

# **GP Clinical Supervision Handbook**

## **Foundation Programme Training in General Practice**



### **A Guide for: The Development of GP Educators**

**Health Education England  
Kent, Surrey & Sussex  
working with  
South Thames Foundation School**

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## Glossary of Terms

CCG	Clinical Commissioning Group
CEPN	Community Educational Provider Network
Dip Med Ed	Postgraduate Diploma in Medical Education
DN	District Nurse
PC Ops	Primary Care Operations Group (CS & educational environments approvals)
ES	Educational Supervisor (GP Trainer / Trust Consultant)
e-LfH	e-Learning for Health website (CS online learning modules)
FTPD	Foundation Training Programme Director (Manage Trust FY1 & 2 Progs)
FY1	Foundation Year 1
FY2	Foundation Year 2
GP CS	GP Clinical Supervisor (1:1 Supervisor)
GP PD	GP Programme Director (manages VTS, co-ord & support CS placements in KSS)
HEE	Health Education England
HEES(SE)	HEE South (South East) (Nee Area Team – Manage Appraisal Process)
HEE KSS	Health Education England Kent Surrey & Sussex
HV	Health Visitor
LaSE	London and South East
LEP	Local Education Provider (Acute Trust employing FY2)
LETB	Local Education & Training Board (now HEE local office)
LLA	Lifelong Learning Adviser
LMC	Local Medical Committee
NSt	Nursing Student (4 – 6 Week placement in GP)
PA	Physician Associate (1 day a week in 1 <sup>st</sup> year & 6 weeks in 2 <sup>nd</sup> year)
PAD	Patch Associate Dean
PC Ops	KSS Primary Care Operations Group (regulatory decision making committee)
PCWT	Primary Care Workforce Tutor (Manage PC placements for CCGs)
PG Cert SLAMEH	Postgraduate Certificate Strategic Leadership & Multi-Professional Education in Healthcare
PGCM	Postgraduate Centre Manager
PhSt	Pharmacy Student (1 week placement in GP)
PNM	Practice Nurse Mentor (Supervise NSt in GP)
PP	Paramedic Practitioner (2 x 2 month placements in GP)
SLE	Supervised Learning Events
STFS	South Thames Foundation School
TSC	Escalation panel (for complex educator accreditation issues)

This guide follows RNIB's [clearprint guidelines](#).

If you have additional accessibility needs, we can provide you with the document in electronic format. We welcome your input with suggestions to develop this document further (email HEKSS: [stephen.scudder@hee.nhs.uk](mailto:stephen.scudder@hee.nhs.uk))

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## Introduction

This Guide for GP Clinical Supervisors (GP CS) working with Foundation Year 2 (FY2) doctors has been devised to assist the new GP CS in preparing for their role in the Practice. Health Education England working across Kent, Surrey & Sussex (HEE KSS) are working with the foundation school in support of local Community Educational Provider Networks (CEPN) as part of the wider aims for recruitment to general practice. It is intended to guide you through all aspects of the FY2 GP placements. Giving an insight in to clinical supervision requirements for Health Professionals who are requiring placements in general practice. It includes details of:

- The Foundation Year Doctor (FY2)
- FY2 Placements in general practice
- The pathway to becoming a GP Clinical Supervisor in KSS
- The development of a career in medical education
- Practical tips and guidance
- Contracts and information
- Foundation GP Tasters
- Other Allied Health Professional GP Placements

The Foundation programme offers the opportunity for doctors early in their training to learn in and gain from an experience in general practice and the community setting, with the number of GP practices involved in teaching increase dramatically over the past couple of years, and continues to grow. We hope you will join us in educating the consultants and GPs of the future. With the changing face of the NHS it is important that all doctors understand the systems, processes and challenges faced in today's general practice. Key themes set out in the curriculum are:

- Professionalism
- Relationship and communication with patients
- Safety and clinical governance
- Ethical and legal issues
- Teaching and training
- Maintaining good medical practice
- Good clinical care
- Recognition and management of the acutely ill patient
- Resuscitation and end of life care
- Patients with long-term conditions
- Investigations

[www.foundationprogramme.nhs.uk/download.asp?file=FP\\_Curriculum\\_2012\\_WEB\\_FINAL.PDF](http://www.foundationprogramme.nhs.uk/download.asp?file=FP_Curriculum_2012_WEB_FINAL.PDF)

This guide is not the definitive work but offers a framework that can be built upon and adapted as circumstances change and your skills develop. It recognises that GP Practices are different, but all offer learning opportunities at a range of levels. It is hoped that this guide will help you maximise these. It answers some frequently asked questions about the GP CS role and requirements for the Foundation programme and an idea about how you could structure the experiences for a new learner in your Practice.

The guide has been developed using:

- Experiences of past GP FY2 CS and who trained as Foundation doctors.
- Experiences of FY2 doctors taking part in pilot and onward.
- Experiences of the HEE KSS management teams working on the Foundation Programme.
- Guidance produced by the GMC and Health Education England KSS teams.
- National guidelines and directives including Curriculum, Operational Guide and Electronic Portfolio and the 2017 junior doctor contract.

The guide should be read as part of the HEE KSS CS course and information available on the Foundation Website and the South Thames Foundation School website at:

[www.stfs.org.uk](http://www.stfs.org.uk)

and

[www.foundationprogramme.nhs.uk](http://www.foundationprogramme.nhs.uk)

This guide is a dynamic document and we welcome feedback on your experiences and its usefulness

For the purpose of this practical guide, the term FY2 Clinical Supervisor (CS) refers to the person nominated by the Practice (and agreed by HEE KSS local Programme Directors & Patch Associate Deans) to have overall foundation supervisory responsibility for the FY2 doctor whilst in their GP placement.

## Background

Since 2006 HEE KSS have been placing FY2 doctors in to GP Practices under the supervision of a suitably trained GPs. These GP CS have a key role in ensuring both patients and the FY2 doctor remain safe. Thousands of young doctors have had the opportunity of experiencing first-hand the challenges, pressures and highlights that general practice offers. Although not designed as a recruiting tool it appears to have helped with recruitment and informing young doctors about the realities faced by today's GPs. It is hoped when returning to the Trust they will have greater empathy and understanding so their discharge referrals will be more appropriate.

The South Thames Foundation School (STFS) has the overall responsibility for the management and training of foundation doctors. Foundation training is the first two years of medical training following graduation from medical school and is the bridge between undergraduate and postgraduate medical education. Within HEE KSS, there are set systems and processes for the local management and training of GP CS and the allocation of FY2 doctors to their GP placements. This handbook was developed to bring together where practical the processes within HEE KSS and reflects the closer working with the STFS. Training of CS includes familiarisation of the foundation curriculum and includes modules available on the e-LfH website and the HEE KSS introduction to teaching theories and skills course. It should also be noted that the systems and processes used to govern CS and GP Trainers has come into line to reflect national standards being used for educators leading to GMC approval as a CS and approved educational environment.

## Key Themes

### Why have FY2 attachments in general practice and primary care?

All doctors need to understand how the NHS works and be aware of the continually changing interface between primary and secondary care. This is especially important as the NHS develops, and for all new doctors' exposure to general practice occurs in the second year of the Foundation programme (FY2). Since August 2006, increasing numbers of newly qualified doctors have had an opportunity to experience primary and secondary placements in support of their learning. These GP placements help them to understand why referrals are made and improve their discharge referrals when working in an Acute Trust. Key themes of the Programme which are highly appropriate to general practice include:

- The recognition and management of acute illness
- Communication skills
- Managing uncertainty
- Teamwork
- Professionalism

## **Guiding the early stages of a professional's journey**

**FY2 doctors are not medical students.** They have already worked as qualified doctors in the first foundation year and have had opportunities to apply, and enhance, the knowledge, skills and attitudes they developed as undergraduates. Yet they have not embarked on higher specialist training, so they are not like GP Registrars.

They are at a critical stage of transition, thirsty for new knowledge and skills to meet their needs in treating patients with acute illnesses, but above all, looking for role models to help guide the development of their professional practice. This is a key transition period, and effective educational support can make all the difference to the outcome for these doctors and in turn their patients.

### **Who are FY2 doctors?**

- They are fully registered doctors.
- They are expected to undertake a clinical workload under supervision.
- They are Trust employees for the whole of their FY2 year.
- They do not have to be on the National Performers' list.
- They are not expected to do 'out of hours' in General Practice.
- They are covered by the Trust indemnity scheme while working in General Practice and do not have to have additional MPS/MDU cover.

### **Improving your own teaching and your Practice**

This is an opportunity to take on a new type of learner and increase the range of teaching activity undertaken by your Practice. Modern patient care is now very much team based, with new team roles being developed all the time. Participation with nursing, community and administrative staff in the programme will lead to a strengthened sense of team working, and more than one doctor in the Practice is likely, and encouraged, to be involved, as will other healthcare professionals. Whilst in their posts the FY2 doctor has a Clinical Supervisor who will have the most contact with them and will co-ordinate the Practice based experience. The FY2 doctor will receive tutorials and teaching within the context of their peer group in GP and will be released to the host Trust for formal teaching as part of the structured Foundation Programme. GP CS are expected to provide as a minimum one formal tutorial a week for their FY2. How this is achieved may vary across the localities depending on local arrangements to compliment other learning activities and the flexible way localities function.

### **Delivering a structured but flexible programme**

The Foundation programme aims to help recently qualified doctors, in the postgraduate clinical setting, to develop and demonstrate a range of professional competences. This is achieved by using a range of teaching methods, with the emphasis being on helping the doctor to develop through case discussion, joint observation of, and video of, patient consultations. These are methods well known to GP Trainers and the course for CS's will help you to utilise these tools in an effective way. Training will also be provided on the tools that have been developed nationally to assess that the FY2 doctor has met the competencies expected of them. Access to the FY2 doctors' e-Portfolio will be arranged through your local Postgraduate Centre Manager (PGCM). Their contact details can be obtained from your GP PD or Foundation Training Programme Director (FTPD). Any issues you have with your FY2 doctor should be initially managed through your GP PD, FTPD and PGCM. In particular, PGCM will need to be regularly updated on any leave or sickness of the FY2 during their rotation. There is a specific form for this which you will be sent when being allocated and FY2, and includes the need to make 'nil' returns where appropriate.

### **The contribution of FY2 doctors to the Practice**

FY2 doctors will be fully registered with the GMC, and thus will be able to see patients during the day whilst taking appropriate clinical responsibility, which will include being able to prescribe. Any Practice may take on more than one FY2 doctor at a time, providing each FY2 has their own individual CS and the Practice have approval and there is sufficient consulting space. However, it is expected that each **CS will have only one FY2 doctor under their care at any one time** thus to have more than one FY2 doctor in the Practice there will need to be additional trained CS. Although Foundation Year 2 is primarily a developmental educational process, there will be a significant amount of service contribution from these doctors.

On average and once settled in it would be reasonable for an FY2 doctor to see approximately 60 - 70 patients a week. This will be dependent on the FY2s skills and levels of comfort within the GP consultation. Less may indicate the FY2 is not seeing sufficient patients to develop their consulting skills and more may indicate an inappropriate use of the FY2 and their workload.

