** Scottish GP Educational Supervisor**

**& Training Practice Accreditation**

**Regional Quality Management Group Summary Report**

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| Name of Educational Supervisor(s) | Click here to enter text. |
| Name & Address of Training Practice | Click here to enter text. |
| Date of Meeting/Visit | Click here to enter a date. |
| Type of Visit |  |  |  |
| Reason for visit |  |  |  |
| Additional training |  |  |
| Date of regional Quality Management Group meeting  | Click here to enter a date. |

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| **Summary (including previous issues identified and progress on requirements)** |
| Click here to enter text. |

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| **Training Programme Director Summary Report** |
| Click here to enter text. |

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| **Trainee Feedback** |
| Click here to enter text. |

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| **Feedback on ESR Quality (for ES accreditation)** |
| Click here to enter text. |

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| **Areas of Good Practice** |
| Click here to enter text. |

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| **Areas for Development** |
| Click here to enter text. |

**Training Practice Standards**

1. Support and development of trainees within the practice
2. Educational resources and capacity

**Educational Supervisor(s) Standards**

1. Ensure safe and effective patient care through training
2. Establishing and maintaining and environment for learning
3. Teaching and facilitating learning
4. Enhancing learning through assessment
5. Supporting and monitoring educational progress
6. Guiding personal and professional development
7. Continuing professional development as an educator

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| **Recommendations to SQMG:** |
| **Approval: -** | **Standards****Met** | **Type** | **Conditional/****Unconditional** | **Duration** |
| **Training Practice** |  |  |  |  |
|  | Choose an item. | Choose | Choose an item. | Choose |
| **Educational Supervisors** |  |  |  |  |
| Click to insert name | Choose an item. | Choose | Choose an item. | Choose an item. |
| Click to insert name | Choose an item. | Choose | Choose an item. | Choose an item. |
| Click to insert name | Choose an item. | Choose | Choose an item. | Choose an item. |
| Click to insert name | Choose an item. | Choose | Choose an item. | Choose an item. |

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| **Specified Requirements for Approval (including timescales)****Provide details if standards not met.****Include comment on Retaining and Foundation if appropriate.** |
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| **Report completed by :** |  |
| **Signature:** |  |
| **Report date:** |  |

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| **Regional Quality Management Group Review: (Reviewed, agreed / Not agreed and signed)** |
| **Members:** |  |
| **Outcome:** | Choose an item. |
| **Comments: (If not agreed – comments and recommendations for follow up)** |
|  |
| **Date:** |  |