**Community-Based Medical Education**

**Application to become an Undergraduate Teaching Practice**

Practice Details

|  |  |
| --- | --- |
| Practice Name: |  |
| Address: |  |
| Postcode: |  |
| Telephone: |  |
| Bypass number: |  |
| CCG:\* |  |
| \*please note, we automatically inform the CCG, HEE, and NHS England when we accredit a Teaching Practice |

Key Staff

|  |  |
| --- | --- |
| Lead GP Tutor: |  |
| Their GMC No. : |  |
| Practice Manager: |  |
| Please give details of any other practice staff interested in teaching: |
| Name: |  |
| Role: |  |
| Name: |  |
| Role: |  |

Contact Information

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Who is the best person to contact? | [ ] Lead GP Tutor | [ ] Practice Manager | [ ] Other(give details) | Name |  |
| Role |  |
| Direct Phone Line: |  |
| Email: |  |
| Is email a reliable way of contacting you? | [ ] Yes | [ ] No |

Travel to Practice

|  |  |
| --- | --- |
| How would a student travel by public transport to your practice? |  |
| Details: |  |

Practice Staff & Services

|  |  |
| --- | --- |
| What is your practice list size? |  |
| How many GPs work at your practice? |  |
| How many practice nurses do you have? |  |
| What additional practice-based services do you provide? |
| [ ] Baby clinic | [ ] Ante-natal care | [ ] Community drugs service | [ ] Other |
| Details of Other: |  |

Practice Premises

|  |
| --- |
| How would you use your practice space to accommodate students: |
| For tutorials? |  |
| For interviewing/examining patients? |  |
| For breaks? |  |
| Would there be somewhere secure for students to leave their belongings? | [ ] Yes | [ ] No |
| Details: |  |

Teaching

|  |  |  |  |
| --- | --- | --- | --- |
| Which modules would your practice be interested in teaching? | Yes | Not Sure | No |
| MBBS Yr 1: Medicine in Society | [ ]  | [ ]  | [ ]  |
| MBBS Yr 2: Extending Patient Contact | [ ]  | [ ]  | [ ]  |
| MBBS Yr 3: Integrated Clinical Studies in Primary Care | [ ]  | [ ]  | [ ]  |
| MBBS Yr 4: Locomotor (Dermatology/MSK/HoE) | [ ]  | [ ]  | [ ]  |
| MBBS Yr 4: Brain and Behaviour | [ ]  | [ ]  | [ ]  |
| MBBS Yr 4: Community Human Development  | [ ]  | [ ]  | [ ]  |
| MBBS Yr 5: Community Care | [ ]  | [ ]  | [ ]  |
| MBBS Selected Study Components (SSCs) | [ ]  | [ ]  | [ ]  |
| Physician Associate Yr 1 | [ ]  | [ ]  | [ ]  |
| Physician Associate Yr 2 | [ ]  | [ ]  | [ ]  |
| Details of any other areas of special interest or expertise that you or your practice could offer: |  |
| Have you taught medical students before? | [ ] Yes | [ ] No |
| Please give details:(Which medical school(s)? Current commitments?) |  |
| Have you undergone any teacher training? | [ ] Yes | [ ] No |
| Please give details: |  |
| Who does your practice train? | [ ] GP Registrars | [ ] Nurses | [ ] Other(give details) |  |

Educational Equipment

|  |  |  |
| --- | --- | --- |
|  | Yes | No |
| Is the Practice connected to the NHSnet? | [ ]  | [ ]  |
| Would the students be able to have priority access to a computer while in the practice? | [ ]  | [ ]  |
| Would this be connected to the internet? | [ ]  | [ ]  |
| Do you have an up-to-date practice library? | [ ]  | [ ]  |
| Do you have the means to video and playback consultations? | [ ]  | [ ]  |
| Are your medical records: | [ ] Computerised | [ ] Summarised | [ ] A4 | [ ] Lloyd George |
| Do you have other teaching equipment? | [ ] Overhead Projector | [ ] Flipchart | [ ] Whiteboard | [ ] Other |
| Details of Other |  |

Thank you for taking the time to complete this Application Form. Please return to: Chloe Millan

c.millan@qmul.ac.ukCBME, Student Office (Rm G.08) Garrod Building, 2 Turner Street, Whitechapel, London E1 2AD