### **Professional rewards**

GP Educators find it very rewarding to stimulate the professional growth of a young doctor. Such support makes a valuable contribution to the NHS and patient care, and also promotes better partnership between primary and secondary care. FY2 CS will be trained both for their role as an educator as well as use in the Foundation programme assessment tools. CS are paid for their educational contribution with a supervision allowance (at the same rate as GP Trainers, pro rata). Practices do not need necessarily to be established GMC approved GP Training Practices, however they do need to be GMC accredited environments and CS have to be approved. Through an expanding need for placements in GP with additional training CS will also be able to host GP Trainees in a non-training practice under the supervision and responsibility of an accredited GP Trainer. Most practices will have similar standards as GP Training practices and we hope many will work towards becoming GP Training Practices in the future.

### **Who do I contact if the Practice wishes to express an interest in taking FY2 doctors?**

Initial contact will be through Alistair Bogaars [GPEducatorPathway@kss.hee.nhs.uk](mailto:GPEducatorPathway@kss.hee.nhs.uk) or Steve Scudder [stephen.scudder@hee.nhs.uk](mailto:stephen.scudder@hee.nhs.uk).

You can also contact any of your local GP Programme Directors or your local Patch Associate Dean. Details of all key personnel can be found at Appendix 1 or on the HEE KSS website: <http://www.kssdeanery.ac.uk/general-practice/educator/pathway/clinical-supervisor>

You will need to check your eligibility to undertake the appropriate Clinical Supervisor course.

The Foundation programme is **quality assured** by the GMC, and **curriculum driven**. Foundation doctors are assessed against defined **competencies**. Training is within a **two year structured** and **supervised programme**, which is primarily based in the workplace.

HEE are responsible for ensuring they meet or exceed the standards for training for the Foundation programme. *The Trainee Doctor* (2011) as set by the GMC: [www.gmc-uk.org/Trainee\\_Doctor.pdf](http://www.gmc-uk.org/Trainee_Doctor.pdf) 39274940.pdf

**Foundation Doctors e-Portfolio** – The e-Portfolio is an online system that documents the foundation doctors progress throughout the year. As an FY2 Clinical Supervisor (CS), you will have responsibility for the completion of specific portfolio documents including the CS induction meeting and end of placement Exit Feedback form. (Appendix 9). From August 2017, the Foundation ePortfolio is 'HORUS': <https://horus.hee.nhs.uk/login>

In addition, FY2 doctors will ask you and your colleagues to undertake Supervised Learning Events (SLEs) and may send email **“ticket”** requests in order that you submit your feedback to their e-Portfolio. Information on the learning and assessment process can be found later in this document.

As an FY2 CS, once you have been advised who your FY2 doctor is for a particular rotation, your local PGCM will arrange your access password to the FY2 doctor's e-Portfolio for you.

## The Curriculum for Foundation Doctors

The Foundation Curriculum defines the outcomes that Foundation doctors need to demonstrate before they can complete each of the two Foundation years satisfactorily. A detailed curriculum has been developed for Foundation doctors that can be found on the Foundation programme website. <http://www.foundationprogramme.nhs.uk/pages/curriculum-eportfolio>

The curriculum was updated for 2016 and is an outcome-based model i.e. it has defined the core competencies a doctor must have on completion of the Foundation programme. The curriculum incorporates in detail the areas the doctor should become proficient in, gives guidance on the educational process and defines the process of assessment by which the Foundation doctor will be judged to have attained the defined competencies. It also describes the tools that their supervisors will need to use to assess these.

The curriculum is based on a “*spiral*” model, which means that doctors in training are exposed throughout to repeated clinical encounters and each time will be further developing their skills. The programme is experiential: it is based within the context of the work doctors actually do.

The curriculum has as a focus the management of the acutely ill patient however, it recognises the importance of effective management of chronic disease and the impact such diseases have on the acute presentation of illness.

Foundation doctors need to develop specific clinical skills as well as generic skills in communication and team working. The curriculum seeks to promote the knowledge, skills and attitudes required to promote a process of lifelong professional development and assist in developing the attitudes required of a doctor in today’s modern NHS.

The core competencies are linked to the GMC “*Good Medical Practice*” which can be found at: [www.gmc-uk.org/guidance/index.asp](http://www.gmc-uk.org/guidance/index.asp)

Over the years, the Foundation programme curriculum has undergone significant expansion and now includes as well as care of the acutely ill patient areas such as:

- Professionalism
- Discharge and planning for chronic disease
- Relationships with patients and communication skills
- Patient safety and clinical governance
- Infection control
- Nutritional care
- Ethical and legal issues
- Maintaining good practice
- Working with colleagues
- Teaching and training
- Good clinical care
- Resuscitation and end of life care
- Patients with long-term conditions
- Investigations

***It is important to revisit the online curriculum document regularly via the foundation schools website to ensure any changes are noted and CS remain up to date and fit for role.***

It is important to remember that the 4-month rotation in your practice is only part of a programme for each FY2 doctor.

- The FY2 doctor will not be expected to cover the entire curriculum and competences during their time with you.
- Some competences may well be more readily met in general practice than in some other rotations e.g. *Relationships with Patients and Communication*.

# Assessment of Foundation Doctors

## The Assessment Process

The Foundation Year 2 assessment process is intended to provide objective workplace-based assessments of the progress of the foundation doctor through the whole programme. The assessments will be used by the Foundation School to decide whether the foundation doctor can be signed up as having satisfactorily completed the programme and achieved all competencies.

- Assessments are designed to be supportive and developmental.
- FY2 doctor can determine the timing of the assessments within each rotation and, to some degree, select who does the assessment.
- It is important that all assessments are completed within the overall timetable for the assessment programme.
- Each FY2 doctor is expected to keep evidence of their assessments in their portfolio. These will form part of the basis of the discussions during their appraisals. (The full portfolio, and information about the assessment tools, is available on the foundation programme website: [www.foundationprogramme.nhs.uk](http://www.foundationprogramme.nhs.uk))
- The FY2 doctor is an adult learner and it is made clear to them that they have the responsibility for planning and getting their assessments done and for ensuring that their competences, if present, will be signed off.
- Note that for April placements all assessments will need to be completed by the end May. The FY2 is aware of this and it should have been planned for. It is worth ensuring a conversation at the start of the rotation is held to discuss this.

## The Assessment Tools

The following tools have been developed for assessment of all Foundation doctors. To achieve familiarity with these, you will receive training on these tools as they are covered on your CS educator course. In addition, you will be required to complete a number of E-Learning for Health (e-LfH) modules.

e-LfH Modules Required for GP Clinical Supervisors	
1	Hospital Introduction to Training Module
2	Hospital DOPS
3	Hospital Mini-CEX
4	Hospital CBD
5	Hospital MSF
6	Trainee in Difficulty
7	ARCP – Introduction

The assessments the FY2 doctors will need to complete are as follows:

### 1. Multi-Source Feedback (MSF)

This is very similar to a 360-degree feedback and involves a number of trainees' selected professionals completing a feedback form about the FY2 doctor. Each FY2 should nominate 12 people within the Practice to complete the form.

### 2. Mini Clinical Evaluation Exercise (mini-CEX)

This is an evaluation of an observed clinical encounter with developmental feedback provided immediately after the encounter by the assessor.

### 3. Direct Observation of Procedural Skills (DOPS)

This is another doctor-patient observed encounter, normally involving a procedure (e.g. taking venous blood) assessed by using a structured check list.

### 4. Case Based Discussion (CBD)

This is a structured discussion of real cases in which the FY2 doctor has been involved with an emphasis on getting them to demonstrate their thinking about the management.

## The Assessment Programme

The table below is an example of how many of these assessments are likely to be carried out in each 4-month rotation.

2 x mini-CEX
1 x DOPS
2 x Case Base Discussions
1 x Multi-source Feedback

- The assessments do not necessarily have to be carried out by the doctor who is the nominated educational or foundation supervisor, though in most cases, this is likely.
- You can, and should, involve other doctors, nurses or other health professionals from within your practice who are also working with the FY2 doctor.
- It is important that whoever undertakes the assessment must understand and be familiar with the assessment tool they are using.

The assessments are not intended to be teaching sessions, though they should provide immediate feedback to the FY2 doctor. Although they will need to have protected time to be done effectively, this could be done, for example, at the beginning, end of, or even during, a surgery. Practices need to understand and ensure that the CS will need sufficient protected time to allow them to support the FY2 appropriately.

FY2 doctors will be assessed as part of a continuing process during their two-year rotation. This will involve you, as well as other members of the multidisciplinary health care team, internally other GPs, nurses and allied healthcare professionals who will assess trainees as they interact with patients and carry out clinical procedures.

All assessments will be recorded at the time and there will be easy to follow templates for this. Externally interacting with Pharmacists, Health Visitor, Community Matrons, District Nurses and other community-based professionals can also provide valuable experiences for the FY2 doctor and should be encouraged and facilitated where possible.

Each FY2 doctor will keep a learning e-Portfolio, as described above. They are given this at the beginning of the foundation programme. It is how they will record their achievements, reflect on their learning experience and develop their personal learning plans.

## The Foundation Year 2 Doctor in Practice

The foundation programme curriculum describes what has to be learnt and how it is assessed. This section aims to answer the questions, who, how and when it will be done?

The FY2 doctor will remain an **employee of the Acute NHS Trust** in which they are working. The contract of employment is between the Trust and the FY2 doctor and is subject to the relevant legislation relating to the employment of Junior Doctors, such as the new Junior doctor contract and **European Working Time Directive**, which states a doctor in a training grade cannot work more than **48 hours per week**. Foundation doctors will sign a contract with the Trust HR Department.

For FY2 doctors starting their year in general practice it is important you inquire if this has been done. During the FY2s GP placement, they will also be expected to sign an **honorary educational contract** with their CS and practice, see **appendix 4**.

Foundation Years run from August and the vast majority of doctors will join their programme at that point. It is customary for each Trust to run a 1-2-day induction programme to introduce doctors to the hospital facilities, safety protocols etc. The FY2 doctors will need to attend this.

## Typical working week

Foundation doctors work a **ten-session week**, where a session is four hours:

- Seven clinical sessions,
- One session for half-day release for LEP FY2 teaching (Trust Tutorial)
- One session for shadowing, project work or directed study. (Private / Guided Study)
- One session GP In-house tutorial (GP Tutorial. Local delivery is varied, check with your PD)
- In the event of no half-day release, the clinical sessions can be increased to eight sessions.
- FY2 doctors are not expected to do GP out-of-hours work but are encouraged to do supervised house calls.

## Study Leave

The FY2 doctor is normally entitled to 30 days' study leave during the year subject to the maintenance of essential service. At least ten of these will be used up by group teaching in their host Trust (probably half a day a week although arrangements vary). This is at the discretion of the individual Trusts, which provide slightly different arrangements for generic programmes.

Normally, no more than a third of the study leave should be taken in each four-month placement and Study leave must be approved by the Trust Foundation Training Programme Director (TFPD).

GP CS do not have to approve study leave. However, The FY2 doctor should be asking the GP CS to countersign the approved leave form. This is to ensure that all parties are aware of the leave and it can be factored into the practice planning and patient lists.

