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| Training Programme Director (TPD) Report **For Re-approval of GP Trainer and/or Practice** | | | | | | |
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| **Name of trainer:** |  | | | | | |
| **Date of trainer re-approval panel:** |  | | | | | |
| **Current re-approval runs** | **From:** |  | | **To:** | |  |
| **In order to provide evidence for TRP (Trainer Re-approval Panel)**  We will use seven areas originally set out by the Academy of Medical Educators to provide a basic structure for the questions in this report (see below). This ensures we are considering the national standards expected of all GP trainers when reviewing and supporting the work of our trainers.  a. Ensuring safe and effective patient care through training  b. Establishing and maintaining an environment for learning  c. Teaching and facilitating learning  d. Enhancing learning through assessment  e. Supporting and monitoring educational progress  f. Guiding personal and professional development  g. Continuing professional development as an educator  For this report, answers need only be brief, but would be appreciated where possible to every question | | | | | | |
| **Ensuring safe and effective patient care through training** | | | | | | |
| Are there any recent changes to the practice or trainers own circumstances that we should be aware of before recommending re-approval? | | | | | | |
| **Establishing and maintaining an environment for learning** | | | | | | |
| **Do you have any concerns about the trainer and / or training practice?** | | | **Yes** | | **No** | |
| Comments: | | | | | | |
| **Teaching and facilitating learning** | | | | | | |
| Any comments (positive or negative) from current or recent GP trainees. | | | | | | |
| Any specific issues brought to light via annual feedback questionnaire or via local scheme end of placement feedback? | | | | | | |
| About the trainer? | | | | | | |
| About the practice? | | | | | | |
| Any other comments about teaching or WPBA in this practice? | | | | | | |
| **Enhancing learning through assessment** | | | | | | |
| Please comment on this trainers role as a Clinical Supervisor: | | | | | | |
| **Supporting and monitoring educational progress** | | | | | | |
| Please comment on this trainers role as an Educational Supervisor: | | | | | | |

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| **Continuing professional development as an educator -** Has the trainer contributed to: | | | | |
| **Half Day Release:** | | **Yes** | | **No** |
| **Trainer Workshops:** | | **Yes** | | **No** |
| **Recruitment:** | | **Yes** | | **No** |
| **Other Seminars** | | **Yes** | | **No** |
| **Attendance at Trainers Workshops:** | | **Number of sessions / Hours attended** | |  |
| **Any other observations?** | | | | |
|  | | | | |
| **Do you give your consent for this report to be seen by the trainer?** | **Yes** | | **No** | |
| **Signed:** |  | | | |
| **Print name of Training Programme**  **Director:** |  | | | |
| **Date:** |  | | | |