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| Pan London Quality and Regulation Unit |
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| General Practice Educator Application Form |
|  |
| General Practice Postgraduate Medical Education |
| Version 0.7 |

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# Introduction

General Practice Postgraduate Medical Education (PGME) have evolved over a period of 10 years and during this time the landscape of the NHS, postgraduate medical education and training and the regulation of medics have changed significantly. To ensure General Practice Quality Management moves with the changing landscape the approval of GP Educators will be underpinned by the London Professional Development Framework

This framework will be used, in conjunction with a set of Minimum Requirements, to approve General Practice Educators. This means that all Clinical and Educational Supervisors in London are approved and recognised against a core framework.

The minimum requirements will:

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| 1 | The GP Educator must hold a full UK medical license. The GP Educator must also be a full member of the GP Register, and be in good standing with the GMC |
| 2 | The GP Educator must be recorded on the National GP Performers List |
| 3 | The GP Educator must comply with all areas of the London Professional Development Framework |
| 4 | The GP Educator must have the support of their Responsible Officer to be a GP Educator |

***Note*** on educators who work part time:  A GP will **usually** only be approved as an educator if they fulfil the following:

* Works at least four clinical general practice sessions (half days) per week in the practice where they are the trainer.
* Has one additional session (4 hours) per week of protected time for training, including the tutorial
* The educator’s clinical sessions happen at the same time as the learner’s.  Part-time educators can have a full-time learner, providing there is adequate clinical supervision available in the practice when the educator is not working

The application form is designed to cover all seven areas of the London Professional Development Framework (PDF) which are:

PDF 1: Ensuring safe and effective patient care through training

PDF 2: Establishing and maintaining an environment for learning (PDF 2)

PDF 3: Teaching and facilitating learning

PDF 4: Enhancing learning through assessment

PDF 5: Supporting and monitoring educational progress

PDF 6: Guiding personal and professional development

PDF 7 Continuing professional development as an educator

The visit team will comprise of least one lead visitor, who is either an AD or someone agreed by the AD, and one member who appears on the UK Medical Register. In circumstances that more visitors are required (for example where a number of educators and the practice are being approved) additional suitably qualified clinicians/non clinicians may be invited.

# Application Guidance

**Submitting your application form**

Once you have completed all sections of the form and have your supporting documents in electronic format, please email the full pack to the relevant Quality Support Officer:

**Health Education North West London, Suzy Clay:**  nwl.gpquality@ncel.hee.nhs.uk

**Health Education South London, Julie Hopkins:**  sl.gpquality@ncel.hee.nhs.uk

**Health Education North Central and East London, Clair Thompson:** ncel.gpquality@ncel.hee.nhs.uk

Please note that the documents have to be submitted to the relevant Quality Support Officer no later than **3 weeks prior to your approval interview (via e-mail only).** The team arranges a large numbers of visits therefore it is imperative that the above timescale is adhered to.

Your application form will be sent to the team carrying out the approval interview to allow them sufficient time to prepare for the interview.

**Supporting documents**

Supporting documents will need to be submitted. Where supporting documents are only available as hard copies, please scan the document and send it electronically.

**Approval Interview**

During the interview, you should provide a practice leaflet for the visiting team. The team may also ask to see other documents at the time of the visit, e.g. lists of meeting topics, a staff members appraisal, protocols, detailed QMAS breakdown, a learner needs assessment, etc.

The visiting team will need to see a DVD/video of a recent tutorial/teaching session with a learner, or for new applicants, teaching a team member. Please ensure you have the correct playback facilities ready and set up for this part of the visit. Please see the video guidance on the next page.

Part of your remit to being an Educator is that you participate in a minimum of at least 1 approval interview per year to re/approve other Educators in your area.

**Part-time Educators**

A part time General Practitioner can only be approved as a trainer or clinical supervisor if they fulfil the following:

* Works at least four clinical general practice sessions (half days) per week in the practice where they are the trainer or supervisor.
* Has one additional session (4 hours) per week of protected time for training, including the tutorial.
* The trainers’ or supervisor’s clinical sessions happen at the same time as the registrar’s.
* The trainer’s or supervisor’s sessions must be worked over at least three days. This is because the Deanery does not allow registrar’s to work three full sessions (12 hours) in one day.
* Part-time educators can have a full-time trainee providing there is adequate clinical supervision available in the practice when they are not working

**Note**

For clinical supervisors, formal job share arrangements, where 2 supervisors working together provide 3 or 4 sessions each, can be considered on an individual basis at the discretion of the patch Associate Director.

