

# General Practice Specialty Training School



## Practice Visit Manual (Reaccreditation visit)

**Training Practice Name** – \_\_\_\_\_

**Training Practice address** – \_\_\_\_\_

\_\_\_\_\_

**Trainer(s) Name(s)**

**GMC no.**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Lead Visitor** – \_\_\_\_\_ **Designation (AD/PD)** – \_\_\_\_\_

**Co-Visitor** – \_\_\_\_\_ **Designation** - \_\_\_\_\_

**Lay Visitor** – \_\_\_\_\_ **Designation** – \_\_\_\_\_

Responsible: GP Specialty Training Team  
Start Date: September 2013  
Review Date: January 2018  
Version: 2

## **What is the purpose of a practice visit?**

To ensure trainees are placed in an adequate training post with an approved trainer.

## **Aim**

We aim to provide a quality assured and formative accreditation/ reaccreditation process of GP Trainers and Practices.

The visit is centred on three areas; the Practice (Form 1), the Trainer(s) (Form 2) and feedback from Trainees connected to the practice (Form 3).

## **Role of the visiting team**

The team is made up of an experienced Lead Visitor, a GP Trainer and a Practice Manager.

Each member of the visiting team will be assigned a specific role by the Lead Visitor in the pre-visit meeting. Normally the Practice Manager will look at Form 1, the Trainer will begin by looking at Form 2 and the Lead Visitor will join the Trainer after meeting individually with the Trainees.

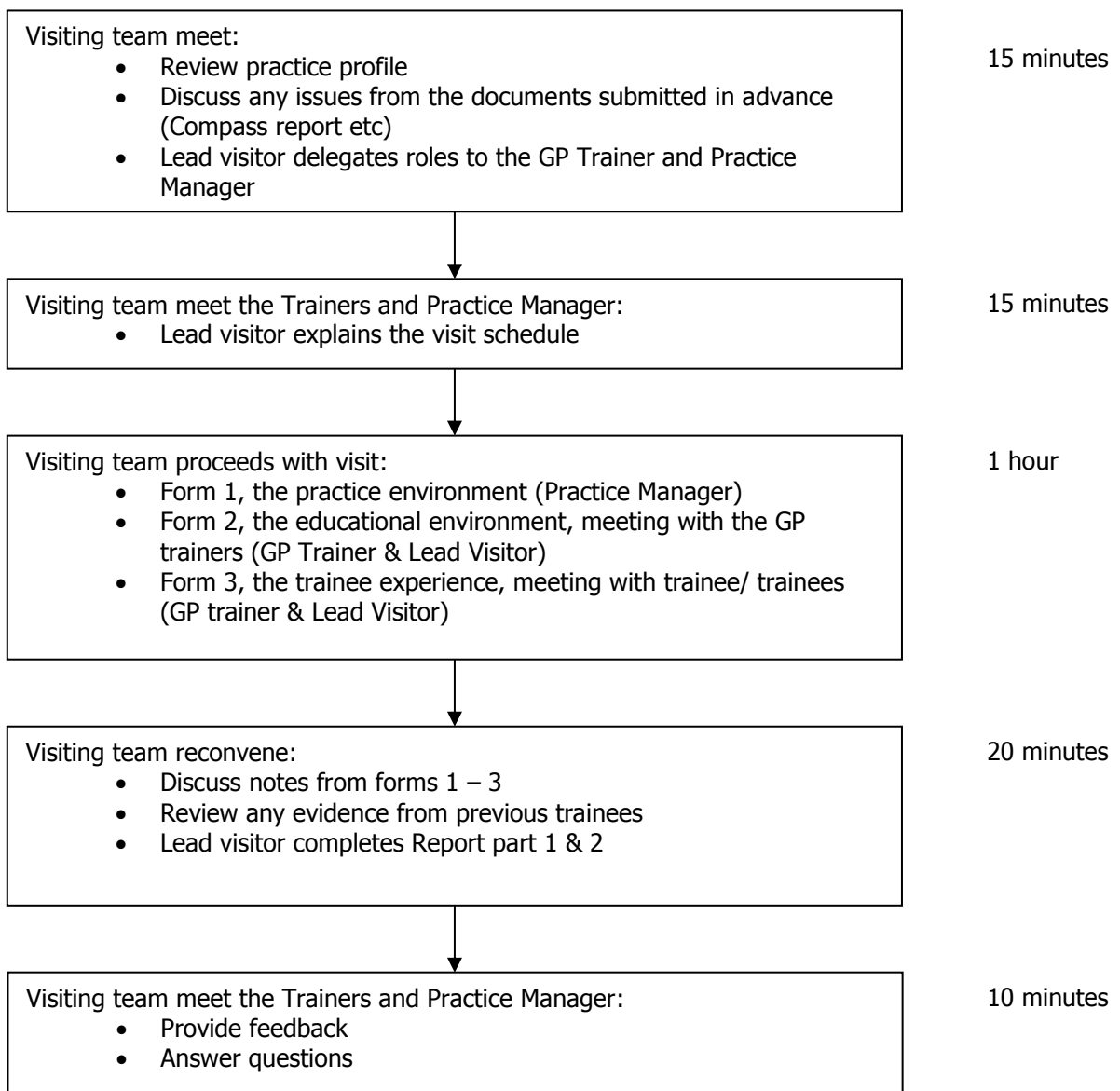
The visiting team are advised to treat information relating to the visit as confidential and to dispose of relevant documentation after the visit has taken place.

