**GP Trainer & Practice Change of Circumstances Form**

The GMC now publish a list of all approved GP Trainers on their website and we must keep the GMC informed when changes of circumstances affect the approval status. In addition it is important for the GP School to maintain an up-to-date contact database for GP Trainers and their practice managers.

Some change of circumstances will need to be reported to the Trainer Selection Committee prior to reporting to the GMC. GP Trainers should complete this form to notify us in Section A when a change of circumstance may impact on your status as a Trainer or, in Section B to notify us of a change of contact details.

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| **Please submit to:** | Quality Support Officer for the patch at the quality mailbox - [kss.gpquality@ncel.hee.nhs.uk](mailto:kss.gpquality@ncel.hee.nhs.uk) |
| **Please copy to your Programme Director and Patch Associate Dean** | |

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| **SECTION A: Trainer Change of circumstances:** | | | | | |
| GP Trainer Name: |  | | GMC Number: | |  |
| Practice Name & Address: |  | | | | |
| **Change:** | | **Effective Date** | | **Comments** | |
| Resignation from Training | |  | |  | |
| Retirement from Clinical Practice | |  | |  | |
| Moving Practice | |  | |  | |
| Unplanned absence or  Planned leave / Extended leave  *(Absences longer than 2 weeks for any reason should be discussed with Patch Associate GP Dean. (PTO for information required to be supplied with request)* | |  | |  | |
| Change in the no of clinical sessions worked  *(Supervisors are required to work a minimum of 4 sessions)* | |  | |  | |
| Significant Change to existing Premises e.g. merging with another practice | |  | |  | |
| **Please remember that any significant event or Professional Complaint must be notified to your**  **Patch Associate Dean** | | | | | |

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| **SECTION B: Change of contact details for:** | | | |
| Name: |  |  | **Date of Change:** |
| **2 Change of Address/telephone number/email** | □ |  |  |
| **3 Change of Practice Manager**  **(Please provide name of previous PM & name and email address of new PM).** | □ |  |  |

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| **Requirements for planned absences / request for Sabbaticals to be supplied by Trainer** |
| 1. **Confirm details of the Trainee(s) for whom you act as Educational Supervisor** 2. **Confirm who will be undertaking training during absence.** 3. **Full report for training being undertaken in the practice including commitments to any ST1/2 and FY2 Trainees.** 4. **Include RAG rating at LFG.** 5. **If trainee on extension: include a summary of Trainee’s progress regarding AKT / CSA and WPBA at end of training and a report on Trainee. This is very important as loss or change of ES may be cited as possible reason for a further extension if trainee were to continue to be unsuccessful.** |
| **Requirements for unplanned absences** |
| **In the event of unplanned absences, where possible the Trainer should inform the Patch Associate Dean and liaise with the Programme Director to ensure that any Trainee is provided with the appropriate support.**  **If the Trainer is unable to undertake this task personally, the Practice Manager or fellow Trainer should advise the Patch Associate Dean.** |