## The Induction into General Practice

This is really an orientation process so that the FY2 doctor can find their way around the Practice, understand about the Practice area, meet other doctors, practice healthcare professionals and wider team members such as HVs, DNs Community Psych etc. and practice staff. Learn how to use the computer and know how to get a cup of coffee! This is **normally a two-week process**. It should be planned for when they first arrive for their 4-month rotation with you. It is also very helpful if you have an introduction / induction pack for the Foundation doctor, which again is similar to that which you might use for a locum GP or new doctor. An induction programme might look something like the timetable below but this only a guideline and should be adapted to suit your learner and your Practice. **You will be provided with a template** as part of your CS Approval process.

		Monday	Tuesday	Wednesday	Thursday	Friday
Week 1	Am 8.30- 12.30	Orientation Admin - manager Meet the staff	Shadow ANP	Shadow CS (routine)	Shadow PN/Phleb	Shadow Pharmacist
	Lunch	12.30pm - 1.30pm (Undisturbed Time)				
	Pm 1.30 - 5.30	Reception Data team	Shadow CS (routine)	TRUST TUTORIAL (PD will advise when this occurs)	Private / Guided Study (When is agreed between Practice & FY2)	GP TUTORIAL (PD will advise when this occurs)
Week 2	Am 8.30- 12.30	Shadow CS (Duty)	Shadow CS (Care) Proactive meeting	Shadow CS / Observed Surgery	Prescribing Team Pharmacy	FY2 Own Surgery
	Lunch	12.30pm - 1.30pm (Undisturbed Time)				
	Pm 1.30 - 5.30	FY2 Own Surgery	CDM Team CDM Nurse	TRUST TUTORIAL (PD will advise when this occurs)	Private / Guided Study (When is agreed between Practice & FY2)	GP TUTORIAL (PD will advise when this occurs)

These examples of shadowing other AHPs is not limited to those listed and can include any one inside and outside of the practice that will help the FY2 doctor in understanding the GP role and how the interactions within the community work. Other examples may include; CCG meeting, Prison GP visit, home visits, Community Psych, Hospice, Sports Medicine to name but a few.

Sitting with other members of the team exposes the learner to different styles of communication and consultation. Of course, this will not necessarily fit into neat hourly blocks of time and you may have several other opportunities that you feel the FY2 doctor would benefit from, in this initial phase. The FY2 doctor's Foundation School may be a point of contact, but the doctor's Local Education

Provider (LEP), Acute Trust with whom they are attached will be your main contact operationally during the year.

Generally, the LEP Postgraduate Centre Manager (PGCM) or Foundation Training Programme Director (FTPD) should be in regular contact with you but, if they have not contacted you prior to the commencement of the academic year, please contact them directly. It is always helpful to have a handover chat.

### The working and learning week following induction

Every experience that your FY2 doctor has should be an opportunity for their learning. It is sometimes difficult to get the balance right, between learning by seeing patients in a formal surgery setting (sometimes called workplace based learning) and learning through other opportunities, such as home visits. The programme for the 4 months needs to include these experiences but also the programme **MUST** include time for formal teaching as well.

An FY2 doctor **is not** expected to undertake GP OOH work. In some cases, the FY2 doctor is expected to spend some of their week in the hospital setting, often the Emergency Department or the Medical Assessment Unit (MAU). Local arrangements will apply. These placements should not impact upon the FY2s GP experience and working time in the practice. Some Trusts are stipulating that any additional hours the FY2 does over the 40-hour week are done on a Saturday to ensure the FY2 has the required eleven (11) hour break before their GP week starts. It is important you are aware of these arrangements when planning your timetable. Information on the hospital rota should be obtained from discussion with your local GP Programme Director and Trust Foundation Programme Director.

As the CS you are expected to discuss the patients the FY2 doctor has seen in their surgery at the end of each surgery, to ensure patient safety. Best practice suggests that you should make a record of these discussions with a **Learning Log (see Appendix 8)**. The FY2 doctor is also encouraged to record their experiences in their own e-Portfolio.

The table below is an indicator as to how you might plan the learning programme over a typical week with a doctor who is in your surgery on the standard 4-month rotation. (The next section will look in more detail at each of these learning opportunities) The working / learning week for a FY2 doctor is 10 sessions (regardless of your Practice working week arrangements).

<p><b>7 or 8 Sessions Surgeries, with CS, Other GPs or on Own</b></p>	<ul style="list-style-type: none"> <li>▪ These will usually start at 30 minute appointments for each patient and then reduce to 15 - 20 minute appointments as the FY2 doctor develops their skills, knowledge and confidence.</li> <li>▪ The surgery may be a traditional GP surgery, Walk in surgery or a Chronic Disease Surgery run by other members of the Practice or a specialist surgery run by other members of the primary Health Care Team</li> <li>▪ When consulting in a traditional surgery The FY2 doctor must have access to another doctor (this does not necessarily have to be the nominated Clinical Supervisor in the Practice, it may be another partner or sessional doctor.</li> <li>▪ The FY2 doctor does not need to have their own dedicated consulting room but can use different rooms at different times so long as patient and doctor safety is not compromised and normal privacy and confidentiality are maintained.</li> </ul>
<p><b>1 x Sessions GP Tutorial</b></p>	<p>This could be</p> <ul style="list-style-type: none"> <li>▪ 1:1 session with the Clinical Supervisor or other members of the Practice team in the form of a tutorial.</li> <li>▪ Small group work with other learners in the Practice</li> <li>▪ Small group work with FY2 doctors from other Practices, led by a Clinical Supervisor <b>(This is the commonest format)</b></li> </ul>
<p><b>1 x Session Private / Guided Study / project work</b></p>	<ul style="list-style-type: none"> <li>▪ Your FY2 may be undertaking a project or audit during their time with you. They should have protected time to do some research, collect the data, write up the project and present their work to the Practice team</li> <li>▪ Shadowing or observing other health professionals or service providers, e.g. out-patient clinics pertinent to primary care, palliative care teams, local pharmacy or voluntary sector workers.</li> </ul>
<p><b>1 x Session Trust Tutorial</b></p>	<ul style="list-style-type: none"> <li>▪ A Formal session of teaching run by the Trust for Foundation doctors. Normally a weekly session run by their FY2 ES. If this does not run, then the FY2 should be completing an 8<sup>th</sup> clinical session.</li> </ul>

## Teaching / Tutorial Sessions

During the FY2 GP attachment, the FY2 doctor will experience formal teaching within the Trust and community based tutorials with their CS. This teaching programme will on average account for one to two sessions of the FY2 doctor's weekly programme. However, this varies from Trust to Trust. Your local GP Programme Director (PD) will be able to provide further information on this.

### FY2 GP Tutorials (Community Teaching)

Within the community there are different models used for delivery of weekly tutorials. You will be advised by your PD and other CS on the local model for your locality at the start of your rotation. A list of examples of teaching session topics may be held by your PD based up on past experiences.

### FY2 Trust Tutorials (Formal Trust Teaching)

In addition to the weekly timetable organised in the community, the local Foundation school within the Acute Trust will organise 10 days of 'class-room' based learning over the course of the year.

- Some, but not necessarily all, of these days will be whilst the FY2 doctor is in their rotation in your Practice.
- It is expected that the FY2 doctor will attend these sessions along with their colleagues in the hospital rotations.
- The classroom taught sessions cover some of the generic skills such as communication, teamwork, time management, evidence based medicine, etc.

The Trust should provide the FY2 doctor with a list of dates and venues at the start of the foundation programme and it is the FY2 doctor's responsibility to ensure that they book the time out of the Practice and that the CS and the practice manager are aware of the timings.

- Each Trust has a formal foundation programme with associated teaching sessions.
- Teaching will be delivered to the FY2 doctors by Trust employees.
- Programme and timings will vary from Trust to Trust.

This will be supervised and facilitated by the local Foundation Faculty, which is part of the local educational quality process involving other medical specialty faculties.

## Non- standard Foundation Programme Year 2 rotations

Normally the standard FY2 rotation in general practice is 4 months. However, there may be innovative variations to this. However, even within these variations; all of the principles outlined in the guide will still apply.

### Examples of non-standard rotations

A four month rotation in general practice but with one day each week spent in a minor speciality such as sexual health or psychiatry
A six month rotation in general practice (with a six month rotation in General Medicine) in which management and leadership are a taught component
A four month rotation shared between two Practices – with two months spent in one Practice and two in another
A four month rotation shared between two Practices but with three days spent in one and two in another each week (Each practice will require approval and their own approved CS)

## FY2 Performance Concerns

Most FY2 doctors will complete the programme without any major problems. However, some doctors may need more support than others. E.g. ill health, personal issues, learning needs or attitudinal issues inhibiting the attainment of programme competences. If you feel at any time the learner under your supervision has performance issues, you should contact their ES and your PD, who will work with you to ensure that the appropriate level of support is given to both you and the FY2 doctor.

All FY2 doctors use an electronic portfolio to document their progress through their Foundation programme. As a CS, you will be required to meet with your FY2 doctor and review their portfolio and complete a CS End of Placement Report. The report should be informed by feedback received from the Placement Supervision Group; however, as described above, within Primary care this group may be limited to a small number of professionals.

Doctors in training who are found to have difficulties in their educational progress for whatever reason, may need particular support. Further guidance is available here:

<http://www.ksseducation.hee.nhs.uk/trainee-support/>

It is very important that you keep written records of any issues, or concerns you may have, as they arise, and that you document any discussions that you have with the FY2 doctor regarding your concerns.

## The End of the Rotation

At the end of each rotation, the CS is asked to complete an online assessment in the Foundation doctor's e-portfolio. This is your overall assessment of the doctor's performance during the time they have spent with you and helps the new CS to focus on any areas of particular need. Experience has shown us that it is also helpful if you can talk personally to their next CS (especially if there have been any problems) it is important that the CS **End of Placement Report / Exit Interview (Appendix 9)** is as informative as possible and it should be informed by the FY2s feedback and your CS reflections on the placement. As CS, you would be advised to ask the FY2 doctor coming to you to share the reports from their previous CS and speak to the foundation doctor's Educational Supervisor (ES) to find out more details on their progress and possible learning needs.

The End of placement form needs to be **signed by both the CS and the FY2**. Both can use this toward evidence for their NHS appraisal as well as the CS using it for evidence for CS re-approval and the **CS peer appraisal (Appendix 5)**. All CS need to demonstrate all elements of their role as required in the NHS appraisal.

### Transfer of Information between placements for FY1 and FY2

At the end of each placement, information on the performance, competence and conduct of each foundation doctor is transferred to the CS of the next placement to ensure patient safety and maximise training opportunities. This is the responsibility of the ES and the guidance can be found online: <http://www.stfs.org.uk/doctor/transfer-information>

## Key Personnel Involved in the Foundation programme

### The FY2 Clinical Supervisor (FY2 CS)

- As a FY2 Clinical Supervisor (CS), you will be the key person in your GP Practice responsible for overseeing the 4-month placement of the FY2 doctor. The role involves developing an Induction pack for the FY2 doctor to use and planning the induction and overall weekly timetables in conjunction with the GP Programme Director. This co-ordination is necessary so issues such as the formal teaching programme can be arranged. To assist with this templates are provided as part of your approvals pack.
- The CS oversees the FY2 doctor during their attachment and ensures the FY2 doctor only performs without direct supervision those tasks that they are competent and confident to do.
- The CS will offer constructive and developmental feedback to the FY2 doctor and discuss their surgeries to ensure safety of the FY2 doctor and patients. You may undertake some of the assessments required (but others in your Practice may also be involved in this process). There is a formal **Trust teaching session**, you are not expected to participate in but you will be expected to run the **GP Tutorials** for the FY2. These may be done as part of a round robin (Speak to your local Programme Director (PD)). These help develop your skills and add to your portfolio as well as contributing to the FY2 doctors learning.