Other arrangements for trainers may be considered by application to the patch AD, who may also wish to consult the Speciality Training Lead.

**Video Guidance**

Please bring a video of a teaching session to your visit/interview, following the guidelines as below:

* It should be a discreet teaching episode; no greater than 1 hour in length and with a clear beginning and end.
* It should **not** be of an assessment for the e-portfolio.
* The purpose of the video is to demonstrate your teaching skills and we suggest that you try to display as many of them as possible, e.g. it is not advisable to choose a topic that lends itself only to didactic teaching.
* If you do not have a GPR or F2 in the practice, this does not matter. The visiting team will be happy to watch a teaching session with a medical student, with colleagues, or with any other members of the Primary Health Care team, e.g; receptionists, HCAs, Nurses or Practice Manager.

**Please note:**

Your video will be viewed on the day of the approval interview. You are not required to send it in with your paperwork and accompanying documents. However, if you are being approved at a venue other than your own practice such as Stewart House (Health Education England), we strongly recommend that you bring your own laptop with you to ensure successful playback.

**Glossary of terms**

 For a full glossary of terms, please refer to our website:

[**http://www.lpmde.ac.uk/var/plqru/general-practice-primary-care-quality-management**](http://www.lpmde.ac.uk/var/plqru/general-practice-primary-care-quality-management)

# Approval Type

|  |  |  |
| --- | --- | --- |
| **Approval type** | **Supporting documents to attach** | **Attached** |
| Educator(s),including Probationary Trainers and CS/ST | List of all previous trainees in the last 5 years and where they are now *(not applicable to clinical supervisors)* |  |
| Record of workshop attendance and list of topics (NOT minutes) from convenor |  |
| *Included in the Learning Environment* |  |
| Minutes or list of topics of multi-professional learning, or clinical meeting(s) |  |
| Last appraisal PDP (*for each applicant)* |  |
| Trainee induction timetable |  |
| Visit timetable *(template available)* |  |
| Please provide details of the parking arrangements/restriction in **and** around your practice: |

**Please note** that additional evidence may be requested by the visiting team if information such as the CQC report is not available prior to the visit

# General information

**Type of application:**

(Please highlight as appropriate)

|  |
| --- |
| **GP Trainer** |
| **Clinical Supervisor** |
| **Probationary Trainer** |
| **Clinical Supervisor in Support of Training**  |

**Personal Details**

|  |  |
| --- | --- |
| **Full Name of applicant**  |  |
| **Secure e-mail\*\*** |  |
| **Work Telephone number** |  |
| **Work Mobile number** |  |
| **Qualifications with dates** |  |
| **Date of Registration as General Practitioner** |  |
| **GMC or NMC No** (where applicable) |  |
| **Trainer/CS workshop you attend** |  |
| **Workshop attendance** (% in the last 12 months) |  |
| **Number of clinical session/week** |  |
| **Applicant’s list size** |  |
| **Number of educator sessions/week** |  |
| **Number of days at the practice** |  |
| **Scheme ½ day release your learner will attend** |  |
| ***Existing educators only*****Total number of STGP/FY2s trained**  |  |
| ***New educators only*****Have you/are you undertaking TTT or equivalent?**      Please state dates and outcome if appropriate  |  |

*\*\* Please note that all LETB correspondence is done via email so an NHS e-mail address is vital.*

**Practice/Learning Environment Details**

**Practice approval end date:**

|  |  |
| --- | --- |
| **Full practice address (including postcode)** |  |
| **Main telephone number** |  |
| **Bypass number** |  |
| **Fax number** |  |
| **Website** |  |
| **Out of Hours Provider** |  |
| **Clinical Commissioning Group** |  |
| **Clinical Support Unit (or equivalent)** |  |
| **Is there a branch surgery attached to** **your practice?**  | **Yes/No** |
| **Will your trainee be undertaking any** **sessions there?** | **Yes/No** |

**List any appointments external to the practice, and major responsibilities within the practice e.g. GPSI and hours/week spent on these.**

