# HEE Yorkshire & the Humber

# GP Trainer Approval and Re-approval

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# Site Approvals

All sites from which training takes place need to be approved as an educational site and registered as such with the GMC.

**New Training Sites**

All new to training sites need approval.

An initial informal visit from a TPD is required and a visit form is to be completed (this may be part of the trainer approval process if the trainer is also new to training)***.*** If the informal visit is satisfactory then a web app submission should be made and a formal visit requested. (this would be when the trainer is ready to submit for interview if the trainer is new to training).

Submission dates are **1 August** to start training in February and **1 February** for to start training in August.

The formal visit will be conducted by a QA tutor and the Practice Manager and Trainer/Prospective trainer will need to be available for this.

The web application will be reviewed by the Trainer approval interview panel. The trainer will not be required to attend.

Funding is available for approved trainers starting in a new to training practice to provide equipment for a trainee e.g books, bags and equipment, video recording and playback equipment.

**Approved practices moving site or merging with a site not approved for training**

A TPD visit is required to assess the premises to ensure they meet adequate standards for training.

The standard visit form should be completed. There is only a need to assess and record the factors that have changed.

If there are concerns about a new site then an action plan should be agreed with the trainer and TDP and the TPD should revisit to check for completion.

If the TPD still has concerns then they can request a formal visit.

The completed visit form should be sent to the GP approvals team for review by the GP Locality lead and uploaded onto the trainers most recent web application

# Site Re-approvals

Sites will be re approved every 5 years. This will be aligned with trainer re approvals (as such this will be 2 years for a new trainer in a new training practice).

Re approval will be based on a web application submission.

A visit is not required unless significant issues are identified at re approval.

**Fallow Sites**

If a practice has been fallow for less than 12 months then training can recommence without further assessment.

If a practice has been fallow for more than 12 months (unless due to lack of trainees to place there) but is within the 5-year approval cycle then a TPD report will be requested. If this is satisfactory then a formal application for approval is not needed.

# Trainer Approvals

**Expected Preparation Requirements for becoming a trainer**

* Completion of PGCME
* Trainer's Workshops
  + Attendance of at least 6 hours.
* Mentoring
  + 6 sessions or if less then evidence of covering all required areas.
* Spring /Autumn School
  + Attendance at WPBA and ES sessions either before approval or within the first 2 years of approval.
  + Attendance at one of the sessions discussing trainees with difficulties within the first 2 years of approval.

Trainers name will be added to circulation list for spring and autumn schools when funding for PGCME has been agreed or if they already have PGCME, when they register on the web app and submit their TPD report.

**Mentoring**

Nominal 6 sessions – see appendix for recommended content of sessions

One to one personal mentoring working with the individual trainers learning needs.

Funding - There is a grant of £1100 (2018) per new trainer supervised - based on a nominal 6x 3 hour sessions. The Claim form is available on the HEE Y&H website – GP educators section.

Mentor outcome summary form to be completed and submitted for payment by the mentor and a copy also submitted by the trainer on the web application.

**Funding**

Funding is available to support intending trainers and practices in the preparation to become a trainer.

The maximum budget is £6,000 (2018)

The budget includes Fees for PGCME, Backfill for PGCME, Mentor payment - maximum £1,100 (2018), Equipment for the practice e.g books, bags and equipment, video recording and playback equipment.

**Registration with the Web application**

Intending trainers should make contact with GP approvals team via the GP approvals group email [gpapprovals.yh@hee.nhs.uk](mailto:gpapprovals.yh@hee.nhs.uk) further details are available on the Website.

**PGCME funding application**

A TPD visit report needs to be completed and then submitted by the intending trainer by the required date.

The application deadline for submission of the report is the **1 February** for September PGCME courses and **1 August** for January courses.

The report needs to be reviewed by the QA team and passed to finance to agree the payments

Self-funding for late applications – this is only in very exceptional circumstances and the funding request will only be granted if there has been prior agreement.

**Intending trainer who already has a PGCME**

A TPD visit report needs to be submitted when a trainer registers on the web application. There is no date requirement for submission of this report

**Intending Trainer submission for approval interview.**

Submissions must be made on the web application.

Submission dates are **1August** for start in February and **1February** for a start in August.

Interviews to be held in October and April

Start dates are contingent on satisfactory completion of the PGCME, portfolio reviews, practice visits if required, satisfactory interview and finally GMC approval if it is a new site.

**Trainer Approval Interview Panels**

Interview panels are held twice a year to be held in April and October. Three panels at each time – in Leeds, Sheffield, Hull.