The FY2 doctor will have a Clinical Supervisor for each of their four month attachments, other Clinical supervisors being hospital consultants.

### FY2 Educational Supervision

- All FY2 doctors have an Educational Supervisor (ES). The ES is the same person for the whole year. It is generally their first CS, unless their first FY2 placement is in GP. In this case, the second CS from the Trust will be the ES for the year.

- The ES assumes overall responsibility for supervising an FY2 for the whole year. The ES will review's progress of the FY2 and ensure the doctor maintains appropriate records for all assessments, and that handover information is passed between all CS. The ES will liaise with the other FY2 CS and the Trust Foundation Programme Director.

#### Examples of a rota

FY2a	Aug –Nov FY2 in Emergency Dept.	Clinical Supervisor <b>Hospital</b> Educational Supervisor <b>Hospital 1<sup>st</sup> CS</b>
FY2b	Dec – Mar FY2 in GP	Clinical Supervisor <b>GP</b> Educational Supervisor <b>Hospital 1<sup>st</sup> CS</b>
FY2c	Apr – July FY2 in Medicine	Clinical Supervisor <b>Hospital</b> Educational Supervisor <b>Hospital 1<sup>st</sup> CS</b>
FY2a	Aug –Nov FY2 in GP	Clinical Supervisor <b>GP</b> Educational Supervisor <b>Hospital 2<sup>nd</sup> CS</b>
FY2b	Dec – Mar FY2 in Emergency Dept.	Clinical Supervisor <b>Hospital</b> Educational Supervisor <b>Hospital 2<sup>nd</sup> CS</b>
FY2c	Apr – July FY2 in Medicine	Clinical Supervisor <b>Hospital</b> Educational Supervisor <b>Hospital 2<sup>nd</sup> CS</b>

#### The Trust Foundation Training Programme Director (FTPD)

- The FTPD will be normally a Consultant appointed by the Acute Trust who oversees the co-ordination of the whole foundation programme (FY1 & FY2 doctors) appointed to that Trust. The FTPD will be responsible for arranging the formal Trust teaching programme and will work closely with the Trust's Human Resources Department.

#### The GP Programme Director (PDs)

- PDs have a role in delivering the half-day release programme for GP Specialty Trainee Registrars (GPStRs). In HEE KSS, PDs are also responsible for locally managing the Clinical Supervisor placements for FY2 doctors in general practice and the peer support group for the CS within their locality.
- In HEE KSS GP PDs have also been working to help develop and expand the FY2 GP placements in a locality as part of the Broadening Foundation Programme. They are also the first line support to the FY2 CS.

#### The Patch Associate Deans (PADs)

- PADs have a variety of roles relating to GP Specialty training. In HEE KSS, the PADs are also responsible for overseeing the PDs who manage the CS / FY2 placements in general practice.

### The FY2 Clinical Supervision (CS)

Each FY2 doctor is assigned their own CS who is responsible for the general day to day activities and support for the FY2 doctor. They will be supported in their practice by other GPs and staff members such as Practice Nurses, HCAs, Phlebotomists as well as the Practice manager and admin staff. Additional and external to the practice would be Pharmacists, DNs, HVs and other AHP who will all be helping to give the FY2 doctor as much opportunity as possible to learn about GP and community and the wider team working ethos. This group will have the responsibility of observing the performance as well as the safety of the patient and FY2 in the workplace and providing feedback to the CS.

Not all GP placements will be able to provide such a range of individuals and FY2 doctors may only work with one or two doctors. In these situations, the professionals assessing an FY2 doctor's performance will be smaller, but the number of interactions should be greater.

#### Clinical Supervisors (CS) Commitment to the Programme

Approved CS will be asked about their availability to accommodate FY2 for the coming recruitment year (August – July). Once committed, it would only be in exceptional and unforeseen circumstances that withdrawing this promise is acceptable. HEEKSS would expect adequate notice (e.g. two months) be given to the Foundation School and PDs / PADs so a suitable substitute CS could be found. CS will be informed in good time whether an FY2 has been allocated for the next academic year. Some areas, have more CS than FY2s. In these cases, every effort is made to ensure a fair allocation. Note, in some cases you may be asked to host an FY2 from out of your area.

## Clinical Supervision Allowance

The CS allowance is equivalent to the General Practice Specialty Training Registrar (GPStR) basic training grant (pro rata for the time) and is paid for hosting each FY2 doctor.

- You can, if sufficient capacity (space and resources) have more than one FY2 at a time. However, an FY2 CS can only supervise one FY2 doctor or other learner at a time. If there are two trained CS and sufficient space, the Practice could host two FY2 doctors. In GP Training Practices, it is expected a CS and not a GP Trainer will undertake the FY2 CS role and therefore the Practice may have an FY2 doctor and a GPStR.
- As CS you receive a third of a GP Trainers grant for each 4-month placement. Depending on local need and availability of CS in a locality you may host up to 3 FY2 doctors a year.
- Support for the CS is via the PDs and you will be invited to a local CS peer support group or the GP Trainer group meetings to ensure you are supported by your peers and PDs. This is vitally important for new CS to ensure there are not left isolated as they start their educator role.

## FY2 Clinical Supervisor – Criteria for application and appointment

A FY2 CS will have worked in a substantive post as a general practitioner in practice for **at least 3 years** at the time of hosting and FY2 doctor and has relevant experience of all aspects of general practice. They must also have been in their **current practice for a minimum of 3 months**. They **must hold MRCGP** to go on to become a GP Trainer. They must be and working **at least 4 clinical sessions** a week in practice.

They will be of good professional standing and not subject to any complaint or process that will impair their ability to fully practice as a GP (**essential**). Applicants must disclose and provide details of any complaint made against them that have been upheld within the last 5 years by the Professional Conduct Committee of the GMC, or if they have been reported to the NCAS. Within HEE KSS.

The CS will undertake approved training as set out by HEE KSS for the role (essential) and be familiar with the:

- The principles of the foundation programme.
- The assessment methods & tools, have undertaken training in their use.
- Be familiar with the local arrangements for FY2 placements and the individuals involved in organising these.
- Be supported by their PADs and PDs and LEP Trust FY2 Administrator
- Be part of the network of CS and ES to share good practice and support.
- Allow appropriate time to support the FY2 doctor in practice whilst maintaining availability to patients.
- Honour the **model educational contract** with the FY2 doctor (**see Appendix 4**).
- Have an understanding of, and commitment to, the Equality, Opportunity & Diversity (EOD) policy in the Practice. Complete their own EOD training every 3 years. **This must be in date to be eligible to host an FY2.**
- Demonstrates good working relationships with all staff and the Primary Health Care team.
- Provide timetables for the FY2 doctor, ensuring sufficient teaching and consulting time for the FY2 doctor both in and out of the Practice. As per HEE guidance.
- Have an NHS Appraisal and PDP and annual CS Peer Appraisal and demonstrate how they reflect on and review their performance (e.g. through audit processes and SEA).
- The CS has a commitment to maintaining their skill and performance as a GP and is aware of current medical literature. As a way of demonstrating this, possession of the MRCGP, or working towards this, is helpful and the CS should consider enhancing their development as a teacher by becoming a GP Trainer.
- All e-LfH modules (Hospital not GP) have been completed by the CS. These modules may change and you will be expected to update as required.
- Note, there are currently seven (7) required modules as a GP CS as set out on page 9.

## FY2 Clinical Supervisor– The Educator Pathway FAQs

### Q1. Can our Practice be a FY2 Practice?

- A GP Practice already accredited for training GP Registrars is automatically approved to take FY2 doctors. However, new CS will need to be approved before their first FY2 doctor.
- Non GP training Practice can be considered if they meet the criteria. In summary these are:
  - The Practice must have space to accommodate a FY2 doctor. This does not have to be a dedicated consulting room.
  - The Practice should have achieved a **minimum of 90% of QOF** points in their most recent assessment and have a satisfactory CQC rating.
  - **60%** of clinical notes must be summarised.
  - All Staff members must have an annual appraisal.
  - Significant Event Analysis reviews are undertaken regularly.
  - The Practice demonstrates a sufficient level of computerisation.
  - A stable and adequate administrative staff level.
  - Exposure to a wide variety of clinical experiences and AHPs, internal and external.
  - Appropriate diagnostic and therapeutic equipment in the Practice for the FY2 to use.
  - There is access to diagnostic services and secondary care.

### Q2. How do we apply to become a FY2 Host Practice?

- Applications within HEE KSS are made to the [GPEducatorPathway@kss.hee.nhs.uk](mailto:GPEducatorPathway@kss.hee.nhs.uk)
- All forms are to be completed electronically in MS Word and signed then returned as a PDF document to the same email address.
- It is strongly advised that before returning your completed application form that you discuss the role requirements with your Patch Associate Dean (PAD) and Programme Directors (PDs). They will provide specific information & answers to relevant questions you may have regarding your application.
- All applications received will be acknowledged and where applicable a place will be allocated on the next available CS course. **You will be required to sign a commitment form to be assured a place on the next course.**
- If your Practice is already a GMC approved GP Training Practice, the new CS application will be reviewed by the local PAD. Approval is dependent on a successful review or visit if required. If a visit is required, this will be arranged by your local PAD or the Lifelong Learning Adviser (LLA).
- If the application is for a new practice which is not a GMC approved GP Training Practice an initial accreditation visit is required.
- If the application is for a new CS in an existing approved non-training practice a review or visit to the new CS is required.
- Visits to new CS are made after completion of the part 1 course with initial approval for two (2) years then every 5 years with a review or visit.
- Visits to new educational environments can be carried out at any time before or after CS approval but an FY2 cannot be hosted until the practice and the CS have been approved.
- A visit will be required if an incident occurs and trigger's a visit.

### Q3. What training is involved?

- The CS programme of training consists of two separate taught days.
- Training introduces the CS to the core competencies HEE expects of all its GP educators.
- The course requires some reading prior to attendance. It is expected participants will have:
  - Visited the Foundation programme website at [www.foundationprogramme.nhs.uk](http://www.foundationprogramme.nhs.uk)
  - Downloaded and read the Foundation Curriculum
  - Read details of the assessment methodology
- Training days include a mixture of lectures, small group work and experiential work to familiarise the CS with the FY2 programme
- After completion of the module, you will continue your development through your local GP educator learning set ('Trainer group') and by building a portfolio of evidence.

**Q4. Will there be financial reimbursement for attending the training?**

- The situation regarding any funding will be conveyed to you when you apply. There is not, however, any current backfill funding for attending the course.

