

**Community-Based Medical Education**

**Summary of New Practice Visit**

Practice & Module

|  |  |
| --- | --- |
| Practice Name: |  |
| Modules the GP would like to teach: |  |

Practice Issues

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| --- | --- | --- |
| **1.** Is the practice accessible to students? | [ ] Yes | [ ] No |
| If **No**, give details: |  |
| **2.** Does the practice have the appropriate facilities for students? | [ ] Yes | [ ] No |
| If **No**, give details: |  |
| **3.** Are there any concerns about quality of patient care? | [ ] Yes | [ ] No |
| If **Yes**, give details: |  |

Teaching Issues

|  |  |  |
| --- | --- | --- |
| **4.** Is the practice as a whole happy to teach? | [ ] Yes | [ ] No |
| If **No**, give details: |  |
| **5.** Does the practice need support or training before teaching? | [ ] Yes | [ ] No |
| If **Yes**, give details: |  |
| **6.** Are adequate systems in place to support teaching? | [ ] Yes | [ ] No |
| If **No**, give details: |  |

Further Concerns

|  |  |
| --- | --- |
| Further comments of concern |  |

Practice Capacity (max no. of students/teaching units).

|  |  |
| --- | --- |
|  |  |

Recommendation

|  |  |  |
| --- | --- | --- |
| Accept practice for teaching? | [ ] Yes | [ ] No |
| If **Yes**: |
| [ ] No action needed,GP ready to teach | [ ] GP needs training session/programme | [ ] GP wants to waitand decide |
| Practice email for agreement: |  |