**Practice visit data entry form 2023/24**

**Reasons for visit:** □ **Recruitment** □ **Routine** □ **Concerns** □ **Other…………**

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| **Practice Data** | **Current information**  | **Changes to enter** |
| Practice name |  |  |
| Practice ID number  |  |  |
| Date of visit |  |  |
| Those present at visit |   |  |
| Practice address (include all addresses if practice has branch surgeries) |  |  |
| Travel Details |  |  |
| Practice Liaison for KUMEC  |  |  |
| Practice Liaison email address |  |  |
| Practice telephone number |  |  |
| Practice telephone bypass number |  |  |
| Fax |  |  |
| Practice email address |  |  |
| Practice website address |  |  |
| CCG |  |  |
| List size / Population  |  |  |
| Community Profile |  |  |
| Other services on site? (Pharmacy, nurses etc.) |  |  |
| CQC Visit and Outcome |  |  |
| Available meeting room space? For how many? |  |  |
| Teaching for other medical schools? |  |  |
| Any postgrad/other HCP trainees? |  |  |
| Preference for teaching specific years?(review time commitment here) |  |  |
| Training requirements reviewed |  |  |
| Consent policies and forms reviewed |  |  |
| Other issues discussed. |  |  |
| Any confidential attachments filed?  |  |  |

**Teaching staff details**

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| --- | --- | --- | --- | --- | --- | --- | --- |
| Title | First Name | Surname | Role | M/F | Email | *Year started KCL*  | GMC or NMC number.  |
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