# Primary Care Learner Feedback

## Kent, Surrey, and Sussex

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| --- | --- | --- |
| Supervisor name: | Click or tap here to enter text. | |
| Supervisor role | Choose an item. | |
| Organisation name | Click or tap here to enter text. | |
| Learner name | Click or tap here to enter text. | |
| Learner grade (e.g. FY2 / ST1/2/3) | Click or tap here to enter text. | |
| Training period | From: Click or tap to enter a date. | To: Click or tap to enter a date. |

The receipt of and reflection on feedback is essential for the ongoing professional development of educators. It is also important in the quality management process for the placement of doctors in post-graduate GP training. GP Supervisors routinely need to seek feedback from their learners and reflect on that feedback.

GP Supervisors should enable their learners to complete this form towards the end of each placement, then reflect on this feedback and complete the final section of the form. Two learner feedback forms are required for the renewal of all GP Supervisors, and approval of GP Educational Supervisors.

**Learner section**

Please write feedback about:

|  |  |
| --- | --- |
| **Induction** | |
| What worked well in your induction to the practice? | |
| How might things have been improved? | |
| **Supervision** | |
| The level of supervision and support you received from your Supervisor? | |
| Did the level of supervision / support cause you any concern? If so, how might this be addressed? | |
| **Workload / experience** | |
| Was the workload pitched at the right level? Too much or not enough to gain experience? | |
| Were you able to attend the relevant training for your grade? | |
| What worked well in being able to experience educational events in the practice? | |
| **Patient safety** | |
| Did you share any patient safety concerns you might have had during the placement? | |
| If ‘Yes’ how well were you supported? | |
| **Feedback** | |
| The feedback you received from your Supervisor on your day to day performance. | |
| The feedback in your assessments? | |
| If appropriate, how do you feel you may have been better supported in the practice? | |
| What were the highlights of your placement in the practice? | |
| What specific changes, if any, do you feel would improve the trainee experience in the practice? | |
| **Learner name:** | Click or tap here to enter text. |
| **Date:** | Click or tap to enter a date. |

**Supervisor section**

Please write reflections about:

|  |  |
| --- | --- |
| Reflections on trainee comments | |
|  | |
| What will I change / address in the light of the learners comments and/or from my experience of working with this trainee? | |
|  | |
| My action plan for affecting change with completion date. | |
|  | |
| **Supervisor Name:** | Click or tap here to enter text. |
| **Date:** | Click or tap to enter a date. |