## **What a practice should do in preparation for their visit:**

- Allow 2 hours for the visit to take place
- Ensure there is a private room for the visiting team to meet
- All trainers must be present for the visit if they wish to be accredited/ reaccredited as trainers
- If there is a trainee(s) connected to the practice, they should be made available for the start of the visit
- The following documents should be sent to NIMDTA electronically, at least 3 weeks prior to the visit, (email [gpspecialtytraining.nimdt@hscni.net](mailto:gpspecialtytraining.nimdt@hscni.net))
  - Practice Profile Document
  - COMPASS Report
  - 2 Audits, 1 clinical and 1 process
  - 2 SEAs
  - Clinical governance plan for the year
- Finally, please read through the following manual and take note of the supporting documents (listed on Forms 1 & 2) which the team may want to see at the visit.
- If you have any queries please feel free to contact us by emailing [gpspecialtytraining.nimdt@hscni.net](mailto:gpspecialtytraining.nimdt@hscni.net). We hope you find your practice visit to be a positive experience and would welcome your feedback after the visit.

## What happens during a visit

(Guide times only)



**Form 1**  
**The practice environment** (GMC Domains 1-4)

**What should the visiting team look for?**

**a) Staff induction pack**

- How are new staff inducted to the practice?
- How are staff trained on using the telephone system, mail management and test results?
- Have the practice taken steps to ensure the trainee knows where to find all the information they need?
- Staff handbook
- How does the practice induct trainees in use of the computer system

**Suggested documentation/ evidence**

*Examples of staff policies/ procedures chosen at random e.g. staff absence policy, disciplinary policy, child protection, bullying/ harrasment*

**b) Policies & procedures relating to Patient Safety**

It is important that the trainee is learning in a practice with good clinical governance that puts patient safety first. By looking at some of the below policies can you see evidence that the appropriate policies and procedures are in place to ensure patient safety?

- Complaints process
- Controlled drugs policy
- Practice procedures for handover of OOH and palliative care
- Follow up of abnormal smears/ inadequate smears
- Practice policy for Blood test results
- Health and Safety policy
- Management of Hospital/ patient related correspondence
- Patient records
- Trainee appointments/times and records

**Suggested documentation/ evidence**

*Examples of policies/ procedures chosen at random :*

**c) Trainee Contract**

NIMDTA provide the practice and trainee with a contract of employment for both parties to sign, it's important this is discussed with the trainee and retained at the practice (contract available on the NIMDTA website).

**Suggested documentation/ evidence**

*Signed Trainee Contract*

**d) Training & Staff appraisal**

- What training opportunities have practice staff received in the last year? A good learning environment will support all staff and encourage development.
- Have all staff had an appraisal in the last year? Appraisal is an important part of learning and development; you could ask to see an appraisal belonging to one member of staff.
- How was the learning culture improved since the last visit?

