**Training Programme Director (TPD) / HEE Assessor visit Report**

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| **Name of Intending trainer:** |  |
| **Address of Practice:** |  |
| **Contact Telephone Number:** |  |
| **Training Programme Director / HEE Assessor:** |  |
| **Informal / Formal Visit:** |  |

**The Practice**

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| **Brief Description of the Practice and its context** |
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| **Other Educational activities in practice** |
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| **Medical Records** |
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| **Clinical Protocols** |
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| **Meetings, SEA, Audit** |
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| **Staff Handbook, policies, contract** |
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| **Practice Library** |
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| **Trainees consulting room** |
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| **Video camera, playback facilities and doctors bag equipment** |
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| **Evidence of encouragement / enthusiasm by the practice as a whole / partners in particular for this candidate to become a trainer** |
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| **Evidence that the Practice understands requirements as an employer of a GPSTR** | | |
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| **Does the practice currently meet the HEE YH criteria for approval as a training practice?** | **Yes** | **No** |
| **If no, by what date do you expect the practice to meet the HEE YH criteria for approval as a training practice?** |  | |
| **If no, what developments are required?** |  | |

**The Trainer**

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| **Suitability of this candidate to become a trainer** | |
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| **Has and educational mentor been assigned? Y/N** |  |
| **If yes, please give name of educational mentor** |  |
| **If no, please confirm you have notified the intending trainer. Y/N** |  |
| **Signed** |  |
| **Print name of TPD / Assessor** |  |
| **Date** |  |