |
| --- | --- |
| **Criteria** | **Comments** |
| **Premises**  (Room, Branch surgery, Facilities and equipment) |  |
| **Personnel**  (Partners with teaching skills, nominated deputy, PHCT, multi-professional input) |  |
| **Services**  (Variety of services availability and access) |  |
| **Areas of Good Practice** |  |
| **Areas to develop** |  |
| **HEE criteria met** | Yes / No |

**IT systems**

What is the practice computer system?

List aspects of clinical practice the computer system is used for?

Do you use an electronic appointment system?  If yes How will this aid teaching and supervision?

Are results investigations accessible through Path-links?  Yes / No

Are all hospital letters/discharge summaries/OOH sheets scanned?

Yes / No

If not what method is there to record/access these?

What is the practice policy for summarising and keeping records up to date?

Are there any patient services accessible online?

Booking appointments Yes / No

Ordering repeat prescription Yes / No

Feedback and suggestion about surgery Yes / No

Access to medical record Yes / No

Other:

Are there any other aspects of IT system in your practice that you feel will aid Teaching and supervision?

Write a few lines on induction into the IT systems for the FY Trainee?

**Branch Surgery**

Does the practice have a branch surgery? Yes / No

If No then go to next section.

If Yes then please complete the information below for each branch surgery

Address:

Does the FY Trainee ever consult from this surgery?

How many consulting rooms are there?

Is there IT access to the patient records and internet?

Does the branch surgery have a different appointment system?  Yes / No

How is the FY Trainee supervised at the branch surgery?

**Learning Environment: Records and IT**

**(For HEE use only: Visitors Report)**

|  |  |
| --- | --- |
| **Criteria** | **Comments** |
| **IT Systems**  (Ease of use, process of care, paper-light) |  |
| **Induction to Systems**  (Structured induction) |  |
| **Monitoring of activities**  (monitoring of trainee caseload, workload, prescribing) |  |
| **Areas of good practice** |  |
| **Areas to develop** |  |
| **HEE criteria met** | Yes / No |

**Workload**

Briefly describe the way the practice organises appointments:

Who covers urgent requests for appointments / telephone calls / visits during working hours?

**FOUNDATION YEAR TRAINER**

How many patients are booked per hour?

How many extras are added to the session on average?

**PARTNERS**

How many patients are booked per hour?

How many extras are added to the session on average?

**FOUNDATION YEAR TRAINEE**

How many patients are booked per hour?

How many extras are/will be added to the session on average?

**Home Visiting**

Foundation trainees are not permitted to do acute unsupervised home visits (see ‘Simple Guide to Foundation Training in General Practice’)

Are all the GPs in the practice aware of this? Yes / No

Are all the reception staff and practice manager aware of this? Yes / No

What activities would you plan for the foundation trainee to do when the other GPs are doing acute home visiting? (eg supervised visiting, hospital discharge follow-ups, care planning visits, chronic disease visits)

Not all Foundation trainees have access to a car. What adjustments can be made to allow exposure to seeing patients in their homes if the trainee has no car?

**Workload**

**(For HEE use only: Visitors Report)**

|  |  |
| --- | --- |
| **Criteria** | **Comments** |
| **Trainer’s Workload:**  (consultation rate, extras etc) |  |
| **FY case load:**  (consultation rate, case-mix, monitoring) |  |
| **Areas of good practice:** |  |
| **Areas to develop:** |  |
| **HEE criteria met?** | Yes/No |

**Library and Educational Resources**

Does the practice have a quite reading room/library on site? Yes / No

Is there internet access in the library? Yes / No

Please indicate broad areas/categories in which books are available?

Clinical      Yes / No

Evidence-based Medicine Yes / No

Consultation/Communication skills Yes / No

Medical Ethics  Yes / No

Practice Management Yes / No

Teaching   Yes / No

Does the library contain an introduction text to consultation skills in GP such as ‘The Naked consultation by Liz Moulton? Yes / No

Who is responsible for keeping the library maintained and up to date?

What policy is there for purchasing books for the FY Trainee?

Which journals are available in–house?

BMJ Yes / No

BJGP Yes / No

InnovAiT Yes / No

Is there access to electronic resources at the trainee’s clinical workspace  Yes / No

If yes are recommended sites for clinical reference and e-learning listed?

Do you use an online mentoring system for clinical practice? Yes / No

Does the FY Trainee have access to this? Yes / No

Is there a practice **intranet** for local resources/induction packs/protocols?

**Learning Environment: Library and Educational Resources**

**(For HEE use only: Visitors Report)**

|  |  |
| --- | --- |
| **Criteria** | **Comments** |
| **Library**  (Site and maintenance) |  |
| **Content**  (Relevant up to date books, access to online resources, accredited) |  |
| **Purchase Policies and maintenance** |  |
| **Areas of Good Practice** |  |
| **Areas to develop** |  |
| **HEE criteria met** | Yes / No |

**Process of Care**

What was your QOF achievement in the last financial year?

1000 points

Has the practice been inspected by CQC? Yes / No

If Yes, please summarise the outcome and any action points:

Does the practice provide the following services and if yes who is the lead partner?

Service

Child health surveillance  Yes / No

Minor surgery  Yes / No

Family Planning  Yes / No

If the above services are not provided are there any arrangements for FY to experience them?

