General Practice
Specialty Training School

Northern Ireland
mdta
Medical & Dental Training Agency

Practice Visit Manual
(New Training Practice)

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 two areas; the Practice (Form 1) and the Trainer(s) (Form 2).

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 primarily look at Form 1, the Trainer will begin by looking at Form 2 and the Lead Visitor will assist with both forms.
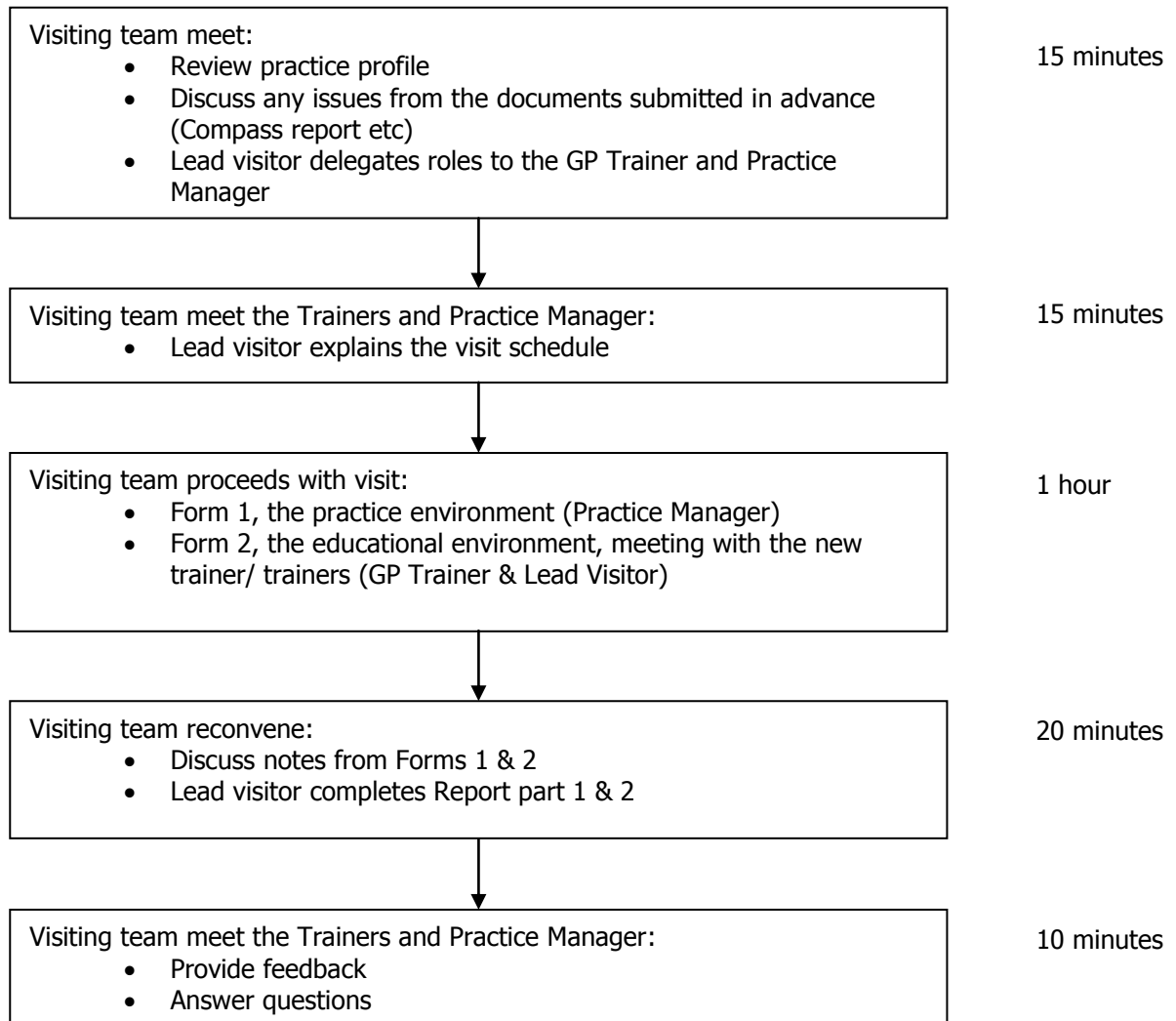
The visiting team are advised to treat information relating to the visit as confidential and to dispose of relevant documentation after the visit has taken place.