**Q5. How long is the CS / Practice approval for hosting FY2 doctors for?**

- Initial approval gives accreditation for 2 year.
- During that time, you will continue to develop your skills and your portfolio.
- Further accreditation will be required at 5 yearly intervals beyond the initial appointment.
- Once a practice environment is approved, unless there are major changes, approval is ongoing.

**Q6. How do I continue to develop my learning as a Clinical Supervisor after the training?**

- You will be supported in developing a portfolio in which you can record how you are developing your skills in relation to the core competences as a CS. Support will be offered by your peers and local PADs and PDs at locality peer support sessions.
- Where appropriate HEE, STFS and local Trust will offer update meetings to discuss any new developments in the foundation programme. Also through attendance at your local CS Support meetings and through regular dialogue with others involved in delivering and organising the Foundation programme.
- The Foundation Local Faculty Group (LFG), based in the FY2s' LEP, meet regularly to discuss issues and concerns in Foundation training. CS are encouraged to attend these meetings. Each faculty meeting concludes with a discussion on individual trainee progress. This is a good opportunity to share good practice in dealing with doctors in difficulty. The FTPD and Post Grad Centre Manager (PGCM) should keep you informed of the scheduled Foundation faculty meetings.

**Q7. What support do I receive as a Clinical Supervisor (CS)?**

- CS will be supported by several key personnel.
- Each locality will have a peer support group for CS doctors. This may be part of the local GP Trainer group or a sub set of the group.
- This group will meet regularly and will be peer led or facilitated by local PDs.
- If you have MRCGP and are on the pathway to becoming a GP Trainer, you will need to join the local GP Trainer group.

**Q8. Can I further develop my career as an educationalist?**

- Yes. Accreditation as a CS can be the start of a career in GP Education.
- Following your CS experience, you may wish to explore becoming a GP Trainer. This module is a further 5 days training delivered over a 9 - 12 month period.
- Progression through the pathway is dependent on, and supported by the CS using and sharing their portfolio and demonstrating they have been developing their skills in the competency areas.
- In order to progress to become a GP Trainer you **must** have MRCGP.
- CS wishing to become a GP Trainer can find detailed guidance on the HEE website. <http://www.kssdeanery.ac.uk/gp-educator>
- GP Trainers also need to have undertaken or be working towards successfully completing a Postgraduate Certificate in Education. This is run in association with an HEI located within your local HEE geography. You will be registered for this as part of your registration process to become a GP Trainer.



## The Competences of a Clinical Supervisor / Educator?

### Overview

The role of a Clinical Supervisor (CS) in the general practice setting incorporates overseeing the clinical activity of the learner, ensuring they only perform tasks without supervision they are competent and confident to do. The CS must ensure patient safety and not place the learner in a position for which they do not have the knowledge or skills to deal appropriately with the patient. This requires the ability to understand the learners limitations: recognise at what level they are performing and arrange structured experiences which help further develop their knowledge and skills. CS also facilitates learning in a tutorial setting and carryout assessments a part of the learners e-Portfolio.

GP trainers also incorporates the essential aspect of supervision but support their trainees through a three years programme, undertaking formative reviews, planning educational programmes to meet educational needs and facilitate learning in a tutorial setting. GP trainers also undertake assessments that form an essential and important component of a doctor's certificate of completion of training.

Within the modern NHS, there is an emphasis on educational programmes being learner led, i.e. it is the trainee doctor who is responsible for developing their competences and demonstrating them through the assessment processes: Evidence shows that adults learn best when they feel they need to learn and when they have a sense of responsibility for what, why and how they learn. This helps in skill development and promoting lifelong learning. If CS and GP trainers are to act as role models they need to demonstrate their own skills in this area and be able to identify their own learning needs, assess their current performance, identify a programme which will meet those needs and reflect on the learning they have undertaken. A CS and GP trainer should be able to discuss with learners their educational "wants" and "needs" in relation to their curriculum are and develop a programme to meet those needs.

Learning involves having experiences and reflecting on those experiences. The role of the CS and GP trainer is to assist in this process. An essential skill in helping to promote learning and behaviour change through reflection is the ability to give constructive feedback. The type of feedback which helps in this process is "descriptive" and CS will have to be able to demonstrate they understand its application. This includes not only the ability to describe behaviours observed but also the ability to help learners generate new ideas and develop action plans for learning.

In order to assist the learner develop their knowledge, skills and attitudes in respect of assuring and improving quality of care for patients. CS and GP trainers need to understand and be able to undertake clinical audits and recognise and use Significant Events as a means of improving quality and critically reflecting on their own clinical performance. The learner is expected to build an effective relationship with patients through the use of communication skills. To this end they will need to understand how to undertake patient-centred consultations. An understanding of the disease-illness model is thus important. CS and GP trainers will likewise have to understand and incorporate the principles of the model in their own day to day consulting.

One of the core competencies for any learner in the NHS is team working. General practice is ideally placed to assist learners understand and develop skills in working with others. Learning is enhanced if the environment in which they are working recognises that: "organisations learn only through individuals who learn". The CS and GP trainer are required to ensure that other clinical and non-clinical staff understand the aims of the various training programmes and support these processes. The supervisor will also be required to support (and develop where appropriate) the process of multi-disciplinary teaching and learning within the practice and help develop the skills in respect of teaching of other members of the primary health care team.

NHS programmes for learners are now competency-based and the learner is required to demonstrate their competency through a series of prescribed assessments. It is essential that CS and GP trainers understand these assessments and are able to conduct them. Current assessments include a formative component i.e. the learner may have competency areas that require development and need feedback from the supervisor to help them develop.

## **Aims for the GP Educator Programme**

1. To introduce GP educators to those principles that underpin hosting a learner in a primary care setting.
2. To assist GP educators in developing their own self-directed learning through reflective practice.
3. To introduce GP educators to key adult educational principles which facilitate learning.
4. To help GP educators plan organise and manage educational processes to support the learner in meeting their individual learning outcomes.
5. To assist GP educators in developing skills in giving constructive criticism using observational feedback techniques.
6. To assist GP educators in developing a flexible approach to teaching utilising a range of appropriate teaching interventions.
7. To introduce GP educators to the principles of assessment and use of the nationally developed assessment tools used by the learners programme in general practice training.

## **Learning outcomes for a GP Educator**

1. Maintain the safety of patients and the trainee doctor.
2. Demonstrate an ability to draw up and undertake learning through use of a PDP.
3. Demonstrate a learner-centred approach to teaching.
4. Use “descriptive” feedback effectively to assist the learner develop their skills within the prescribed competency areas.
5. Create a learning environment within the practice. This incorporates developing and supporting multi-disciplinary teaching and learning as well as assisting in the development of teaching skills amongst team members.
6. Demonstrate effective communications skills within the consultation adopting a patient-centred style.
7. Demonstrate high standards of clinical governance within their Practice and reflect critically on significant events.
8. Demonstrate proficiency at undertaking national assessment tools.

## **Maintaining Competency as a Clinical Supervisor.**

It must be noted that where a CS has not hosted an learner for 2 years they will be required to demonstrate competence in the role to continue as a CS and may need to undergo top up training or redo the CS course. This will need to be discussed with their local PAD to determine the actions to be taken.

## **Developing Competencies as an Educator**

HEE KSS has a modular approach to developing GP educators. This allows an educator to develop at their own pace and work within the HEE KSS network at a level they and their Practice feel is appropriate. The existing roles a GP educator may adopt are:

### **GP Clinical Supervisor – GP CS**

A named GP who supports an individual learner. This will primarily be a FY2 doctor. However, with additional training in core competencies this could also include, Physician Associate, Paramedic Practitioner or other AHPs gaining a GP or community experience.

### **GP Trainer – GPT / ES (Educational Supervisor)**

The named individual who oversees the progression of a doctor on a GP vocational training scheme wishing to become a GP by obtaining their certificate of completion of training.

Taught components of the course are supplemented by development of a portfolio. This allows the educator to demonstrate developing knowledge and skills as required for continuation through the taught module components. The portfolio is based on the competency model of Dreyfus and Dreyfus.

The programme consists of two taught modules:

### **Part 1 – Clinical Supervisor in the workplace.**

This 2-day module introduces participants to the generic knowledge and skills needed in order to work as a FY2 Clinical Supervisor. Where an individual will be acting as a CS for another specialty such as a Physician Associates (PA) or Pharmacy Students (PhSt) etc, an additional ½ days learning is required to gain an understanding of the curriculum and competencies required for these disciplines. This core module introduces key concepts relating to ensuring safety for both learners and patients. Participants begin to appreciate how to recognise the level at which their learners are working, how to begin educational planning through discussion and how to organise educational activities to meet the learning needs of the individual. Through experiential workshops, participants rehearse in a safe environment the skills needed to give constructive criticism based on observation. Participants are introduced to the key principles of assessment and practice utilising the Foundation programme national assessment tools. Participants will be encouraged to develop their skills through reflective practice and will be required to complete a CS peer appraisal that will contribute towards demonstrating all aspects of their work for their NHS Appraisal.

### **Part 2 – GP Trainer, Skills development.**

This is a 6-day course, split over 6 months, and has been re-designed for delivery in 2018/9. The first two days focus on the skills developed in educational planning introduced in Part 1. Participants explore the skills needed to teach in small group setting and are introduced to the key principles of group dynamics. There is an opportunity to structure, plan and deliver tutorials. Participants are introduced to key principles of adult educational theory and begin to recognise differing learning styles. Learners will also be introduced to the requirements of academic learning and the expectations of the PG Certificate.

The last 4 days focus on developing teaching skills with the aim of developing flexible teachers who are learner centred in approach. The module is largely experiential affording participants the opportunity to develop skills in teaching communication skills, developing one to one tutorials and developing skills to support learners and doctors in the work place based assessments of specialist general practice run through training. Participants will gain a fuller understanding of educational principles and develop a range of interventions to facilitate teaching and learning. Participants will be encouraged to develop their skills through reflective practice.

## **Equal Opportunity and Diversity Training**

All doctors wishing to work as a GP educator must undertake training in Equality and Diversity. This is an on line training module with an attached MCQ. Applications to undertake the training are arranged through your local HEE office. This is currently a free module and you will be sent a log in after completion of the part 1 course then every 3 years. **Only the Marshall ACM online module** is accepted for the purpose of the educator pathway.

## **Postgraduate Certificate for GP Medical Educators**

An exciting opportunity has been developed for GP Educators to undertake a Postgraduate Certificate. This is a requirement for all GP Trainers within HEE KSS.

In HEE KSS, it is in PG Cert in Strategic Leadership & Multi-Professional Education in Healthcare (SLAMEH), <http://www.kssdeanery.ac.uk/general%20practice/PG%20certificate> and has been developed through working with Kent University to develop a programme of study linked to the GP Trainers day-to-day work.

### **Why have we developed an academic pathway?**

- The General Medical Council (GMC) and the RCGP have laid down standards for medical educators and this includes a move to increased professionalisation of the teaching role with the gaining of an academic award.
- Evaluation of our own educator pathway has shown those who previously took up the PG certificate found their work as a trainer was significantly enhanced.

- Revalidation processes will require enhanced reflection on our work in all spheres and the work undertaken in preparing for your PG cert and the gaining of the award will support you in this process.

