Kent, Surrey and Sussex Primary Care  
Triggered Quality Assessment (TQA) Form

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This file’s name should be saved by the TQA Lead in following format:

**Practice Name – Triggered Quality Assessment – Meeting Date (yyyy-mm-dd)**

Or

**Educator Initials – Triggered Quality Assessment – Meeting Date (yyyy-mm-dd)**

Please do **not** include information which identifies individual learners in this document. See [our Triggered Quality Assessment Form Guidance](https://kss.hee.nhs.uk/primary-care/clinical-learning-environments-and-triggered-quality-assessments/).

|  |  |
| --- | --- |
| **Meeting Details** | |
| Date of meeting | Click or tap to enter a date. |
| [Organisation Data Service code](https://odsportal.digital.nhs.uk/Organisation/Search) |  |
| Name of organisation (e.g. name of practice) |  |
| Organisation address |  |
| Name and registration number of Supervisor (if relevant to concern) |  |
| Primary Care Network |  |
| Locality Training Hub |  |
| Training programme/s |  |
| What Learner types are there in the Clinical Learning Environment (including employed learners e.g. apprentices)? |  |
| Background to meeting (including the trigger for the quality assessment) |  |
| TQA team  (including, attendees from PCD and PCN if appropriate) |  |
| Attendees from the Organisation |  |

**Triangulation with Relevant Parties (e.g. learners, regulatory body, HEI)**

**Please complete one line per discussion**

|  |  |
| --- | --- |
|  | **Summary of discussions** |
| Choose an item. |  |
| Choose an item. |  |
| Choose an item. |  |
| Choose an item. |  |
| Choose an item. |  |
| Choose an item. |  |

**TQA Lead Summary**

|  |  |
| --- | --- |
| Summary of Discussion |  |
| Summary of Concerns |  |
| ISF Rating (please consult the ISF [guidance](https://kss.hee.nhs.uk/wp-content/uploads/sites/15/2022/10/Intensive-Support-Framework-Guide-June-18.pdf)) | Choose an item. |
| Conclusion |  |

**Next Steps**

## Follow up Mandatory Requirements, Recommendations and Actions

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| --- | --- | --- |
| **Mandatory Requirements** | **By Whom?** | **By When?** |
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| --- | --- | --- |
| **Recommendations** | **By Whom?** | **By When?** |
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| --- | --- | --- |
| **Actions** | **By Whom?** | **By When?** |
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|  |  |  |

|  |  |
| --- | --- |
| **Signed:** |  |
| **Date:** |  |

The completed TQA form must be emailed to [**primarycare.kssquality@hee.nhs.uk**](mailto:primarycare.kssquality@hee.nhs.uk) no less than 5 working days before the Primary Care Operations meeting, with the acronym ‘TQA’ in the subject line. This form should not be sent to any named email addresses or filed directly to SharePoint.

**For Completion by Quality Lead for Primary Care after Primary Care Department Operations Meeting**

|  |  |
| --- | --- |
| Date discussed at PC Ops: | Click or tap to enter a date. |
| Outcome from meeting: |  |