# **KSS Primary Care Department Triggered Quality Assessment (TQA) Form**

Please read our [Triggered Quality Assessment Standard Operating Procedure](https://kss.hee.nhs.uk/primary-care/clinical-learning-environments-and-triggered-quality-assessments/) before completing this form. This file’s name should be saved by the TQA Lead in following format:

***Organisation Name\_ODS code*\_TQA\_*Meeting Date (yyyy-mm-dd)***

**Or**

***Surname\_Firstname\_ regulator registration number\_*TQA – *Meeting Date (yyyy-mm-dd)***

Please do **not** include information which identifies individual learners in this document. Personal and special category information should only be recorded if it is relevant to the quality concern and the individual’s consent has been obtained.

|  |  |
| --- | --- |
| **Meeting Details** | |
| Date of meeting (yyyy-mm-dd): |  |
| [Organisation Data Service code](https://odsportal.digital.nhs.uk/Organisation/Search): |  |
| Organisation name: |  |
| Organisation address: |  |
| Name and registration number of Supervisor (if relevant): |  |
| Primary Care Network: |  |
| Training Hub: |  |
| GP Training Programme/s: |  |
| What learner types are in the clinical learning environment (current or planned including employed learners e.g. apprentices)? |  |
| Background to meeting (including the trigger for the quality assessment): |  |
| TQA team (ie: attendees from Primary Care Department): |  |
| Attendees from the placement provider: |  |

## Coordination with relevant stakeholders

### Please complete one line per discussion

|  |  |
| --- | --- |
| **Stakeholder** | **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**](https://kss.hee.nhs.uk/wp-content/uploads/sites/15/2022/10/Intensive-Support-Framework-Guide-June-18.pdf) **rating (0-4) for clinical learning environment** | Choose an item. |
| **Conclusion:** |  |

## Next Steps

### Follow up Mandatory Requirements, Recommendations and Actions

|  |  |  |
| --- | --- | --- |
| **Mandatory Requirements (SMART)** | **By Whom?** | **By When?** |
|  |  |  |
|  |  |  |
|  |  |  |

|  |  |  |
| --- | --- | --- |
| **Recommendations** | **By Whom?** | **By When?** |
|  |  |  |
|  |  |  |
|  |  |  |

The TQA Lead is responsible for implementing Mandatory Requirements. The completed TQA form must be emailed to [england.ksspc.educationquality@nhs.net](mailto:england.ksspc.educationquality@nhs.net) 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.

**For completion by TQA Lead after Primary Care Department Quality Meeting**

|  |  |
| --- | --- |
| **TQA Lead Name:** |  |
| **Date:** |  |
| **Date discussed at PC Quality:** |  |
| **Outcome from meeting:** |  |