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**Lead Visitor Use**

**Interview team**

|  |  |
| --- | --- |
| **Name**  | **Designation**  |
| 1. | Associate Director (lead)  |
| 2. |  |
| 3. |  |
| 4. |  |

**Pre-Interview Notes**

**Pre-visit notes and comments**

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**Summary feedback from Programme Director** *(if not available for visit)*

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**Summary Evaluation from previous trainees doctors (evaluation form if available)?**

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**Interview pre-visit discussion and points for clarification during this interview**

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|  |
| Ensuring safe and effective patient care through trainingThis area is about how you protect patients and enhance their care through your supervision of doctors in training, and how you balance the needs of your patients and service with the educational needs of your trainees.**The Supervisor:*** Ensures that trainees have undertaken appropriate induction
* Allows trainees, when suitably competent, to take responsibility for care, appropriate to the needs of the patient
* Balances the needs of service delivery with education
 |

**GP Educators and clinical supervisors:**

**Please demonstrate through the use of examples and/or supporting narrative how you meet the following criteria:**

1. ***Please summarise your personal educational (not organisational) induction for trainees, including any tools used to assess a trainee’s initial educational needs***
2. ***Describe how you balance the needs of service delivery with education and how you support trainees to take graduated responsibility for patient care: this will include surgery/OOH consulting, home visits (including on call) and providing telephone advice.***

**Educator response:**

**Lead Visitor report summary: Does the educator demonstrate that they ensure safe and effective patient care through training?**

|  |
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| Establishing and maintaining an environment for learning This area is about how you make the clinical environment safe and conducive to effective learning for trainees and others. **The Supervisor:*** Ensures that trainees receive the necessary ***training*** and ***supervision*** in situations that might expose them to risk
* Provides protected time for teaching and learning
* Proactively seeks the views of trainees on their experience
 |

**GP Educators and clinical supervisors:**

**Please demonstrate through the use of examples and/or supporting narrative how you meet the following criteria:**

1. ***How do you ensure that trainees provide a service that neither places them or their patients at risk of harm to their health?***
2. ***Please provide yours and trainee’s timetable demonstrating appropriate protected time for teaching and learning using the template provided on the next page.***

***3. Please indicate on the timetable or separately, how OTHER supervisors in the practice are given protected time to teach***

**Educator response:**

**Lead Visitor report summary: Does the educator demonstrate that they establish and maintain an environment for learning?**

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# Weekly Timetable - Educator

As an educator, please demonstrate using the table below your own weekly timetable.

|  |
| --- |
| **TRAINER Timetable** |
| **AM** | **MONDAY** | **TUESDAY** | **WEDNESDAY** | **THURSDAY** | **FRIDAY** |
| **EXAMPLE:****Surgery 8.30-11.00****Paperwork 11.15-12.00****Trainee debrief: 12-12.15** |  |  |  |  |
|  |  |  |  |  |  |
| **PM** | **EXAMPLE:****Tutorial 3 – 5 pm** |  |  |  |  |

 **Please indicate**: trainer sessions**\***, surgery times, trainee debrief slots, tutorial time, SDL session and half day release session

(\**a session =* ***4*** *hours*).

# Weekly Timetable - Learner

**As an educator, please demonstrate using the table below your learner’s weekly timetable.**

|  |
| --- |
| **TRAINEE Timetable** |
| **AM** | **MONDAY** | **TUESDAY** | **WEDNESDAY** | **THURSDAY** | **FRIDAY** |
| **EXAMPLE:****Surgery 8.30-11.00****Paperwork 11.15-12.00****Debrief with trainer : 12-12.15****Telephone triage 12.15 – 1.45** |  |  |  |  |
| **AM NAMED SUPERVISOR** |  |  |  |  |  |
| **PM** | **EXAMPLE:****Surgery 3.30-5.30****Debrief: 5.45-6.10 with** **Dr Good** **(TRAINER HALF DAY)** | **EXAMPLE:****Tutorial 3 – 5 pm** |  |  |  |
| **PM NAMED SUPERVISOR** |  |  |  |  |  |

**Please indicate**: trainer sessions**\***, surgery times, trainee debrief slots, tutorial time, SDL session and half day release session

**Please also indicate**: timed slotwhen a **named** **supervisor** will be available **on site** in the absence of the trainer. (\**a session =* ***4*** *hours*)