Panel is usually 1 full day but may be a half day depending on numbers of intending trainers.

Panel members – Three panel members required - School lead, GP QA locality lead and TPD or two TPDs if only one member of QA team available. GPStR (usually ST3, or ST2/3 leadership fellow) supernumerary.

**Payments for Panels**

TPDs should attend as part of their overall number of TPD sessions.

TPDs will only be offered payment if this is over and above their normal sessions and we are unable to find a TPD who can do this within their allocated TPD sessions.

A TPD claiming payment should sign a declaration that this attendance is over and above their normal TPD hours when making the claim.

The GPStR can apply for study leave if needed and this would need to follow the study leave policy for their scheme.

Travel payments will be paid if the trainee is asked to attend a panel outside their area of work. This claim will be sent directly to the approvals team

**Panel Chair**

The aim is to make a final decision and complete the approval at the panel.

If further information is required at panel, it will be the Panel Chairs responsibility to ensure any extra evidence is submitted and reviewed. The approvals team will support this.

Portfolio reviews should be completed at least 2 weeks before the interview panel to allow time for resubmission of evidence if needed.

TPDs reviewing the portfolios for the panel to record evidence required for resubmission and why in the 'changes box' and submit to panel chair to request the further information. Panel chairs should check the review has been done adequately and request any outstanding information for the panel.

Panel Chair should identify trainers who do not present adequate evidence that they are appropriately prepared to be a trainer. Panel chair will use the standard wording explaining the decision and asking the intending trainer to delay their applications with clear formative guidance on what they need to achieve. This will be entered onto the recommendations for change section of the final report. The web app portfolio should be completed as not approved and a new application submitted when remedial preparation has been completed. See appendix for standard wording format.

**Approval is initially for 2 years**

# Trainer Re-approvals

**Re-approval Cycle**

Trainers will be approved on a 5-yearly cycle

**Educational requirements during the re-approval cycle**

* Trainers Seminar – Mandatory attendance is required mid-way during the re approval cycle
* 50 hours of CPD over a 5-year cycle related to GP training role
* Trainers Workshops – Attendance at a minimum of 6 hours per year
* Equality and Diversity training - mandatory and updated 3 yearly
* PDP with Training related objectives

**Application for re-approval**

Submission of a web application – prompted by email from the web application system or GP approvals team.

Required evidence based on 3 areas:

* Practice as a training environment
* Trainer and trainee in practice
* Trainer as Educator

See Appendix for specific evidence required

**Re-approval Panel**

Virtual Panel – 2 GP QA Locality leads will review each web application

Further evidence can be requested via the web application

A final report will be issued to the trainer by the second reviewer

Re-approval outcomes:

* Re-approval for five years (normally with identification of areas of good practice and recommendations for development)
* Re-approval for less than five years (with identification of areas to be addressed within a specific time period)
* Practice visit to be arranged (if evidence is insufficient or concerns have been identified that require further investigation)

The panel will make a referral to the School lead if major concerns are identified that are unlikely to be resolved at a practice visit, or if following a practice visit, major concerns remain that prevent re-approval of the trainer.

Next Re-approval dates to be set based on the original re approval date.

**Non-respondents**

**Trainer not registered on App**

Non-respondents would be followed up at 8 weeks after submission date.

Approvals team will contact schemes to confirm if these trainers are still training and that email address is correct.

Email will be sent to trainers advising them that they must submit if they wish to continue training. Schemes to be copied in and practice manager if email address known.

Approval date can be moved forward by up to 6 months to allow for submission (4 months initially allowing for a further 2 months if necessary).

If no submission is received after the first email then a further email will be sent warning that it is assumed that the trainer is no longer wishing to train and will be removed from GMC register as a trainer. GP scheme and practice manager to be copied in.

**Trainer not responded to request for further information**

Approvals team to do a regular monthly review of applications waiting for further information

Reminder email to be sent to email address on the web application from GP approvals team copying in scheme and practice manager.

Approval date can be moved forward by up to 6 months to allow for submission.

# Trainers Moving Practice

**Trainers from within Yorkshire and the Humber**

If the trainer is moving to a current training practice, then they should inform the GP approvals team. There is no other action required.

If the trainer is moving to a non-training practice, then the practice needs to go through the formal approval process if the practice wishes to train.

**Trainers approved in other Deaneries**

The trainer approval status is unchanged and trainers can continue to train dependent on the practice training status, as for trainers moving within Yorkshire and the Humber.