**Suggested documentation/ evidence**

*Evidence of learning*

*Staff appraisal document chosen at random*

**e) Practice Meetings**

- How often do the practice meet as a team and is the trainee involved?
- Are these business or educational meetings, who attends?

**Suggested documentation/ evidence**

*Evidence of meetings/ minutes at random*

**f) Reports & Data**

- What opportunities does the trainee have in regards to recent DES and LES activity - Family Planning, Minor Surgery?
- What additional skill sets exist in the practice?

**Suggested documentation/ evidence**

*QoF summary*

**Notes for your own use:**

**1. What areas of good practice have you identified?**

**2. What areas for development have you identified / evidence not provided / recommendations?**



## Form 2

### The educational environment – the Trainer as an educator (Domains 5-8)

#### What should the visiting team look for?

##### a) Education structure

- Has the Trainer(s) completed a needs assessment with their trainee(s)
- ?Rating scales, ?Learning styles questionnaires
- How does the trainer ensure that the trainee is properly inducted? What is the Trainee induction period for involvement on the rota, timetable and house calls? Could these arrangements be improved?
- Does the trainer agree an educational plan with the trainee?
- What is the process for the trainee to ask for help?
- Discuss with the Trainer if any of their trainees have given them cause for concern? How was this managed?
- Handover between trainers in different practices can be very useful for continuity in a trainee's education. Is the practice engaged in giving / receiving handovers with other practices?
- How does the ES identify trainee issues
- Discuss the ES involvement in pastoral care
- Induction pack
- Appointment list for 2 weeks in practice
- How does the practice ensure a mix of booked/ acute appointments
- For ask my GP practices – how does the trainee gain access to chronic conditions/ review appointments etc
- How are trainees trained in OOH

##### Suggested documentation/ evidence

*Induction pack*

*Appointment list for 4/ 5 weeks in practice*

##### b) Trainee teaching tools

The following can be important teaching tools for trainees. **How are they used in training?**

- Most recent COMPASS report
- Current Clinical Governance activity including practice development plan
- Is the trainee taking part in audits and SEA? How are these integrated into learning? Are they added to the eportfolio?
- 2 audits and implementation of change (1 clinical, 1 process)
- 2 SEAs within the last year and implementation of change
- Referrals
- Example of 2 SEAs and recent audits including examples of trainee audits.
- Use of on-line tools/ e learning

##### Suggested documentation/ evidence

*Example of 2 SEAs and recent audits including examples of trainee audits.*



- c) Practice premises
- Look around the practice and at the trainee consultation room.
  - Are the arrangements adequate?
  - Does the trainee have their own room? If not how is this managed?
  - Are there panic buttons/ safety issues?
  - Is there as branch surgery? Is supervision provided at the branch surgery?
  - How is the Trainee protected in terms of safety?
  - Are there anaphylaxis kits in each clinical room
  - Is there easy access to emergency drugs/ defibrillator

Suggested documentation/ evidence

Practice premises

Trainee consulting room

#### **d) ePortfolio**

As part of the visit, look at each trainers input to current trainees ePortfolio.

- How does the trainer manage the ePortfolio during their working week, for both hospital based and practice based trainees?
- Discuss CBDs and COTs
- How is feedback given to the trainee?
- How is the trainer supporting the trainee with preparation for AKT & CSA? Do they help the trainee plan the best time to sit these exams?

#### **Suggested documentation/ evidence**

*Current trainee's ePortfolio*

#### **e) Trainer development**

- How does the trainer keep up-to-date in their role as a trainer?
- Do they have a PDP in their educational role?
- Do they regularly attend the trainer development activities
- (cell-based learning, recruitment, mock CSA, practice visits)
- Trainer PDP, certificates from development activities

#### **Suggested documentation/ evidence**

*Trainer PDP, certificates from development activities*

f) Educational Resources

- Does the trainee have access to the resources they need?
- What internet sites/ teaching Apps does the practice use for training?

Suggested documentation/ evidence

Commonly used web sites/ IT resources – Are they accessible on every desktop the trainee uses.

**g) Trainer RCGP certificate / receipt**

All trainers are **strongly recommended** to be current members of the RCGP.