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| Teaching and facilitating learningThis area is about how you work with trainees to facilitate their learning.**The Supervisor:*** Plans learning and teaching according to the educational needs of the trainee
* Uses a range of teaching interventions in clinical setting
* Involves the multi-professional team in the delivery of teaching and supervision
* Facilitates a wide variety of appropriate learning opportunities
* Supports the trainee to develop ability for self-directed learning, self-awareness and critical reflection
* Supports the trainee in the acquisition of generic professional skills.
 |

**GP Educators and clinical supervisors:**

**Please demonstrate through the use of examples and/or supporting narrative how you meet the following criteria:**

1. ***The teaching methods you use and how you choose each of these to help you deliver the GP curriculum.***
2. ***Facilitating a variety of learning opportunities and how joint learning in practice is embedded***
3. ***How teamwork is fostered in the practice, including multi-professional teamwork and learning.***
4. ***Please provide examples of how you assure educational quality and ensure educational supervision when you are away from the organization.***

**Educator response:**

**Lead Visitor Use: Does the educator demonstrate that they use effective teaching methods and adapt their approach to facilitating learning?**

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| Enhancing learning through assessmentThis area is about your approach to assessment and feedback**The Supervisor:*** Regularly observes the trainee’s performance and offers feedback
* Regularly seek feedback (positive and negative) from their teams on trainee performance to inform future 360 assessments.
* Provides feedback that is clear, focused and aimed at improving specific aspects of trainee performance
* Uses workplace-based assessments appropriately
* Plans and/or monitors assessment activities
* Supports the trainee in preparation for professional external examinations
 |

**GP Educators and clinical supervisors:**

**Please demonstrate through the use of examples and/or supporting narrative how you meet the following criteria:**

1. **Please provide reflection on an example of feedback you have given which you felt went particularly well.**
2. **Please describe/provide the system you use to gain feedback from trainees**
3. **Please describe how you make use of workplace-based and learning needs assessment to support the trainee in preparation for professional external examinations**
4. **Please describe how you support your trainee to prepare for the CSA and AKT.**
5. **If relevant, list the outcomes (pass/fail) for your trainees in the AKT and CSA over the past three years?**

**Educator response:**

**Lead Visitor Use: Does the educator enhance learning through assessment?**

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| Supporting and monitoring educational progress This area is about the support you provide to trainees in their progression towards a Certificate of Completion of Training and their intended career destination.**The Supervisor:*** A supervisor reviews and monitors educational progress though timetabled meetings, at least at the beginning, middle and end of the placement with the trainee; sets educational objectives in the clinical environment and modifies educational interventions in response.
* Ensures continuity of supervision and effective educational handover between supervisors within the practice and arranges for the trainee to be supervised by another, appropriately trained, GP in the organisation when the supervisor is absent.
* Responds efficiently and effectively to emerging problems of trainee progress.
* An educational supervisor is familiar with the regulatory framework around GP training and the technical and administrative aspects of the RCGP e portfolio. The supervisor supports the trainee in using the portfolio and in fully engaging in all aspects of training, including national and local quality monitoring
* An educational supervisor provides a 6 monthly structured educational supervisor report that complies with RCGP and local guidance
 |

**GP Educators and clinical supervisors:**

**Please demonstrate through the use of examples and/or supporting narrative how you meet the following criteria:**

1. ***Please provide a copy of an Educational Plan to show how you set learning objectives and monitor the trainee’s progress towards them.***
2. ***How you use the e-Portfolio to support your trainee’s learning***
3. ***Describe how you calibrate your judgements in an ESR. If you have recently undertaken an ESR reflect on the feedback you received.***
4. ***Please describe how you have managed a trainee with problems in training and provide a copy of the policy you use to address problems relating to a trainees progress (e.g. hyperlink to policy)***

**Educator response:**

**Lead Visitor Use: Does the educator support and monitor educational progress?**

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| Guiding personal and professional development This area is about the support you provide to trainees in relation to their personal and professional development. **The Supervisor:*** provides a positive role model, through demonstration of exemplary clinical skills, professional behaviours and relationships
* is able to demonstrate and maintain appropriate boundaries e.g. social /professional
* Ensures that the trainee is aware of the requirements of the NHS Appraisal
* Understands when and where to refer on a trainee in need to other agencies, e.g. occupational health, counselling, MedNet, Professional Development Careers Unit
 |