**Audit and Performance Review**

The Foundation Trainee will be expected to complete an audit while attached to the practice.

List of recent audits completed in the practice:

Clinical

Management

List significant events audits, completed in the past 12 months:

Please list any of the above audits you’ve personally undertaken or led:

**Learning Environment: Audit and performance review**

**(For HEE use only: Visitors Report)**

|  |  |
| --- | --- |
| **Criteria** | **Comments** |
| **Audits and SEAs**  (topics, cycle completion, team involvement, culture of quality improvement) |  |
| **Audit and SEA as teaching tools**  (understanding of use of audit and SEA as teaching tools, opportunity to present at meeting) |  |
| **Protocols**  (availability, accessibility and update mechanisms) |  |
| **Areas of Good Practice** |  |
| **Areas to develop** |  |
| **HEE criteria met** | Yes / No |

The Educational Programme

**Plan for the Foundation Trainee**

Describe briefly the structured induction to the practice:

Workload

What is the proposed appointment rate for the Foundation Trainee?

Initial: …per hour

Endpoint: …per hour

Will extras be added to this?

How will you monitor the trainee case-mix, workload and utilisation of services?

Please detail what supervision they would have during and after surgeries:

**Organisation of Teaching and Assessment**

(please complete the attached timetable)

Please list which teaching methods would be used in the practice?

(e.g. attachments, problem case analysis, video analysis, joint surgeries)

How many hours of formal, protected teaching are allocated to teaching?

Is there additional informal teaching time Yes

If yes, how is this organised?

How will chronic disease management be taught?

Do clinicians or staff have specific fields of expertise and how is this integrated into teaching?

Are you aware of the foundation assessments that need to be completed?

How do you plan to assess your trainee while they are with you in the practice?

Please note the following when completing the timetable:

* No more than 40 hours per week in total
* No antisocial hours (Before 8am or after 7pm) and Monday – Friday only
* At least one hour protected tutorial time
* No unsupervised acute home-visiting
* Limited admin
* Time to complete and audit
* There is flexibility to timetable educational activities that are not just surgeries

**The Educational Programme**

(**For HEE Use only: Visitors Report)**

|  |  |
| --- | --- |
| **Criteria** | **Comments** |
| **Organisation of teaching**  (time, workload, multiplicity of input, variety of skilled teachers, familiarity with the Foundation competencies) |  |
| **Organisation of assessment** (Portfolio, familiarity with assessment tools, team involvement) |  |
| **Recording of assessments:**  (personal records, learning log- Foundation Trainee, Foundation Supervisors records, how multiple supervisors can input records) |  |
| **Areas of good practice** |  |
| **Areas to develop** |  |
| **HEE criteria met** | Yes   No  |

**Practice Development**

Please outline (or enclose) key points of your practice development plan that may impact on the learning environment or supervision:

Please outline plans to develop (learning environment, expansion, moving into GPST training etc.)

**I understand that the information provided in the application form will be processed in accordance with the Data Protection Act. Personal data, such as that contained in the application form, is stored in deaneries on both computer and manual systems. Where appropriate, information is shared with those who have a responsibility for the organisation, management and delivery of training, to help them execute their function in the planning and delivery of doctors training**.

**Prospective Foundation Supervisor’s Signature: …………………………………**

**Date: ……………………………**

**PROPOSED PRACTICE FOUNDATION TRAINEE TIMETABLE**

Please indicate, using a letter from the key below, the activity of the practice during the week, other educational activities may be included

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Time**  **(e.g. 9-10.30)** | **Foundation Supervisor (1)**  **Name** | **Foundation Trainee (1)** | **Comments e.g. cover/teaching by others (please specify)** |
| MON AM 1 |  |  |  |  |
| AM 2 |  |  |  |  |
| Lunch |  |  |  |  |
| PM 1 |  |  |  |  |
| PM 2 |  |  |  |  |
| Evening |  |  |  |  |
| TUES AM 1 |  |  |  |  |
| AM 2 |  |  |  |  |
| Lunch |  |  |  |  |
| PM 1 |  |  |  |  |
| PM 2 |  |  |  |  |
| Evening |  |  |  |  |
| WED AM 1 |  |  |  |  |
| AM 2 |  |  |  |  |
| Lunch |  |  |  |  |
| PM 1 |  |  |  |  |
| PM 2 |  |  |  |  |
| Evening |  |  |  |  |
| THU AM 1 |  |  |  |  |
| AM 2 |  |  |  |  |
| Lunch |  |  |  |  |
| PM 1 |  |  |  |  |
| PM 2 |  |  |  |  |
| Evening |  |  |  |  |
| FRI AM 1 |  |  |  |  |
| AM 2 |  |  |  |  |
| Lunch |  |  |  |  |
| PM 1 |  |  |  |  |
| PM 2 |  |  |  |  |
| Evening |  |  |  |  |

**KEY** **T**eaching (tutorial) **A**dministration **G**uided personal study time (eg. Audit, elearning ) **S**urgery

**M**eetings (clinical or management) **F**oundation teaching at the hospital **V**isits (not acute) **O**ut of practice **C**linics (Disease management) **E**ducation activity (e.g. audit, reading, formulary)