Those doctors with agreement to work only as a FY2 Clinical Supervisor (FY2 CS) will need to undertake training on Part 1 – Clinical Supervision in the Workplace and have a practice visit. At a later date if an FY2 CS wishes to become a GP Trainer they would need to enter the academic pathway.

All potential new trainers undertaking the two stage GP Trainer Modular Pathway after 1<sup>st</sup> September 2015 are required to undertake the new academic pathway and the PG Cert SLAMEH.

Any programme of academic activity is awarded a number of CAT points by the University in order to accredit the course. A PG certificate usually requires you to undertake 60M level CAT points divided into 3 Modules:

Module 1: Supervision in the workplace  
 Module 2: Collaborative working  
 Modul3 3: Evidence-informed practice

The Certificate has been specifically designed with the needs of busy clinicians / potential trainers in mind. The formal teaching component of the PG certificate will be delivered through Part 2 and is delivered over a 9 – 12-month period.

As a potential trainer works through the pathway and gains practical experience of supervising and teaching they will keep a portfolio of their work which will be used together with the trainer self-evaluation questionnaire and academic reflections to support their PG certificate

A potential new trainer will complete the 60M level Course by:

- Attendance at the GP Educator Course.
- Preparation of the three essay based modules used for trainer accreditation.
- Completion of a portfolio of evidence that would be used to support both their trainer application and the academic award.

It is important to note that the process of GP Trainer accreditation and the Postgraduate Certificate remain separate processes governed by differing bodies. In order to become a GP Trainer a potential trainer MUST meet the academic standard set by the governing HEI for their Postgraduate Certificate. However, it is possible to receive the award and NOT be accredited as a trainer as the criteria for trainers include both the individual and the practice environment and standards relating to both must be met for a successful trainer application.

## The GP Educator Portfolio

As a GP educator passes through the two modules they will complete a reflective log.

Upon completion of the part 1 core module they will be asked to begin the development of a portfolio which will show progression towards demonstrating the competencies required of a GP Educator.

The development of a portfolio may seem a daunting prospect but it is important to remember the portfolio builds over time. We recognise busy clinicians have many other calls on their time. The portfolio can complement and support your development and should be reviewed as part of NHS appraisal.

The portfolio is developed whilst working as a CS and is directly related to the work done in this area. The portfolio also links to the academic modules.

## Contents of the Portfolio

Details of the assessment strategy for the academic modules will be given in more detail during the academic teaching sessions but in summary, a potential trainer will need to collect data relating to:

- Your PDP from NHS appraisal
- A detailed timetable for your learners Induction programme (the first 1-2 weeks)
- A outline timetable for your learners weekly work programme
- A written up significant event (one A4 Sheet) relating to a learner
- Absence cover plan for supervision of learner / doctors in training
- Selection of protocols for your practice
- Copies of assessments undertaken by the learner
- Record of your learning logs for the learner
- Evidence of completion of Equality, Opportunity & Diversity training
- Evidence of completion of eLfH online modules.
- CQC visit summary data and your reflections on this
- Data from Patient Satisfaction Questionnaires (PSQs)

The academic assignment for the whole PG Certificate Programme is based on:

- Three reflective & academically written & referenced based modules used by HEE KSS as part of the trainer selection process.

## Temporary Abeyance of Approval

On a rare occasion it may be required for a CS to have their approval temporarily placed into abeyance. Circumstances that would lead to this may include:

- CS resigning from their current practice
- Significant change in their circumstances, either personal or practice based.
- Suspension from practice following a complaint or GMC conditions
- Serious breakdown between CS and learner

In all cases the pertinent information must be transmitted to the Head of GP School by the PAD. Once the circumstances have been clarified, HEE KSS may:

- Determine no action required
- Decide the approval of the CS is put in abeyance while further investigation is carried out.
- Rescind approval of the CS.

Whilst in abeyance the CS will still be invited to be part of the normal educational support structure. In circumstances where there are significant concerns the learners may need to re-allocated to a new CS. Any period of abeyance should be resolved as soon as possible. If not resolved within 2 years, approval will be withdrawn.

## FY2 Concerns & Pastoral Issues

As an employee of the Trust all concerns and pastoral issues remain the responsibility of the Trust. However, this does not stop the GP CS from supporting an FY2 should an issue arise. If an FY2 has expressed concerns over a particular issue the GP CS should advise they speak to their Trust Educational Supervisor in the first instance. If for some reason this is not possible the next step would be the Trust Foundation Programme Director.

As a final step where the FY2 does not feel able to approach either of these two people then the issue needs to be taken directly to the Trust HR department. The FY2 may ask the GP CS for support and guidance with this step. Each GP CS will have a different view on this issue and how they respond and act will be down to their own circumstances and those of the FY2.

If any further guidance is needed by the GP CS they should contact their Programme Director who will advise on a course of action appropriate to the circumstances.

## For Foundation Programme Doctor – Frequently Asked Questions –

### Q1. What is a Foundation Programme Year 2 (FY2) Doctor?

- A doctor in the second year of the Foundation programme, usually one year, or more, following qualification from medical school.
- Doctors on satisfactory progress, will move automatically from FY1 to FY2. A small number enter the FY2 year as International Medical Graduates (IMGs)
- During FY1, they will have 12-months clinical experience as a doctor in the secondary care setting. They usually undertake three different specialty placements in rotation. They normally include General Medicine and Surgery.
- FY2s usually have full registration (or, rarely, limited registration depending on their status and how they have entered the programme).

### Q2. How is an FY2 doctor different from a GP Registrar?

- The FY2 is “**Undertaking training IN general practice but not FOR general practice**”, even if they express general practice as a career intention at that stage.
- The FY2 doctor is not there to experience the same content and learning goals as a GP Registrar (albeit in a shorter time); they are to fulfil the learning aims and competences of the Foundation Curriculum.
- The aim of a GP placement is to give FY2s a meaningful experience in GP, focusing on exposure to management of acute patients in the community, which will enable them to achieve the required competences.
- The FY2 doctor will thus not usually attend the GP Specialty Training day release sessions, unless by special arrangement if the learning on a session is congruent and complementary.
- The FY2 doctor will have their own educational programme based in the Trust and the Community.
- The FY2 doctor will not undertake any Out of Hours work in GP. If required this will be experienced in hospital.

### Q3. Who decides which FY2 will come to my Practice?

- Successful applicants are allocated to a two-year programme that includes General Practice in the second year. Locally HEE identify practices that are able to host an FY2.
- FY2 appointments are made centrally: FY1 doctors list their choices for the second year and are allocated as far as possible to their preferred options through a selection process run by the Foundation School in consultation with identified practices, PDs and PADs. Information on your FY2 should also be provided by your linked Acute Trust.
- Each FY2 programme will usually consist of 3 placements involving different hospital specialties, and general practice. There are numerous combinations.

### Q4. What needs to happen before the Foundation doctor joins the Practice?

- The FY2 Doctor **does not** need to be on the **Medical Performers List** when working in general practice (unlike a GP Registrar).
- As the FY2 employer, the Trust will arrange all normal pre-employment checks. However, it is advised you check their DBS, Hep B status, BLS, Safeguarding, medical defence and GMC registration. You may choose to do other checks as well.
- You should ask the PD / PADs if there is any transfer information you should receive about this doctor. It is advised that you contact the previous Trust CS / ES for a handover.
- Ideally try and make contact with your FY2 doctor prior to their placement to give them basic information such as their Induction timetable.
- Think about setting up computer access ahead of the FY2 starting.
- The Educational Contract (Appendix 4) must also be signed and a copy kept with their other certificates and checks.

- **Q5. What about medical defence cover?**
- Guidance published by the GMC regarding insurance and indemnity states that:
 

*“Doctors who are employed either by the NHS or another healthcare organisation should not require additional insurance or professional indemnity cover if they practice exclusively within the terms of that employment. However, many doctors, who could rely on corporate cover to meet the requirement, choose to have personal cover (possibly as part of a package of other services) although they have no self-employed practice. Whether or not you choose to take additional cover in these circumstances is entirely a matter for your own judgement.”*
- However, all PGME trainees are now also encouraged to consider personal indemnity/insurance arrangements via medical defence organisations / insurers:
 

<http://www.stfs.org.uk/indemnity>

**Q6. Can an FY2 doctor sign prescriptions?**

- Yes. An FY2 will be post-registration with the GMC, therefore able to sign prescriptions. However, they will be prescribing on their CS's prescribing number.
- In very rare situations, this will not be the case, and you will be notified of other arrangements.
- With the new electronic prescribing system now in use, CS need to ensure a safe system is in place that enables them to check prescriptions before they are despatched.

**Q7. Who is responsible for the Contract of Employment for the FY2 doctors?**

- Contract of Employment is held by the Acute Hospital Trust.
- They are responsible for paying salaries and other HR related issues. A report form should be sent to the PGMC each month outlining all absences, Holiday, Sick, Study leave etc.
- However, in addition to this legal contract we expect CS / Practice to sign the **Educational Honorary Contract (Appendix 4)** with each FY2. This gives both parties a clear idea of what is expected of them in this placement. It is recommended the FY2 scans a copy to their ePortfolio.

**Q8. Should an FY2 doctor do out of hours shifts?**

- The FY2 doctor does not undertake Out of Hours work in GP. If required this will be experienced in hospital.
- Some FY2 doctors have asked to experience OOH in Primary Care as a means of exposure to a different type of acute illness. This can be a useful learning opportunity, but must be properly negotiated and supervised, and can be observational ONLY. Seek advice from their Trust ES first.
- Some Trusts organise shifts in A&E, or the MAU as part of the rota. This means the FY2 will lose a day in GP. You should check with your PD on any local arrangements like this and ensure allowed for in their induction and weekly timetable.
- Where this occurs, the FY2 will need to have an 11-hour break between the OOH shift and their next GP shift in line with EWTD and new junior doctor contract.

**Q9. What are the arrangements for travel or home visits?**

- The FY2 like all employees in the NHS, is responsible for travelling to their place of work, whether hospital or general practice. If travel is required as part of the work e.g. to go on a home visit, this will be undertaken as a joint visit with the CS.
- On this basis there is no requirement for the FY2 to claim travel expenses or mileage from the practice.
- Any claims would be via the employer in any case.

**Q10. What about Study Leave, Breaks and Absences?**

- Any absence from the practice for Study Leave, Taster days, Holidays needs approval by the Trust. The FY2 should have a signed leave / study leave form for you to countersign.
- Compassionate or sick days needs to be recorded as applicable.
- You will receive a monthly reporting form from the Trust at the start of the rotation and returned to the PGMC Manager or Trust HR Dept. depending on who sent it to you.
  - **Leave** - The FY2 is entitled to 9 days leave in the 4 month GP rotation.