**GP Educators and clinical supervisors:**

**Please demonstrate through the use of examples and/or supporting narrative how you meet the following criteria:**

1. ***Describe your understanding of when to refer a trainee on to other agencies and where you can refer them.***
2. ***How do you help your trainee plan and prepare for their future appraisal post CCT (For trainers only)?***

**Educator response:**

**Lead Visitor Use: Does the educator support personal and professional development?**

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| Continuing professional development as an educator This section is about your personal, professional development as a medical educator**The Supervisor:*** Has an up to date Personal Development Plan in relation to his/her extended role as an educator, derived through annual appraisal
* Evaluates own supervisory practice
* Evaluates own practice as an educator
* Takes action to improve own practice on the basis of feedback received, e.g. appraisal, informal feedback
* Maintains professional practice in line with specialty and regulatory requirements
* Actively seeks the views of colleagues through, e.g. 360° appraisal, peer observation
 |

**GP Educators and clinical supervisors:**

**Please demonstrate through the use of examples and/or supporting narrative how you meet the following criteria:**

1. ***Please provide a current PDP including objective(s) for your role as an educator and describe to what extent you have met educational objectives in your previous PDP.***
2. ***Provide evidence of the feedback of the most recent peer review of your teaching skills, the date this took place and your personal reflections after peer review.***
3. **What relevant areas of development did you identify at your last annual appraisal?**

**Educator response:**

**Recommendations – from previous approval/re-approval (existing educators only)**

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| --- |
| 1. **Recommendation:**

How it has been addressed: |
| 1. **Recommendation:**

How it has been addressed: |
| 1. **Recommendation:**

How it has been addressed: |
| 1. **Recommendation:**

How it has been addressed: |

**Educational Development Activity**

**Please list activities with dates**

\*since re-approval if you are already an approved educator or in the past 18 months if this is a first approval

|  |  |
| --- | --- |
| **Teaching updates/courses** | **Date** |
| Last established trainers’ course or chosen educational update course/ residential (3 yearly) |  |
| Last peer review of teaching (2 yearly) |  |
| Last CBD and COT calibration exercise in trainers/ supervisors workshop (2 yearly) |  |
| Last attendance at educational supervisors or ePortfolio update.Or if preferred by trainer, last peer review of quality of ePortfolio entries (2 yearly) |  |
| Other: |  |

***Existing educators only***

**How many trainer and/or CS approvals have you taken part in since your last re-approval?**

|  |  |
| --- | --- |
| **Educator and Practice name** | **Date (mm/yyyy)** |
| 1. |  |
| 2. |  |
| 3. |  |
| 4. |  |
| 5. |  |

**What did you learn?** How was your teaching influenced by attending the approval interview and observing/interviewing other educators.

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**Were any of the above peer review approvals?** If so, what did you learn from the opportunity to be part of a peer review?

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**Trainer Workshops**

**How have you utilised the resources offered by the workshops to develop your educational skills?**

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**Please provide examples of topics covered:**

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**Lead Visitor Use: Does the educator demonstrate how they have developed their skills as a supervisor?**

# Educator Declaration

From time to time, the LETB is asked to share its database of educator details with other organisations for the purposes of disseminating information about educational events or services relating to GP training. Do you wish to receive mailings from external organisations?

**Yes/No**

On an annual basis the LETB makes use of non-identifiable educator and practice information for purposes of planning educational delivery, evaluation of educational services and research. Do you wish the LETB to make use of your information?

**Yes/No**

**I have met the health and probity requirements as defined by either the GMC/NMC or the Academy of Medical Royal Colleges**

**Yes/No** Date of declaration / /

In making this application and declaration your attention is drawn to the GMC/NMC requirements in relation to your personal health and probity. Please use the space below to disclose any information regarding your health that is relevant to your application, not elsewhere covered in this form.

|  |
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**I confirm by signing below, that the information I have provided in this form is an accurate and a true record at the time of submission. I also confirm that I meet the minimum requirements to be an approved GP Educator. I agree that should I be approved the LETB are obliged to inform the GMC of this so it can be published in line with the Medical Act (1983).**

**SIGNED:**

*(scanned electronic signature)*

**NAME: DATE:**

**Lead Visitor Use:**

# Assessment of Video/DVD

At the visit the visitors expect to view a videotape/DVD of a recent tutorial in which the trainer demonstrates his/her teaching ability. First time applicants should also, if possible, video a teaching episode with a student learner in the practice or staff member. If this is not possible they are expected to provide a videotape/DVD of recent consultations, which will be used as a basis for a teaching-related discussion.

