**Practice visit data entry form 2024/25**

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

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| **Practice Data** | **Current information**  | **Changes to enter** |
| Practice name |  |  |
| Practice ABID number For KUMEC to complete |  |  |
| Date of visitFor KUMEC to complete |  |  |
| Those present at visitFor KUMEC to complete |   |  |
| Practice address (include all addresses if practice has branch surgeries) |  |  |
| Travel Details (e.g. closest public transport link) |  |  |
| ICB |  |  |
| List size |  |  |
| CQC Visit and Outcome (date) |  |  |
| Practice point of contact to liaise with KUMEC  |  |  |
| Practice Liaison email address |  |  |
| Practice telephone number |  |  |
| Practice telephone bypass number |  |  |
| Practice email address |  |  |
| Practice website address |  |  |
| Community Profile/Demographic served |  |  |
| Other services/healthcare workers on site? (Clinical Pharmacists, nurse prescriber, first contact physio, social prescriber, mental health worker etc.) |  |  |
| 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[Link to TD Webpage i.e. CPD & events](https://www.kcl.ac.uk/kumec/teaching/development) |  |  |
| Consent policies and forms reviewed[(Link for policies)](https://www.kcl.ac.uk/kumec/teaching/policy-documents-and-guidelines) |  |  |
| Other issues discussed.For KUMEC to complete |  |  |
| Any confidential attachments filed? For KUMEC to complete |  |  |

**Teaching staff details**

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| Title | First Name | Last Name | Role | Email | *Year started KCL*  | GMC or NMC number.  |
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