- **Taster Days** - The FY2 is allowed up to 5 taster days while in their GP rotation. They are advised to do this in their first rotation (April).
- The working day is generally 9am – 5pm (8hrs) = 40hrs per week. Flexibility may be needed with start times if travel is an issue but they are still required to do the hours per day. It is advised that the clinical day finishes at 5pm to ensure no overrun of clinics which could lead to exception reporting and possible fines for the practice. This system is supported by the Guardian of Safe Working, based in the Trust.
- The FY2 must have an undisturbed 1hr lunch break each day.
- They will have **3 educational sessions per week**. These need to be reflected in the Induction and weekly timetables for the FY2 submitted as part of approval application.
  - 1 x GP Tutorial. This will be run either in-house or on a rota basis by the locality CS and coordinated by the PDs.
  - 1 x Trust Tutorial where they are required to attend the trust for teaching.
  - 1 x Private / Guided study session. This could be done in the practice, Trust or at home and should be used to achieve their foundation competencies only.

#### **Q11. Should a FY2 doctor live locally?**

- A FY2 will be attached to a Trust for one year: One of their placements will be in GP. Although they may be living in the approximate area of your Practice they are not under obligation to do so, but they will need to make their own arrangements to travel from where they live to the Practice and to be available at the appropriate times.
- If an FY2 has extenuating travel circumstances, practices are asked to be flexible in organising consultations and experiences but the FY2 must still work the required 8hrs a day.

#### **Q12. What about any further financial reimbursement?**

- Whilst an FY2 is in your Practice you will receive a training payment.
- The payment (supervision allowance) is a third of the nationally-set annual GP Trainer grant.
- The payment is retrospective with payment due at the end of the rotation. Claim form at: <http://kssdeanery.ac.uk/general-practice/educator/pathway/clinical-supervisor>

#### **Q13. What workload is involved?**

- Initially, the time required to set up your Practice and ensure all members of the Primary Health Care Team understand what the programme is, what an FY2 is and how they might work in your Practice.
- You will need to create an appropriate Induction Pack and programme for the FY2 doctor.
- You will need to meet with the FY2 to find out about their learning and development needs.
- You will need to set time aside to review their surgeries (30 min appt's to start).
- You will undertake or facilitate assessments as detailed in the curriculum.
- You will attend a local learning set arranged by your local PDs to help you continue in your development and work on your PDP and portfolio as an educator.
- You will need to complete an annual Peer Appraisal that produces a PDP and can be incorporated into your NHS Appraisal documentation demonstrating your scope of work.

#### **Q14. What are the benefits of having a FY2 doctor?**

- FY2s are GMC registered doctors so they can see patients independently. On average they will be seeing about 60 – 70 patients per week at the end of their placement.
- The foundation programme exposes most future doctors to GP. It is a unique opportunity to show what work we do, how much we do, the challenges we face and what primary care has to offer patients and the healthcare workforce.
- Having learners in the Practice usually acts as a stimulus for the whole Practice in terms of developing skills, and learning together.
- It is helpful for FY2s to have an understanding of why a GP may have referred the patient to hospital. More importantly, it is essential the FY2 understands what the GP is able to do and the support services that may be available to a patient on discharge from hospital. Especially if the FY2 is not intending to follow GP as a career pathway.
- It is a FUN and stimulating role and helps you keep up to date.

### Q15. CS Peer Appraisal and Feeding Back

- The CS is required to complete an annual **CS Peer appraisal (Appendix 5)**. This will be facilitated by the PD and must be completed. You will be able to use this as part of your NHS appraisal evidence and a copy of your last CS Peer Appraisal document will be required for your reapproval process.
- At the end of the placement you will be required to sit with your FY2 and complete an **Exit Interview and feedback form, (Appendix 9)**. This provide reflections from the CS and FY2 and can be used by both as part of their NHS appraisal.

### Q16. What about supervision when their GP Clinical Supervisor is away?

- Appropriate clinical supervision must be available to the FY2 at all times during consultations and when the CS is not available.
- An appropriate GP colleague must be identified to fulfil this role and an absence plan needs to be recorded as part of the accreditation process.
- If there is no appropriate GP colleague in the practice, then the FY2 cannot consult with patients. The PD and PAD **must be informed immediately** and alternative arrangements must be made. **An FY2 doctor must never be left in a situation where their only help is outside the practice.**

## End of Placement

### End of Rotation Exit Interview Form

At the end of each rotation, there is an exit feedback form (**Appendix 9**). The CS and FY2 need to complete, share and sign the form. It is important to ensure that the CS and FY2 take time to meet, discuss and reflect on the placement. Feedback is a very important component of any learning experience for educator and learner. It also helps with quality control of the systems, processes and the programme itself.

The following appendices have been collated to support and assist the CS with through the practicalities of hosting a learner. Starting with Appendix 1, Key personnel. These are the Admin and Patch Associate Deans (PADs) and Programme Directors (PDs) who may be your initial points of contact for any queries or concerns with the Foundation Programme, or any of the information contained in this Guide.

Best wishes for an exciting and stimulating educational journey.

#### Prof Hilary Diack

Director of Primary and Community  
Care Education  
Health Education England  
Kent Surrey & Sussex

#### Dr Chris Warwick

HEE KSS Head of GP School  
Health Education England  
Kent Surrey & Sussex

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## APPENDIX 1

### Key Personnel Involved in the HEE KSS Educator Pathway Programme

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**HEE KSS Quality Team**

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## HEE KSS GP Programme Directors for Foundation Programme

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Eastern & Coastal Kent	Caroline	Crosfield	<a href="mailto:caroline.crosfield@nhs.net">caroline.crosfield@nhs.net</a>
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Dartford	Purnima	Sharma	<a href="mailto:psharma3@nhs.net">psharma3@nhs.net</a>
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## **APPENDIX 2**

### **OVERVIEW OF THE FY2 CURRICULUM**

#### **Section 1 The foundation doctor as a professional and a scholar**

##### **1 Professionalism**

- 1.1 Behaviour in the workplace
- 1.2 Time management
- 1.3 Continuity of care
- 1.4 Team-working
- 1.5 Leadership

##### **2 Relationship and communication with patients**

- 2.1 Treats the patient as the centre of care within a consultation
- 2.2 Communication with patients
- 2.3 Communication in difficult circumstances
- 2.4 Complaints
- 2.5 Consent

##### **3 Safety and clinical governance**

- 3.1 Risks of fatigue, ill health and stress
- 3.2 Quality and safety improvement

##### **4 Ethical and legal issues**

- 4.1 Medical ethical principles and confidentiality
- 4.2 Legal framework of medical practice
- 4.3 Comprehension of relevance of outside bodies to professional life

##### **5 Teaching and training**

##### **6 Maintaining good medical practice**

- 6.1 Lifelong learning
- 6.2 Evidence, guidelines, care protocols and research

#### **Section 2 The foundation doctor as a safe and effective practitioner**

##### **7 Good clinical care**

- 7.1 Makes patient safety a priority in clinical practice
- 7.2 Ensures correct patient identification
- 7.3 History and examination
- 7.4 Diagnosis and clinical decision-making
- 7.5 Undertakes regular patient review
- 7.6 Safe prescribing
- 7.7 Safe use of medical devices
- 7.8 Infection control and hygiene
- 7.9 Medical record-keeping and correspondence
- 7.10 Interface with different specialties and with other professionals

## **8 Recognition and management of the acutely ill patient**

- 8.1 Promptly assesses the acutely ill, collapsed or unconscious patient
- 8.2 Responds to acutely abnormal physiology
- 8.3 Manages patients with impaired consciousness, including seizures
- 8.4 Manages pain
- 8.5 Manages sepsis
- 8.6 Manages acute mental disorder and self-harm

## **9 Resuscitation and end of life care**

- 9.1 Resuscitation
- 9.2 End of life care and appropriate use of Do Not Attempt Resuscitation (DNAR) orders/advance decisions

## **10 Patients with long-term conditions**

- 10.1 Manages patients with long-term conditions
- 10.2 Supporting patient decision making
- 10.3 Nutrition
- 10.4 Discharge planning
- 10.5 Health promotion, patient education and public health

## **11 Investigations**

## **12 Procedures**

The complete Foundation Programme Curriculum 2012 (updated 2016) can be downloaded from the following link:

<http://www.foundationprogramme.nhs.uk/pages/curriculum-eportfolio>

## APPENDIX 3

### POSSIBLE TEACHING TOPICS FOR FY2 TUTORIALS

#### *Examples of teaching topics*

- Practice patient record systems – electronic or paper
  - includes practicing safely i.e. part medical history, drug history etc.
  - entering consultations safely
  - ensuring important contract information is added.
- Primary Healthcare Team/Team working
- Clinical Governance and Audit
- Primary Care / Secondary Care interface
- Acutely ill patients in the community
  - medical
  - surgical
  - psychiatric
- Interagency working
- Uncertainty
- Personal issues – time management, handling stress, CPD etc.

**APPENDIX 4**

FY2 CLINICAL SUPERVISOR / FY2 DOCTOR - HONORARY CONTRACT



*Health Education England*  
Kent, Surrey & Sussex

**HONORARY CONTRACT  
BETWEEN FOUNDATION DOCTOR (EMPLOYED BY ACUTE TRUST)  
AND PRIMARY CARE FOUNDATION **CLINICAL SUPERVISOR****

**Clinical Supervisor in GP:** .....

**Name & Address of GP practice**

.....  
.....

<p><b>Foundation Doctor Name:</b> _____</p> <p><b>GMC Registration Number:</b> _____</p> <p><b>Name of Employing Acute Trust:</b> _____</p> <p><b>Dates of GP placement: from:</b> _____ <b>to:</b> _____</p>
---

<p><b>Your General Practice Programme Director is:</b> _____</p> <p><b>Your Trust Foundation Programme Director is:</b> _____</p>
---

The terms and conditions of this honorary contract are as follows:

- A. All medical practitioners covered by this contract will be fully registered with the General Medical Council (GMC).
- B. Primary Care Foundation Clinical Supervisors will be so recognised by HEE KSS, Department of Postgraduate GP Education.
- C. This contract will cover that part of Foundation Training that takes place in a GP placement in any part of a Foundation Programme, and will regulate the General Practice component of that programme. It will form part of the supplementary regulations enabling that training period.
- D. This document will act as a supplementary / honorary contract between the above parties. Their principal contract will be held by the employing Acute Trust for the duration of the Foundation Programme.
- E. The GP Practice will host the FY2 for the duration of this period of training in the GP placement in accordance with and sign the Service Level Agreement with HEE KSS GP Department.
- F. The GP Practice will ensure that all patients are made fully aware that they are seeing a Foundation Year 2 doctor.