**Suggested documentation/ evidence**

*Trainer PDP, certificates from development activities RCGP certificate / receipt*

**h) Trainee workload/ safety**

A GP Trainee should have 1 session per week of protected time with their Trainer, it is also important the trainee is not overwhelmed with their workload.

It is recommended that trainees have a few additional hours of eportfolio time during the week.

Ask to see the last few weeks of the trainee timetable and patient lists. Are the examples you have seen adequate for a GP trainee?

**Suggested documentation/ evidence**

*Recent rota and patient list*

**Notes for your own use:**

**1. What areas of good practice have you identified?**

**2. What areas for development have you identified / evidence not provided / recommendations?**

## Form 3 The trainee experience

Suggested questions for trainees in practice; the purpose is to give the trainee an opportunity to reflect on their time in practice.

### What should the visiting team look for?

#### Clinical Supervision:

- Can you approach your trainer with clinical problems during surgery? (how? - phone, knock door, etc)
- Do you have problem case discussions regularly?
- Have you had training on prescribing of "acute" prescription requests?
- Have you had training on actioning/ processing blood results, X-Ray/ CT/ MRI reports and hospital letters?
- Do you (or would you) feel supported if a patient-complaint has been made or if you made a clinical error?
- How were you trained and introduced to house calls?
- Does the practice provide pastoral support?

#### Educational Supervision:

- Do you have protected educational time with your trainer? (how often?)
- Are your educational sessions planned in advance, and is the planning trainer-led or trainee-led?
- Were your learning needs formally / informally assessed in induction? (PDP)
- Do you get allocated time to do eportfolio work?
- What other educational opportunities do you have? (practical procedures, chronic disease clinics, practice meetings, PBL)

- **What could be done to improve this post in terms of its educational opportunities?**
- **What are the strengths of this post in terms of the educational environment?**
- **What barriers to learning are there in this post?**

#### Notes for your own use:

**1. What areas of good practice have you identified?**

**2. What areas for development have you identified / evidence not provided / recommendations?**

**PRACTICE VISIT REPORT**  
**Reporting & discussing assessments** (Domain 9)

<b>TYPE OF PRACTICE VISIT:</b> If this is a triggered visit or a re-visit, please state reason for visit and related GMC Domain.  (GMC Domains can be found on the below link <a href="http://www.gmc-uk.org/Trainee_Doctor.pdf_39274940.pdf">http://www.gmc-uk.org/Trainee_Doctor.pdf_39274940.pdf</a> )	Routine      YES / NO Triggered    YES / NO Re-visit      YES / NO
<b>PRACTICE NAME:</b>	
<b>DATE OF PRACTICE VISIT:</b>	
<b>MEMBERS OF VISITING TEAM:</b>	Lead Visitor:
	Co-visitor:
	Lay visitor:

The Lead Visitor should summarise the findings from Forms 1 – 3 below. Please note the practice will receive a copy of this Report.

Please complete this Final report and return to NIMDTA, both in hard copy and typed electronic copy.

<b>1. The practice environment</b>  <b>Areas of good practice identified:</b>       <b>Areas for development identified/ evidence not provided / recommendations:</b>
<b>2. The educational environment</b>  <b>Areas of good practice identified:</b>       <b>Areas for development identified/ evidence not provided / recommendations:</b>

**3. Trainee experience**

**Areas of good practice identified:**

**Areas for development identified / evidence not provided / recommendations:**

**Any other comments not included above:**

**Overall recommendation for accreditation/ reaccreditation:**

**Is this practice suitable for GP Training? Yes / No**

Please remember only Trainers present during the visit can be accredited/ reaccredited.	Reaccredited 3 years / new trainers 1 year only.	Refer decision to NIMDTA.
Trainer 1 name:	___ Year(s)	YES / NO
Trainer 2 name:	___ Year(s)	YES / NO
Trainer 3 name:	___ Year(s)	YES / NO
Trainer 4 name:	___ Year(s)	YES / NO

**Please state the reason for your decision:** (e.g. good training environment)

**Specific Conditions for accreditation/ reaccreditation:** (e.g. new building, when completed, will be suitable for a GP Trainee)

**Any other comments:**