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

- The following documents should be sent to NIMDTA electronically, at least 3 weeks prior to the visit, (email gpspecialtytraining.nimdta@hscni.net)
    o Practice Profile Document
    o COMPASS Report
    o 2 Audits, 1 clinical and 1 process
    o 2 SEAs
    o Clinical governance plan for the year
    o Trainee Induction Pack
    o Proposed Trainee Induction Timetable
    o Example of two tutorial plans

- 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.nimdta@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)

Visiting team meet: • Review practice profile • Discuss any issues from the documents submitted in advance (Compass report etc) • Lead visitor delegates roles to the GP Trainer and Practice Manager	15 minutes

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Visiting team meet the Trainers and Practice Manager: • Lead visitor explains the visit schedule	15 minutes

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Visiting team proceeds with visit: • Form 1, the practice environment (Practice Manager) • Form 2, the educational environment, meeting with the new trainer/ trainers (GP Trainer & Lead Visitor)	1 hour

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Visiting team reconvene: • Discuss notes from Forms 1 & 2 • Lead visitor completes Report part 1 & 2	20 minutes

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Visiting team meet the Trainers and Practice Manager: • Provide feedback • Answer questions	10 minutes

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?
- How will the practice induct trainees in use of the computer system?

Suggested documentation/ evidence
Staff handbook
Examples of staff policies/ procedures chosen at random e.g. staff absence policy, disciplinary policy etc

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) Educational Resources (Library and IT)
- Does the trainee have access to the resources they need?
- Is the information kept up-to-date?

Suggested documentation/ evidence
Educational Resources
Books and On Line/ desktop resources

g) Reports & Data
- What opportunities does the trainee have in regards to recent DES and LES activity - Family Planning, Minor Surgery?
- Most recent QoF summary
- What additional skill set exists 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/Supervision

- How will the Trainer(s) complete a needs assessment with their trainee(s)?
  What Needs assessment tools will be used?
  Will the trainer look at trainee learning styles?
  How will the trainer use ground rules?
- How will the trainer ensure that the trainee is properly inducted? How will the Trainee be introduced into involvement on the rota, timetable and house calls? Could these arrangements be improved?
- How will the trainer agree an educational plan with the trainee?
- What will be the process for the trainee to ask for help? (Knock doors, computer alerts, phone calls?)
- Discuss with the Trainer how they might handle trainees with cause for concern? Discuss common problems and how/when to refer to PD/AD?
- Handover between trainers in different practices can be very useful for continuity in a trainee's education. How would the practice engage in giving / receiving handovers with other practices?
- Discuss the role of the trainer in Pastoral care?

Suggested documentation/ evidence
Induction pack (Previously Submitted)
Induction Rota – (sitting in with other primary care team members)
Appointment list for 4/ 5 weeks in practice
Planned tutorial list – initial common list – prescribing, telephone triage, emergencies, forms etc

b) Trainee teaching tools

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

- Most recent COMPASS report – how will this be used in training?
- Current action points from meeting with the Prescribing Adviser
- Current Clinical Governance activity including practice development plan
- Will the trainee be taking part in audits and SEA? How will this be integrated into learning and 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
- Chronic Disease Clinics

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?
- Are there panic buttons, safety issues?
- Does the trainee have their own room? If not how is this managed?
- Is there as branch surgery? Is supervision provided at the branch surgery?

Suggested documentation/ evidence
Practice premises
Trainee consulting room

d) ePortfolio

- How will the trainer manage the ePortfolio during their working week, for both hospital based and practice based trainees?
- How will feedback be given to the trainee?
- How will the trainer support the trainee with preparation for AKT & CSA? Do they help the trainee plan the best time to sit these exams?
- Has the practice 'bought in' to training? Discuss protected time for the trainer, support from other partners etc.
- As an ES how will the trainer encourage trainee engagement in eportfolio (Particularly with remote supervision)
- How will the trainer deal with lack of engagement?

Suggested documentation/ evidence
Discuss initial and subsequent ST1 meetings – setting ground rules, PDP, feedback on Log entries and preparation for review

e) Trainer development

- How will the trainer intend to keep up-to-date in their role as a trainer?
- Do they have a PDP in their educational role?
- Are they aware of trainer development activities (cell-based learning, recruitment, mock CSA, practice visits, ARCP panels, allocation panels)?

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.

h) Trainer RCGP certificate / receipt
All trainers are **strongly recommended** to be current members of the RCGP.

Suggested documentation/ evidence
RCGP certificate

i) Trainee workload
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. Discuss how they plan to oversee this

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

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?

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PRACTICE VISIT REPORT
Reporting & discussing assessments (Domain 9)

TYPE OF PRACTICE VISIT: 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 http://www.gmc-uk.org/Trainee_Doctor.pdf_39274940.pdf)	NEW PRACTICE	
PRACTICE NAME:		
DATE OF PRACTICE VISIT:		
MEMBERS OF VISITING TEAM:	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.

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1. The practice environment

Areas of good practice identified:

Areas for development identified/ evidence not provided / recommendations:

2. The educational environment

Areas of good practice identified:

Areas for development identified/ evidence not provided / recommendations:

Any other comments not included above:

Overall recommendation for accreditation:

Is this practice suitable for GP Training?   Yes / No

Please remember only Trainers present during the visit can be accredited/ reaccredited.	Accredited / 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: