



GUIDANCE FOR DEANERIES/LETBs ON THE STANDARDS FOR GP SPECIALTY TRAINING

Introduction

GP Specialty Training Standards (the Standards) have been developed and approved by COGPED and the RCGP. They are compatible with and build upon the GMC's *The Trainee Doctor*¹ though the wording of individual standards may not always be identical to that of the equivalent standard in *The Trainee Doctor*. GP training programmes, educators and practices meeting these standards can be assumed to have met, and in many cases exceeded, GMC standards.

This document uses the generic term 'deanery' to encompass all the organisations in the UK responsible for organising postgraduate medical education and training, that is: deaneries, health boards, and Health Education England regional bodies/LETBs. The term 'GP school board' encompasses GP specialty training committees and other, equivalent, bodies.

Reference to 'faculty' in this document refers to the community of local educators.

The Standards are consistent with, the Gold Guide², with the requirements of appraisal and revalidation and with the high level outcomes contained in the Department of Health (England) Education Outcomes Framework³.

In the context of the Francis Report⁴ the GMC is consulting on whether or not to set standards for the approval of the training environment, which it defines as the prevailing climate in which learning takes place - physical surroundings, organisational infrastructure and culture, curricula, assessment systems, supervision and the role of trainers. These Standards, in common with, but more so than, *The Trainee Doctor* encompass standards for the training environment. However, they may need to be revised when and if the GMC issues new guidance on the environment. Meanwhile, conscious that this

¹ http://www.gmc-uk.org/Trainee_Doctor.pdf_39274940.pdf

² <http://specialtytraining.hee.nhs.uk/wp-content/uploads/sites/475/2013/10/Gold-Guide-2010.pdf>

³ https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/175546/Education_outcomes_framework.pdf

⁴ <http://www.midstaffspublicinquiry.com/report>

document deconstructs the standards for GP specialty training into a series of lists, COGPED and the RCGP expect those responsible for complying with the Standards to think broadly about what constitutes a good training environment and not to view compliance with the Standards as a "tick box" exercise.

The Standards are written to be flexible enough to accommodate changes to the structure of GP specialty training. They cover all years of the training programme and all the environments in which training takes place - NHS and non NHS, within and outside the UK - although not all are relevant to, or attainable in, all parts of the programme.

A number of sets of standards relating to clinical care, practice management and governance are in use across the UK. These Standards avoid, as far as possible, duplicating others by focusing only on areas directly related to GP specialty training.

Where there are local variations in training provision deaneries may develop their own standards and/or requirements. Deanery standards should be compatible with and build upon these Standards.

Reference to the National Recruitment Office for GP Training has been removed from Domain 4 – Recruitment and Selection – as the NRO is a non-statutory body. However, COGPED and the RCGP would expect all deaneries to work within the frameworks set out by the NRO or an equivalent, successor body.

Most of the standards are mandatory; a standard is mandatory unless marked otherwise. As in *The Trainee Doctor*, 'should' is used when the mandatory requirement will not apply in all circumstances, or where there are factors outside the control of the deanery or local education provider that may affect their ability to comply.

Defining what should be a mandatory requirement, and where a Deanery/local education provider should be working towards compliance, is not a precise art. Additionally, the consequences of delivering or failing to deliver each standard are different, such that not all standards are equal. It is important that those involved in the quality management and assurance of GP specialty training are sensitive to these differences.

Educator standards

Standards for the three key categories of educator responsible for supervising GP trainees (named GP clinical supervisors, educational supervisors and training programme directors) are included as annexes. They are consistent with the definitions in the Academy of Medical Educators *Framework for the Professional Development of Postgraduate Medical Supervisors* and map to the *Framework's* seven domains.⁵

⁵ <http://www.medicaleducators.org/index.cfm/linkservid/C575BBE4-F39B-4267-31A42C8B64F0D3DE/showMeta/0/>

Whilst the GMC's definition of a 'trainer' encompasses both the clinical supervisor and educational supervisor roles, in general practice, the term 'trainer' relates specifically to the educational supervisor role. The term 'GP trainer' is enshrined in the 1983 Medical Act. It means a GP who has been formally approved by the GMC for the purposes of providing training to a GP Registrar⁶.

The guidance on relevant supporting evidence is deliberately non-prescriptive to encourage those applying for approval to think carefully about what is required.

The standards for named clinical supervisors relate only to those working in general practice, not secondary care⁷. While, for the purposes of this document they relate to those supervising GP specialty trainees, the intention is that they can and should apply to those in GP environments training medical students, foundation doctors, secondary care trainees, GP returners, and should be used by deaneries to devise job specifications and training for all categories of named clinical supervisor. More guidance on the roles of named GP clinical supervisors is available on the COGPED web site⁸.

Practice environment standards

Standards for the training practice environment are included as an annex. In line with the GMC's approach, COGPED and the RCGP have not developed standards relating to accommodation (for rest/sleep), travel, personal safety and catering services. Adequate provision in these areas is, however, important for the health and well-being of trainees and relevant to trainees' ability to train and learn effectively.

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⁶ http://www.gmc-uk.org/education/approval_trainers.asp

⁷ So include, but are not limited to the following types of named clinical supervisor: the trainer providing named clinical supervision to the GP trainee in practice (ST1/ST2) but who is not the ES; OOH GP clinical supervisor, the GP in a "spoke" practice who regularly supervises the trainee for part of their training programme

⁸ cogped.org.uk/document_store/1368698875jCbD_defining_gp_clinical_supervisor_roles.pdf

DOMAIN 1
PATIENT SAFETY

The responsibilities, related duties, working hours and supervision of Trainees must be consistent with the delivery of high-quality, safe patient care

There must be clear procedures to address immediately any concerns about patient safety arising from the training of doctors

1.1 Trainees must make the highest quality care of patients their first concern.

1.2 Trainees must be familiar with local procedures for reporting patient safety concerns.

1.3 Trainees must be supervised according to their experience and competence and only undertake tasks for which they have been trained or are being trained⁹. Trainees must not be asked to work beyond the limits of their competence unless appropriately supported by a clinical or educational supervisor. In the training practice trainee workload should increase under guided supervision to full participation in practice clinical responsibilities to meet service responsibilities.

1.4 Trainees must have a named clinical and educational supervisor for each placement. The roles may be combined¹⁰. Clinical and educational supervisors must be competent to supervise, accessible and approachable and have time for supervision clearly identified in their job plan.

1.5 Trainees must act in accordance with the GMC's guidance *Consent: patients and doctors making decisions together* (2008). Before seeking consent from a patient for a medical procedure both trainee and supervisor must be satisfied that the trainee understands the proposed intervention and its risks, and can answer associated questions from the patient or his/her representative. If this will not be possible, when consent is taken the trainee must have access to a supervisor with the required knowledge.

1.6 Shift, on-call rotas and out-of-hours work must be designed to minimise the adverse effects of sleep deprivation. All placements in a training programme must comply with the European Working Time Regulations¹¹.

1.7 Placements must have well organised and clearly described handover arrangements that ensure continuity of patient care.

1.8 Training in out-of-hours care must be supervised. The deanery is responsible for quality managing the out-of-hours learning environment and clinical supervision.

⁹ This will include undertaking clinical procedures, obtaining patient consent, discharging patients and prescribing

¹⁰ For example, in ST3

¹¹ Except where an exemption is provided for in legislation (for example, for Armed Forces personnel engaged in military operations)

1.9 Robust processes must be in place to identify, support and manage trainees whose progress, performance, health or conduct is of concern.

1.10 Serious concerns about a trainee's performance, health or conduct must be investigated immediately. When there are concerns, the trainee's educational supervisor, training programme director and the deanery must be informed. In line with *Good Medical Practice*, the GMC must be informed when concerns arise about a trainee's fitness to practise.

1.11 Those responsible for training must share with others involved in training, in both primary and secondary care, information about trainees that is relevant to their development as doctors. This is so that appropriate support and supervision can be arranged as the trainee progresses through training. Trainees must be privy to the information about them that is being shared.

1.12 GP training practices must demonstrate high standards in nationally agreed frameworks, for example QOF.

1.13 GP training practices must be fully registered with national regulators, as required, for example the Care Quality Commission. Training practices must inform the deanery if a regulator imposes conditions on its registration.

DOMAIN 2
QUALITY ASSURANCE, REVIEW AND EVALUATION

GP Specialty training must be quality managed, monitored, reviewed, evaluated and improved

2.1 All placements in a training programme must comply with the European Working Time Regulations¹². All aspects of the management and delivery of training must comply with the Data Protection Acts and Freedom of Information Act¹³.

2.2 Deaneries, working with others, must have policies and processes for quality managing GP specialty training programmes and all the placements that form part of a programme¹⁴. Those policies and processes must be clearly documented and publically available.

2.3 Any local, deanery training standards, and educator and practice selection criteria must be consistent with and build upon these Standards.

2.4 The quality management of GP specialty training must take account of the views of those involved in training, including trainees, local faculty and, where appropriate, patients and employers.

2.5 Deaneries must only place trainees in GMC-educationally approved programmes and quality managed learning environments.

Developmental

2.6 The GP School should be involved in the process of approving named clinical supervisors in secondary care.

¹² Except where an exemption is provided for in legislation (for example, for Armed Forces s engaged in military operations)

¹³ This includes training in out-of-hours general practice

¹⁴ Including those outside the NHS

DOMAIN 3
EQUALITY, DIVERSITY AND OPPORTUNITY

GP specialty training must be fair and based on principles of equality

3.1 GP specialty training programmes must comply with employment law, the Equality Act 2010, the Human Rights Act and any other relevant equality legislation.

3.2 Information about training programmes, their content and purpose must be publicly accessible and include guidance on less-than-full-time (LTFT) training, taking a break, and returning to training following time out of programme for any reason, including health or disability.

3.3 Deaneries must accommodate, and make reasonable adjustments to programmes for, LTFT trainees. They must encourage local education providers to provide LTFT training opportunities. LTFT programmes must comply with the guidance in the Gold Guide, GMC position statements and COGPEd guidance on LTFT training^{15,16,17}

3.4 Reasonable adjustments, that do not compromise standards, must be made to training programmes and environments to accommodate trainees with disabilities.

3.5 All those involved in the direct management and supervision of trainees must receive regular training in equality and diversity. Data about training take up should be collected and fed into quality management processes.

3.6 Major new policies and processes must be equality-impact assessed.

3.7 Equality impact assessment data for key areas, including recruitment and assessment, must be collected, analysed and fed into quality management processes.

¹⁵ GMC position statement on less than full time training http://www.gmc-uk.org/Less_than_full_time_training_GMC_position_statement__18_October_2011.pdf_45023470.pdf

¹⁶ GMC position statement on time out of training www.gmc-uk.org/20121130_Time_out_of_Training_GMC_position_statement_Nov_2012.pdf.pdf_50666183.pdf

¹⁷ [http://www.cogped.org.uk/document_store/1294676529jntp_guidance_on_less_than_full-time_\(ltft\)_training_for_general_practice_\(dec_10\).doc](http://www.cogped.org.uk/document_store/1294676529jntp_guidance_on_less_than_full-time_(ltft)_training_for_general_practice_(dec_10).doc)

DOMAIN 4
RECRUITMENT, SELECTION AND APPOINTMENT OF GP SPECIALTY
TRAINEES

Processes for recruitment, selection and appointment must be open, fair and effective

4.1. Information about vacancies, eligibility, selection criteria and the application process must be widely available before the selection process begins.

4.2 The criteria and processes for selection must be fair and equitable.

4.3 All those involved in selection must be trained in selection principles and processes, including training in equality and diversity.

4.4 All those involved in selection must have been calibrated in competency based assessment.

4.5 There must be external input into the selection process.

4.6 There must be published and easily accessible process for appealing non-selection.

DOMAIN 5

DELIVERY OF CURRICULUM INCLUDING ASSESSMENT

The requirements set out in the approved curriculum and assessment system must be delivered and assessed

Education and Training

5.1 Training programmes must comply with the guidance on the content of CCT training published jointly by the RCGP and COGPED¹⁸.

5.2 The placements within a training programme, combined with a range of other learning opportunities must, together, provide trainees with exposure to a range of patients, clinical problems, training environments and training opportunities sufficient to deliver the GP Curriculum and so equip them for a career in independent practice.

5.3 Trainees must be reminded about the need to have due regard to, and to keep up to date with, the principles of *Good Medical Practice* and the requirements of revalidation, particularly with regard to the completion of the appropriate revalidation declarations

5.4 Irrespective of the environment in which they are training, trainees must be able to access and be given help to access the learning opportunities that will enable them to meet the requirements of the GP Curriculum¹⁹. GP trainees in both primary and secondary care should be released to attend a minimum of 70% of the GP annual, formal teaching programme.

5.5 To satisfy the requirements of the GP Curriculum, trainees must gain supervised experience of general practice out-of-hours work that accords with COGPED guidance²⁰.

Developmental

5.6 Trainees should gain experience of a range of GP workplaces in a variety of community settings

Assessment and appraisal

5.7 Assessments must be appropriately sequenced and match progression through training.

¹⁸ http://www.rcgp.org.uk/gp-training-and-exams/gp-certification-overview/~/_media/Files/GP-training-and-exams/Certification%20files/RCGP-COGPED-guidance-on-the-content-of-specialty-training-programmes-in-general-practice-intended-to-lead-to-the-award-of-a-CCT.ashx

¹⁹ These learning opportunities will include courses, training days and the provision of other learning material. Off-the job training must be protected (bleep free)

²⁰ [http://www.cogped.org.uk/document_store/1286375694vGnm_out_of_hours_position_paper_\(revised_2010\).doc](http://www.cogped.org.uk/document_store/1286375694vGnm_out_of_hours_position_paper_(revised_2010).doc)

5.8 Each assessment must add unique information and build on previous assessments.

5.9 Trainees must only be assessed by someone with appropriate experience and competence.

5.10 Trainees must be supported in preparing for all components of the MRCGP and provided with the necessary facilities, assessment opportunities, support and feedback in all primary and secondary care placements.

5.11 Progress through training (the acquisition of the competences in the GP Curriculum and the successful completion of MRCGP assessments), must be recorded and monitored by means of the Trainee ePortfolio and the ARCP process as defined in the Gold Guide.

5.12 Trainees must have regular, formal reviews in accordance with the requirements of the *Gold Guide* and the General Medical Council.

Performance feedback

5.13 Trainees must receive regular, documented feedback on their performance in each placement.

5.14 Patients, doctors, other health and social care professionals, managers and administrators who have worked with trainees should have an opportunity to provide feedback on the trainee's performance.

5.15 The Trainee ePortfolio must record a trainee's professional development, educational achievements and assessment outcomes; to include summaries of feedback from the educational supervisor, significant achievements or difficulties and reflections of educational activity.

DOMAIN 6
SUPPORT AND DEVELOPMENT OF TRAINEES, TRAINERS AND LOCAL FACULTY

GP specialty trainees must be supported to acquire the necessary skills and experience through induction, effective educational supervision, an appropriate workload, relevant learning opportunities, personal support and time to learn

Induction to the Service

6.1 Trainees starting new placements must receive a clinical induction that will enable them, under supervision, to practise and learn safely.

Educational Induction

6.2 Trainees starting new placements must receive an induction that will enable them to understand how the learning opportunities in the placement will deliver the relevant competences in the GP Curriculum.

Educational supervision

6.3 At the start of training the trainee and educational supervisor must sign an educational contract covering all placements in the programme.

6.4 Trainees must have an educational supervisor from general practice throughout the programme. When the educational supervisor changes, the deanery must ensure that there is a managed handover of responsibilities.

6.5 Each placement within a programme must be overseen by a clinical supervisor who may also be the educational supervisor. If the roles are separated, there must be a clear mechanism for the sharing, between them, of information on the trainee.

6.6 The educational and/or named clinical supervisor must meet the trainee at regular intervals (normally at least once every three months) to discuss progress in the placement.

6.7 Out-of-hours training must be appropriately supervised. The deanery is responsible for quality-managing that supervision²¹.

6.8 Trainees must have a means of feeding back in confidence concerns about the quality of patient care and about their training and education to an appropriate member of local faculty or the deanery, without fear of disadvantage. With reference to GMC guidance on confidentiality, trainees' privacy and desire for confidentiality should be respected if it is safe and sensible to do so²².

²¹ Ibid footnote 20

²² http://www.gmc-uk.org/guidance/ethical_guidance/confidentiality.asp

6.9 Trainees must work in an environment where they can ask for help without fear of reprisal and where they regularly meet with a trainer or supervisor who is able to talk through difficult situations to assist learning.

6.10 Trainees must have access to career advice and support.

Training

6.11 The learning needs of the trainee, identified by assessments and by other means, must be used to modify day to day teaching and, in certain circumstances and, with the endorsement of the ARCP, the structure and length of training.

6.12 In the GP practice, trainees must be given three educational sessions each week. This must include four hours of facilitated learning time at least two hours of which must be designated tutorial time, delivered by the educational supervisor/named clinical supervisor or, with adequate planning and supervision, another member of the primary healthcare team^{23,24}.

6.13 Clinical workload, including working patterns and intensity of work by day and by night, must be appropriate for learning, add educational value and be appropriately supervised.

6.14 In accordance with COGPED/RCGP guidance²⁵, training placements must be of sufficient length both to enable trainees to become members of the clinical team and to enable team members to make reliable judgments about the trainee's abilities, performance and progress.

6.15 Whilst trainees must be prepared to make the care of the patient their first concern, they must not undertake routine or repeated activities of no educational value or relevance to the GP Curriculum.

6.16 Trainees must be supported to acquire generic professional skills at all stages of training. This will include training and participation in audit, significant event analyses and other quality improvement activities.²⁶

6.17 In both primary and secondary care settings systems must be in place to enable trainees to learn from and with other healthcare professionals.

6.18 Trainees must not be bullied or harassed by others or subject others to bullying or harassment.

6.19 Trainees must have access to information on local processes for managing and supporting trainees in difficulty.

²³ This will be one session of the three identified as 'educational' in the GPC/COGPED GPR contract (http://www.bma.org.uk/employmentandcontracts/employmentcontracts/junior_doctors/framecontractGPreGs0707.jsp)

²⁴ Less than full time trainees should receive the pro rata equivalent education sessions

²⁵ Ibid footnote 18. The guidance states that training in any one secondary care specialty should not normally last for less than three months (or the part time equivalent)

²⁶ GP trainees should be taught how to undertake complete audit cycles

6.20 Trainees must have access to appropriate Occupational Health services^{27,28} and personal, confidential counselling services and be told at the start of their training how to access these services.

Developmental

6.21 In secondary care settings trainees should be given at least four hours of facilitated learning time each week, during normal working hours that is relevant to the learning outcomes specified in the GP Curriculum. The named clinical supervisor may, with adequate planning and supervision, delegate this responsibility to other members of the secondary healthcare team.

Study leave

6.22 Study leave activity must be relevant to the career end point of the trainee.

6.23 Trainees must be provided with information on how to apply for study leave and appropriate courses.

6.24 Trainees must be able to take up study leave in line with the written contract of employment for Trainees²⁹.

6.25 The process for applying for study leave must be fair and transparent. There must be a deanery-level appeals process for those for whom study leave is denied.

Academic training

6.26 Trainees must be provided with information and guidance on the academic opportunities available in the specialty of general practice.

6.27 Deaneries should comply with Gold Guide guidance on the organisation of academic training, assessment and the ARCP process.

²⁷ It is currently the responsibility of the local PCO to provide access to Occupational Health Services

²⁸ Ideally, GP STs should also be registered with a local GP

²⁹

http://www.bma.org.uk/employmentandcontracts/employmentcontracts/junior_doctors/framecontractGPreg s0707.jsp

DOMAIN 7
MANAGEMENT OF EDUCATION AND TRAINING

Education and training must be planned and maintained through transparent processes which show who is responsible at each stage

7.1 GP specialty training programmes must be supported by a management plan which is adequately resourced and which sets out the responsibilities and accountabilities of the postgraduate dean, RCGP, other members of local faculty, trainees, providers and commissioners.

7.2 The provision of specialty training must be reviewed at board level within commissioning and employing organisations. It is highly desirable that boards contain an executive or non-executive director responsible for supporting specialty training programmes. Commissioners and employers should have a schedule of responsibilities for specialty training.

7.3 Deaneries must have a GP School Board set up by, and accountable to, the postgraduate dean. The School Board should include representation from the RCGP, local education providers, GP educational supervisors/named clinical supervisors and trainees and should have external input. The School Board must oversee the selection of GP educational supervisors, named GP clinical supervisors and training programme directors and quality manage GP training on behalf of the Postgraduate Dean. Named clinical supervisors in secondary care, responsible for supervising GP trainees, must be adequately trained, approved and re-approved in line with deanery policies and procedures.

7.4 GP training programmes must be quality controlled by the local GP training programme director reporting to the GP School Board.

7.5 All those responsible for supervising trainees must be familiar with the policy on how to escalate concerns about trainees.

7.6 Deaneries are responsible for quality managing the out-of-hours learning environment and the supervision provided to trainees training in out-of-hours.

7.7 Deaneries must re-approve local education providers where significant changes, that have the potential to affect training, are made to their organisation and/or structure.

Educator approval processes

7.8 The process of GP educational supervisor approval and re-approval must comply with the following standards:

- It must be formal and standardised and comply with equality and diversity legislation
- It must take into account the outcomes of other processes, namely appraisal and revalidation

- Following initial approval, the first re-approval process should take place within two years; formal re-approval from thereon should normally take place at intervals no greater than five years and with reference to the educational supervisor's revalidation timetable
- Re-approval must take into account the views of past and present trainees and the training programme director and must include a review of the quality of the supervisor's teaching
- Those not approved or re-approved must have a right of appeal through a deanery appeals procedure

7.9 The process of named GP clinical supervisor approval and re-approval must comply with the following standards:

- It must be formal and standardised and comply with equality and diversity legislation
- It must take into account the outcomes of other processes, namely appraisal and revalidation
- Following initial approval, the first re-approval process should take place within two years; formal re-approval from thereon should normally take place at intervals no greater than five years and with reference to the clinical supervisor's revalidation timetable
- Appointments must be reviewed on a regular basis, taking into account the views of past and present trainees, educational supervisors and the training programme director

7.10 The process of Training Programme Director appointment must comply with the following standards:

- It must be formal and standardised and comply with equality and diversity legislation
- It must take into account the outcomes of other processes, namely appraisal and revalidation

DOMAIN 8
EDUCATIONAL RESOURCES AND CAPACITY

The educational facilities, infrastructure and leadership must be adequate to deliver the curriculum

8.1 The overall educational capacity of the institution and any unit offering training placements within it must be adequate to accommodate the practical experiences required by the trainee to meet learning outcomes specified in the GP curriculum.

8.2 The supervisor/trainee ratio must be such that effective supervision can be ensured. The educational capacity in the department or unit delivering training must take account of the impact of the training needs of others (for example medical students, postgraduate health care professionals and non-training grade staff).

8.3 All those with a formal role in medical training, must have adequate support and resources to undertake their training role within the learning environment.

8.4 Trainees must be enabled to develop and improve their clinical and practical skills, through technology enhanced learning opportunities such as clinical skills laboratories, web labs and simulated patient environments.

GP TRAINING PRACTICE STANDARDS

1. GP training practices must be formally approved and regularly re-approved by the GP School Board.
2. The approval of new training practices must be contingent on a site visit by the deanery and the initial approval period should be for a maximum of two years. Re-approval thereafter should normally take place at least every five years.
3. The re-approval process should combine periodic review with a form of self-assessment that encourages the practice team to reflect on the learning culture within the practice.
4. Training practices that undergo major change, for example entry into an arrangement with a private provider, must inform the deanery and go through a re-approval process.
5. The approval process must take into account the views of current and past trainees.
6. The involvement of the educational supervisor or other GPs in the practice in local and national professional organisations must not compromise clinical contact with patients, time for training and quality of training.
7. The practice must normally be able to cope with its patient load effectively with or without a trainee.
8. GP training practices must have high scores in all nationally agreed quality frameworks, for example QOF.

Developmental

9. The practice should be a good learning environment for a range of learners: students, trainees, overseas, refugee, and EU doctors in clinical placements, GP retainers, GP returners and Flexible Careers Scheme doctors.

Practice Management

10. The practice must achieve the maximum standards for medical records as specified in nationally agreed quality frameworks, for example QOF.
11. The practice must be able to show that it is committed to providing a good, comprehensive, cost effective and continuing service to patients, including the use of effective and economic prescribing methods and referrals to secondary care and diagnostic tests.
12. The practice must have clinical governance procedures.
13. The practice must have procedures for obtaining patient consent.
14. The practice must have up to date and effective policies for home visiting, continuity of care for patients, emergency care and out-of-hours cover.
15. The practice must make provision for preventive care and health promotion.
16. The practice must be able to show effective use of the entire primary healthcare team.

17. The practice must engage in regular quality improvement activities, including significant event analyses and audit.
18. The practice must have an effective SUI reporting system that explores error in a no-blame environment. Common SUIs should be used to inform trainee induction.
19. The practice must have regular practice meetings, which the trainee should attend, wherever possible, and at which practice management and the management of patients are discussed.
20. The trainee timetable must enable the trainee to obtain experience of all aspects of out-of-hours work in accordance with COGPED guidelines.
21. The practice must have a well-run appointments system that meets the regulatory standards.
22. The practice must carry out, and act upon, the results of patient satisfaction surveys in accordance with regulatory standards.
23. The practice must have an effective process for managing patient complaints in accordance with regulatory standards.
24. The practice must be fully registered with national regulators, as required, for example the Care Quality Commission. The practice must inform the deanery if a regulator imposes conditions on its registration.

Performance Review

25. All members of the primary healthcare team involved in teaching must have personal development plans that cover their work as educators.
26. The practice team must regularly review both the organisational and clinical aspects of their practice and the trainee should be involved in this review.

Premises

27. The trainee should have a well-equipped room that meets regulatory standards.
28. The practice should provide the trainee with his/her own space and facilities in the practice to secure personal items safely.
29. The practice must inform patients that it is a training practice, particularly with reference to the recording of consultations and the inspection of medical records for the purpose of educator accreditation; deanery and GMC quality assurance activities.
30. The practice must comply with legislation on the storage of digital data.
31. IT support must be available, including a computer with appropriate search facilities, internet and electronic reference data access as well as facilities for private study.
32. Equipment for recording patient consultations must be easily accessible.
33. The trainee must have access to the drugs and equipment needed to provide effective emergency and out-of-hours care.