Trainers who are in their first re-approval cycle will have a re-approval within 2 years of their initial approval as per Y&H trainers. All other trainers will have a 5-year re-approval cycle.

All trainers will be invited to and must attend the Trainers Seminar before their next re approval.

# Trainer Fallow Periods

Fallow periods of up to 12 months (other than enforced due to gaps in rotations) should be agreed with the local scheme and the GP approvals team should be informed.

If the period is greater than 12 months then the trainer needs to show evidence of keeping up to date with training requirements and TPD support for returning to training. This will be assessed by the school lead on an individual trainer basis. This submission should be kept on file by the GP approvals team

# Trainer Maternity Leave

The local scheme and the GP approvals team should be informed. If the period is greater than 12 months then the trainer needs to show evidence of keeping up to date with training requirements and TPD support for returning to training. This will be assessed by the school lead on an individual trainer basis.

# Trainer Retirement

GP trainer to confirm in writing by email to the GP approvals team.

Approvals team to inform the GMC.

A trainer will not be able to train after the date their training status is taken off the GMC register.

List of retired trainers to be shared with School lead and to be seen at the GP SMT.

# Associate Primary Care Educators

These are Non-medical clinical health care professionals wishing to have a formal role in GPStR training – e.g Nurse, Physicians associate. Such trainers will not be nominated as the lead trainer for an individual GP trainee.

**Approval Requirements**

* Need to have completed a PGCME
* Need to be working in a training practice with a current trainer
* Have a defined training remit within the training practice
* Can undertake assessments CBD and COT, if appropriately trained and benchmarked and peer reviewed e.g with GP trainer colleague, trainer’s workshops, trainer’s seminar

**Approval**

Applications to be made as per intending trainer process. Submission of outline of remit within the practice to be submitted by email to the GP approvals team.

Requirements for approval are the same as intending trainers.

PGCME and Mentoring is funded as per intending trainers.

**Re-approval**

Applications for re-approval should be submitted as per trainer re-approval process.

Requirements for re approval are the same as per trainers. Attendance at trainers seminar is mandatory.

# Appendices

Appendices referred to in this document are attached below:

**Appendix 1**

**Final Mentoring Feedback Form**

NAME OF INTENDING TRAINER: MENTOR NAME:

DATE:

|  |  |  |
| --- | --- | --- |
| Objective | Completed  Yes / No | Feedback |
| Review of learning plan / Objectives. |  |  |
| COT review. |  |  |
| CBD review. |  |  |
| Topic tutorial review. |  |  |
| Random Case analysis Review. |  |  |
| SEA review. |  |  |
| Educational Supervisor Role review. |  |  |
| Identifying and Managing a trainee with Difficulties |  |  |
| GP Web app review. |  |  |
| Preparation for interview panel review. |  |  |
| Future Educational PDP developed and reviewed. |  |  |

**Appendix 2**

Dear Dr X

Your application for interview for the role of GP trainer has not been accepted at this stage.

It is appreciated that you will have undertaken a considerable amount of preparation for this application but at this stage the reviewer of your portfolio has assessed that the evidence does not meet the standards to proceed to interview.

Please read the attached feedback which outlines the reasons for this decision and outlines development recommendations.

When you have carried out the recommendations then please resubmit your application.

Please note that the deadlines for submissions are:

1St August for a February start of training

1st February for an August start of training.

Please inform your local scheme of this decision and your future plans for application so that the scheme can plan trainee allocations.

|  |  |
| --- | --- |
| Criteria that does not meet standards | Recommendations for development |
|  |  |
|  |  |
|  |  |
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|  |  |

**Appendix 3**

**Trainer re approval and approval check list**

**Advice on evidence to submit**

Please use this in conjunction with the ‘**Description of what is required**’ and the ‘**guidance**’ in the web application document.

|  |  |  |
| --- | --- | --- |
| **Evidence** | **What We Do Want** | **What We Don’t Want** |
| QOF and CQC reflection | Short reflections on  QOF   * Overall score * Reflection on areas of high achievement * Reflection on areas needing development. * Reflection on how trainees are involved with or may affect QOF   CQC   * Overall outcome * Reflection on areas of good practice * Reflection on areas needing development. * Reflection on any areas related to trainees or training | DO NOT SUBMIT  Full QOF reports  Full CQC reports. |
| Significant events summary and Audit Summary | Short summary of how SEA are carried out in the practice   * Who does them, * How are they recorded * How are they shared, * How are actions monitored for completion   Short summary of how Audit is carried out in the practice   * Who does them, * How are the audit topics decided * How are they shared, * How is cycle completed | DO NOT SUBMIT  Lists of SEA,  Lists of Audit,  Examples of Audit |
| List of drugs for the doctors bag and explanation | List drugs available to trainees in the practice.   * State whether these are held individually or at the practice. * State why these choices have been made e.g demographics, geography, access to emergency services |  |
| List of attendees at 2 meetings | This is requested to see evidence that trainees are attending your practice meetings   * Ensure registrars are clearly identified on the meeting lists | DO NOT SUBMIT  Meeting minutes |
| List of meetings held in the practice | List of all clinical and non-clinical meetings.   * Identify clearly those   + That trainees are expected to attend   + Which are optional but invited   + They are not invited to attend * How these are timetabled |  |
| Trainee and trainer timetable | * MUST be submitted on standard template * MUST identify start and finish times of each activity including debrief, administration time , meetings and lunch breaks   + MUST be within EWTD. Must be equal to 40hrs. No more and no less.   + This is taken from start of day to end of day with protected lunch break of 30 minutes included within working hours. See GPC document on employing doctors in general practice. * MUST meet COGPED requirements * MUST submit Trainer timetable   + ensure that trainer meets minimum requirements of working 4 sessions per week in practice and overlap by 50% with trainee in practice | DO NOT SUBMIT  Any other format of timetable  Do not include other cover doctors timetables in trainer timetable |
| Induction timetable | Please submit an actual /proposed induction timetable   * MUST include Safeguarding children face to face briefing * SHOULD be sufficient length for different trainees ST1 /ST2 or ST3 if this varies please state how. * SHOULD involve meeting practice team members * SHOULD involve meeting with wider PHCT members such as community nurses etc | DO NOT SUBMIT  Just a description of the induction / trainee induction pack  E learning alone is not adequate for safeguarding briefing |
| MRCGP and PGCME declarations (new trainers only) | These are downloaded from within the web app - click on the underlined writing. Complete and upload.  Please ensure this is signed – can be electronic signature in the signature box. |  |
| Declaration of health and conduct | This is downloaded from within the web app - click on the underlined writing. Complete and upload.   * Please ensure this is signed – can be electronic signature in the signature box. |  |
| LAT | This is downloaded from within the web app - click on the underlined writing.   * This MUST be emailed to your local LAT office –address listed in the app and uploaded. * Please ensure that the LAT officer has deleted either declaration 1 or 2 and has signed the form |  |
| Equality and Diversity certificate | * This must be valid within 3 years. * This can be any health service related certificate – acceptable examples are Doctors net, blue stream academy, LfH, other health related role mandatory training packages |  |
|  |  |  |
| Trainers Seminar reflection and facilitator comments (current trainers only) | You will have attended this mandatory 2 day seminar by invitation from HEE.   * Submit your own reflections in original format completed during the course * Submit your facilitator’s comments either given to you at the end of the course or sent to you afterwards.   (if you attended before November 2014 then you will have attended TQA –in this case please submit your own reflections /preparatory paperwork and if available the tutors re approval sign off.) | DO NOT SUBMIT  Reflections on other seminars, workshops or away days in this section |
| TPD Report | This is downloaded from within the web app - click on the underlined writing.   * Ensure you click on the correct template. * Sent to your local scheme for a TPD to complete * Ensure you allow adequate time for a TPD to complete the report | DO NOT SUBMIT  Unsigned reports (electronic signature is acceptable),  blank templates whilst waiting for TPD to complete,  self-completed templates |
| PDP | * Submit any GP trainer related PDP objectives you have developed in the last 12 months * It is acceptable to submit the PDP from your appraisal document | DO NOT SUBMIT  Your whole NHS or Trainer appraisal |
| List of other educational activities | Please submit a list of GP training related educational activities   * Read the guidance in the web application * Include trainers workshops, trainers away days, trainers seminars, Spring /Autumn school, HDR involvement, any other training or courses | DO NOT SUBMIT  Other professional training related to GP or related to other roles. |
| Training in e portfolio (Current trainers only) | Please identify any training you have had about the e portfolio   * Consider trainers workshops, trainers seminar, any other training attended | DO NOT SUBMIT  Personal experience as a trainee. |
| Mentoring (new trainers only) | MUST be submitted on the standard template  This is downloaded from within the web app - click on the underlined writing. | DO NOT SUBMIT any other form of submission or list of education –this can be included in list of other educational activities |