

Application to become a GP Trainer or a GP Training Practice

Thank you for your interest in becoming a GP Trainer/GP Training Practice.

In order to process your application please help us by providing a completed application form. If at any point you have a query about the process please email the Faculty Support Team on ESD.EM@hee.nhs.uk with the words “GP Trainer Application” in the subject line.

Before you begin

Please note that satisfactory completion of the Certificate in Medical Education is a compulsory requirement to become an GP Trainer.

Before you complete this form, please discuss your application with Dr Bevis Heap, New Trainers’ Course Lead. Please email Bevis.Heap@hee.nhs.uk with your contact details.

The purpose of this discussion is to:

1. Ensure that you have all the information about the New Trainers’ Course and associated certificate
2. Ensure that you are aware of all of the steps to become approved as a Trainer/training practice
3. Ensure that undertaking the course will provide at least one extra placement for a GP Specialty trainee or be part of a succession plan
4. Ensure that you are eligible to become a Trainer
5. Answer any questions that you have

After this discussion, please then contact your local Programme Manager to set up a conversation with your Programme Director who should support your application.

Submitting the completed form

Complete the white sections of the form. When complete email it to us at:

ESD.EM@hee.nhs.uk with the words “GP Trainer Application” in the subject line.

Please confirm you agree to the HEE privacy notice which can be accessed here

<https://www.hee.nhs.uk/about/privacy-notice>

Please submit the NTU Student Registration form direct to NTU at soc.cpd@ntu.ac.uk and NOT to HEE.

I have submitted the NTU Student Registration form to NTU/email address

Part 1

Applicant Details

Date of this application	
Prospective Trainer Name	
GMC Number	
Mobile Telephone Number	
MRCGP/FRCGP date	
What date did you join your current practice?	
Have you been in a training practice for two years?	
If not, have you been in a non-training practice for three years?	
Practice Name	
Practice Address	
Practice Postcode	
Practice Telephone	
Practice Email	

Trainer as a Teacher

When do you plan to undertake the New Trainers' Course and associated Certificate in Medical Education?	
Describe what continuing professional development (CPD) you have undertaken or plan to undertake to develop your skills as a Trainer	
Have you discussed your intentions to become a Trainer with your local GP Training Programme Director? Please confirm the date of this discussion and include some reflection on your plans to become a Trainer	
Attendance at the local Trainer group is an essential part of the preparation to become a Trainer. Have you started to attend? If not, when do you plan to?	
Is becoming a Trainer a component of your Personal Development Plan?	
Do you already possess a Postgraduate Certificate in Medical Education?	
Describe the experience you have to date	

Trainer as a Teacher

Please provide a brief description of the practice, including list size, demography, location and character of practice. Also include a brief summary of recent practice history and strategic direction

Number of GPs (include number of individuals and the overall whole time equivalent)

List the key staff involved in training and their job titles

Provide details of the outside commitments and special interests of GPs

Having the full support of key staff within your practice is important. Do you have that, and what evidence of this do you have?

How many extra training placements will be made available as a consequence of you undertaking the course and subsequently becoming an approved Trainer? If this is part of a success plan, please provide more details

Part 2

Confidential Declaration

Date of this application	
Prospective Trainer Name	
GMC Number	
Practice Name	

Conduct

It is a condition of your appointment by Health Education England that applicants disclose whether at any time they have been found to be in breach of their contract at a hearing before NHS England or have been found wanting in any respect by the General Medical Council, under either its conduct or performance procedures

Do you have anything to declare?

Provide details below if relevant

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Health concerns or absence from practice

Should you feel that there may be a personal health issue which would affect your ability as a Trainer or that the long term absence of other doctors in the practice may compromise the training provided, this should be reported to the HEE local office

Do you have anything to report?

Provide details below if relevant [please do not divulge personal medical information but instead describe the impact on training. Our aim is to offer support and maintain training status wherever possible.]

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Part 3

Ethnic Background

This information will be added to your personal record on HEE's database and processed in accordance with General Data Protection Regulations

Prospective Trainer Name	
GMC Number	
University of graduation	
University location	
GP/Family Medicine qualification	
Country of GP/Fam Med qualification	
Asian or Asian British	<input type="checkbox"/> Bangladeshi
	<input type="checkbox"/> Indian
	<input type="checkbox"/> Pakistani
	<input type="checkbox"/> Any other Asian background
Black or Black British	<input type="checkbox"/> African
	<input type="checkbox"/> Caribbean
	<input type="checkbox"/> Any other Black background
Mixed	<input type="checkbox"/> White and Asian
	<input type="checkbox"/> White and Black African
	<input type="checkbox"/> White and Black Caribbean
	<input type="checkbox"/> Any other mixed background
White	<input type="checkbox"/> British
	<input type="checkbox"/> White
	<input type="checkbox"/> Any other White background
Another Ethnic group	<input type="checkbox"/> Chinese
	<input type="checkbox"/> Any other ethnic group
	<input type="checkbox"/> I do not wish to disclose this