Tutorial **Yes/No** Consultation **Yes/No**

**Background information**

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| --- |
|  |

**Visitors please view and comment where required:**

|  |  |
| --- | --- |
| **Area** | **Comment** |
| Evidence of objectives setting | **Y/N** |  |
| Clarity of expected learning outcomes | **Y/N** |  |
| Evidence of pre-tutorial preparation | **Y/N** |  |
| Evidence of pre-tutorial preparation | **Y/N** |  |
| Acceptable quality teaching resources | **Y/N** |  |
| Appropriateness educational style | **Y/N** |  |
| Appropriate involvement of the trainee/F2 | **Y/N** |  |
| Appropriate learner-centeredness | **Y/N** |  |

**Visitor’s summary & recommendations on video:**

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**Lead Visitor Use:**

# Trainee Interview

**Name of trainee:**

**Type of learner (F2, ST1, ST2, ST3, ST4):**

**Please complete the below table:**

|  |  |
| --- | --- |
| How many months in practice? |  |
| Does the trainee have an employment contract? | **Yes/No** |
| Does the trainee have an educational contract? | **Yes/No** |
| Are there adequate arrangements for study leave? | **Yes/No** |
| How many hours of formal teaching contact occur? |  |
| How many hours of informal teaching contact occur? |  |
| Does the trainee find it easy to attend the half day release? | **Yes/No** |
| Current booking rate |  |
| Is workload appropriate to stage of training? | **Yes/No** |
| Do they see an adequate mix of patients? | **Yes/No** |
| Is there adequate access to out-of-hours experience? | **Yes/No** |

**What teaching methods have been experienced?**

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**Are there any areas where the trainee has difficulty gaining experience? Yes/No**

Comments:

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**Curriculum planning & training arrangements:** *(*please comment where appropriate)

**How is the trainee involved in their learning needs assessment?**

|  |
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**Are tools of learning needs assessment used to plan learning?**  **Yes/No**

**How is the trainee involved in planning the tutorials?**

|  |
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**Are learning needs reviewed regularly?**  **Yes/No** Comments:

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**Is the trainee adequately supported in preparing for the MRCGP assessments? Yes/No**

***(For GP trainees only)*** Comments:

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**Is the trainee adequately supported in their use of the relevant e-portfolio?**

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**Is the trainee able to learn from members of the primary health care team?** **Yes/No**

Comments:

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**How does the trainee access supervision from the trainer or another GP at the practice?**

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**Has the trainee identified any issues about the educational experience and how were these resolved?**

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**Visitor’s summary & recommendations based on trainee interview:**

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**Lead Visitor Use:**

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**Interview approval date:**

# Timetable Approval

Is the submitted timetable compliant with the European Working Time Directive and compatible with the Health Education England recommendations? Is it approved? **Yes/No**

Comments:

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# Interview Summary

**Summary of interview comments and highlights:**

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**Conclusion and recommended number of learners/trainees approved for the practice**

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|  |  |
| --- | --- |
| **Mandatory Educational Supervisor Actions** *(Please state the review period for each action)* | **Review period** |
|  | 3m, 6m, 12m or next visit |
|  | 3m, 6m, 12m or next visit |
|  | 3m, 6m, 12m or next visit |

|  |  |
| --- | --- |
| **Recommendations for future development** *(Please state the review period for each recommendation)* | **Review period** |
|  | 3m, 6m, 12m or next visit |
|  | 3m, 6m, 12m or next visit |
|  | 3m, 6m, 12m or next visit |

**Approval recommendations to the LETB**

|  |  |
| --- | --- |
| **Approval period** |  |
| **Approved as (T, CS, PT or CS/ST\*)** |  |
| **Full/Part time** |  |
| **\* Name of the supporting trainer for CS/ST approvals** |  |

**Final comments:**

|  |
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**Lead HEE Assessor’s name and job title:**

**Other assessor’s names and job title:**

**Please return to your administrator as soon as possible after the visit has taken place. Your administrator will follow up any necessary requests for further information.**