### **General**

1. The Primary Care Foundation Clinical Supervisor will supervise and organise the period of training within General Practice for the purpose of teaching and advising on all matters appertaining to general medical practice for a period of four months from ..... [date placement commences].
2. The Trainee salary will be paid by the employing Trust. Both parties will have appropriate medical indemnity.
3.
  - a. The Foundation doctor will not be required to perform duties which will result in the receipt by the Practice of private income.
  - b. Any specific or pecuniary legacy or gift of a specific chattel shall be the personal property of the Foundation Doctor
  - c. The hours worked by the Foundation doctor in the Practice, the Practice programme and regular periods of tuition and assessment will be agreed between the Primary Care Clinical Supervisor and the Foundation Doctor
  - d. The hours of work shall be 40 hours per week, between 08.00hrs and 19.00hrs Monday to Friday, and shall be agreed between the Primary Care Clinical Supervisor and the Foundation Doctor
  - e. The Foundation doctor is supernumerary to the usual work of the Practice
  - f. The Foundation doctor should not be used as a substitute for a locum in any practice
4.
  - a. The Foundation doctor is employed by the Acute trust, and must follow the Trust policies and procedures with respect to leave
  - b. The Foundation doctor shall be entitled to five weeks' holiday during a 12-month period and pro rata for shorter periods, also statutory and general national holidays or days in lieu. This equates to 9 days across the 4 month GP placement

- c. The Foundation doctor is entitled to approved study leave to attend foundation Trust teaching sessions and HEE KSS GP Department supported foundation teaching (FY2 GP tutorials) and any other educational activity considered appropriate by the Foundation Training Programme Director or GP Programme Director.
- d. If the Foundation doctor is absent due to sickness, they must inform the Practice as early as possible on the first day of the sickness **as well as** the Trust. Statutory documentation shall be provided as required for any illness lasting more than 7 days. Any accident or injury arising out of the Foundation Doctor's employment in the Practice must be reported to the Practice Manager, Primary Care Foundation Clinical Supervisor in the Practice and the GP and Trust Foundation Training Programme Directors.
- e. A Foundation doctor in General Practice who is absent on maternity leave will comply with the terms of their Principal Contract.
- f. If a Foundation doctor is chosen or elected to represent the profession or Foundation Programme Doctors at any recognised body the Foundation doctor, in General Practice will be given facilities including special paid leave to undertake such functions and to attend appropriate meetings. The Foundation doctor must obtain the consent of their Foundation Programme Director for such absence from duty, but consent shall not be withheld unless there are exceptional circumstances.

5.

- a. The Primary Care Foundation Clinical Supervisor will provide or organise any message taking facilities that will be required for the Foundation doctor in General Practice to fulfil their duty requirements.
- b. The Primary Care Foundation Clinical Supervisor will provide cover or arrange for suitably qualified cover to advise the Foundation doctor at all times.
- c. The Foundation doctor shall undertake to care for, be responsible for and if necessary replace and return any equipment that may have been supplied by the Practice or Primary Care Clinical Supervisor at the end of the training period.
- d. The Foundation doctor will apply himself / herself diligently to the educational programme and service commitments and other matter as directed by the Primary Care Foundation Clinical Supervisor in accordance with the advice of the HEE KSS Foundation programme and its Directors.
- e. The Foundation doctor will keep an educational log and records such that they may be able to develop a Professional Learning Plan. These records will enable them to fulfil any requirements of the General Medical Council for appraisal, or professional revalidation in their career.
- f. The Foundation doctor shall keep proper records of attendances or visits by and to any patients in handwritten or electronic format as advised by their Primary Care Foundation Supervisor.
- g. The Foundation doctor shall preserve the confidentiality of the affairs of the Primary Care Foundation Supervisor, of the partners in the Practice, of the patients and all matters connected with the Practice. The exception shall be where information may be required by the Postgraduate Dean GP (Primary Care) Department of HEE KSS or their nominated officer.
- h. The Foundation doctor will make suitable provision for transporting themselves in order to carry out the above duties satisfactorily. Appropriate expenses may be reclaimed from the Trust.
- i. The Foundation doctor will work towards the competencies defined in the STCS Implementation Guide – Broadening the Foundation programme August 2014, p16.

- j. Any concerns regarding the performance of the Foundation doctor should be raised with the GP Programme Director and Foundation Training Programme Director in the first instance. The expectations are detailed in the STCS Foundation Learning Agreement Template, which will have been completed with the Educational Supervisor. This is included as **Appendix 4B**.
6. Any dispute between the Foundation doctor and the Primary Care Clinical Supervisor should be brought to the attention of the Primary Care Community Teacher in the first instance, and if required the Foundation Programme Director. If the matter cannot be resolved at this level it will then proceed through the appropriate channels.
  7. The terms of this contract will be subject to the terms of service for doctors as set out from time to time in the National Health Service (General Medical and Pharmaceutical Services) Regulations.

I have read and understand the terms of this honorary contract

Signature ..... (Foundation programme Doctor)

Name .....

Date .....

In the presence of ..... (Witness signature)

Witness name .....

Date .....

Signature ..... (Primary Care Foundation Supervisor)

Name .....

Date .....

In the presence of ..... (Witness Signature)

Witness name .....

Date .....

**STCS Implementation Guide – Broadening the Foundation programme  
August 2014 -Section 4.9**

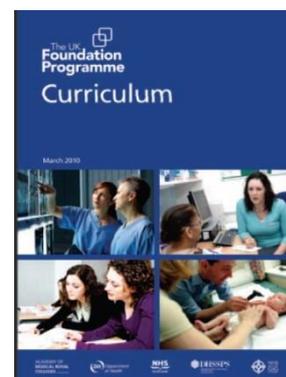
**What activities can foundation doctors carry out in community placements?**

The Foundation doctor Curriculum 2012/4 is available from

<http://www.foundationprogramme.nhs.uk/pages/home/keydocs>

The main sections especially relevant to community placements are detailed in the following sections of the curriculum:

- 1. Professionalism (p.17)**
  - 1.1 Behaviour in the workplace
  - 1.3 Continuity of care (p.18)
  - 1.4 Team working (p.18)
  - 1.5 Leadership (p.19)
- 2 Relationship and communication with patients (p.20-22)**
- 4 Ethical and legal issues**
  - 4.1 Medical ethical principles and confidentiality (p.25)
  - 4.2 Legal framework of medical practice (p.25)
  - 4.3 Comprehension of relevance of outside bodies to professional life (p26)
- 7 Good clinical care**
  - 7.1 Makes patient safety a priority in clinical practice (p30)
  - 7.3 History and examination (p31)
  - 7.4 Diagnosis and clinical decision-making (p32)
  - 7.5 Undertakes regular patient review (p32)
  - 7.6 Safe prescribing (p33-4)
  - 7.7 Safe use of medical devices (p34-5)
  - 7.8 Infection control and hygiene (p35)
  - 7.9 Medical record-keeping and correspondence (p36)
  - 7.10 Interface with different specialties and with other professionals (p36-7)
- 8 Recognition and management of the acutely ill patient**
  - 8.1 Manages pain (p40)
  - 8.6 Manages acute mental disorder and self-harm (p41)
- 10 Patients with long-term conditions**
  - 10.1 Manages patients with long-term conditions (p44)
  - 10.2 Supporting patient decision making (p44-5)
  - 10.3 Nutrition (p45)
  - 10.4 Discharge planning (p46)
  - 10.5 Health promotion, patient education and public health (p46-7)



In addition **local guidance on roles & responsibilities** & requirements for clinical supervision is on:

<http://www.stCS.org.uk/sites/stCS/files/4.%20Foundation%20Doctor%20Role%20within%20%20th e%20LEP%20and%20Minimum%20Requirements%20for%20Clinical%20Supervision%20%28Apr %2013%29.pdf>

**Relevant appropriate clinical duties include:**

- history taking, examination and differential diagnosis
- management of acute and chronically ill patients and diagnostic testing
- clinical skills e.g. venepuncture, peritoneal drains etc.
- assessment of patients for elective admission
- effective communication skills and counselling including breaking bad news
- co-ordinating treatment and investigative procedures
- discharge planning

The document also covers inappropriate duties, for example routine phlebotomy or immunisation clinics, and makes clear that foundation doctors must **never** be left without appropriate clinical supervision.

## FOUNDATION LEARNING AGREEMENT TEMPLATE

### For Use between the Foundation doctor and their **EDUCATIONAL SUPERVISOR**

This document provides the outline of a learning agreement which trusts may choose to use and amend as necessary to meet local requirements.

*Acknowledgement: With thanks to Worthing and St Richard's hospitals for their documents from which this template has been derived.*

## 1. WHAT FOUNDATION DOCTORS CAN EXPECT FROM THE TRUST AND FOUNDATION LOCAL FACULTY GROUP

*The trust will provide you with:*

- 1.1 appropriate learning experiences
- 1.2 formal teaching sessions and learning experiences to map to the foundation curriculum
- 1.3 a minimum of 3-hours of protected time for educational activity each week (NB: educational activities include departmental teaching sessions, teaching ward rounds, clinics etc.)
- 1.4 a training programme compliant with European working time regulations (EWTR)
- 1.5 educational supervision throughout your programme
- 1.6 access to appropriate careers advice/guidance
- 1.7 representation at the foundation local faculty group (LFG) via elected FY1/FY2 representatives

## 2. WHAT FOUNDATION DOCTORS CAN EXPECT FROM THEIR EDUCATIONAL SUPERVISOR

*Educational supervisors have agreed to:*

- 2.1 schedule regular, educational supervision meetings at least three times a year when they will have protected time to discuss your progress
- 2.2 co-ordinate and monitor your learning and progress through the foundation e-portfolio
- 2.3 report your educational and clinical performance to the LFG which takes place every 4 months
- 2.4 communicate with both you and the FTPD in the event that you require support to progress or if you are failing to meet the requirements set out by the South Thames Foundation School
- 2.5 provide learning experiences whilst ensuring service levels are met

## 3. WHAT IS EXPECTED OF FOUNDATION DOCTORS

*You are expected to engage in the formal foundation education programme as set out by the Trust and the foundation training programme director (FTPD). You will be expected to:*

- 3.1 attend a minimum of 70% of formal teaching sessions
- 3.2 provide your apologies and reason for any non-attendance

- 3.3 seek out educational experiences and opportunities to gain competencies as set out in the foundation curriculum
- 3.4 complete the required number of assessments as set out in the foundation curriculum. Usually this will be 2 mini-CEX, 1 DOPS, 2 CBD and 1 MSF\* (\* rotation 1 only) during each 4-month rotation with a minimum total of 8 assessments to be completed by January. The log book (FY1 only) and a teaching development assessment should also be completed by the end of the year
- 3.5 respond professionally and in a timely manner to requests made by the postgraduate centre team or any member of the foundation LFG in relation to your educational training programme
- 3.6 attend educational supervision meetings as specified
- 3.7 report any behaviour you find intimidating or consider as bullying to the FTPD
- 3.8 read and abide by the GMC guide to Good Medical Practice which covers all areas from patient care, professional conduct, probity and communication
- 3.9 agree to take part in all diary card exercises and all trust, deanery and GMC/PMETB surveys
- 3.10 decline all requests to site mark, except in an emergency situation, which should then be formally documented and submitted to the FTPD\*
- 3.11 decline requests to consent patients unless for a procedure you are able to perform without immediate supervision or a procedure for which you have been specifically trained to obtain consent\*
- 3.12 decline to perform procedures outside of your competence, but request appropriate supervision\*
- 3.13 decline requests to prescribe or administer cytotoxic or immunosuppressant drugs (except steroids), unless you are an FY2 who has been trained and formally assessed as competent to do so

*\* If coerced, you should decline and inform the FTPD via the postgraduate centre immediately*

**I confirm that I have read, understood and agree to abide by the expectations outlined above:**

<b>Foundation Doctor</b>	<b>Foundation Training Programme Director</b>	<b>Educational Supervisor</b>
<i>Name</i>	<i>Name</i>	<i>Name</i>
<i>Signature</i>	<i>Signature</i>	<i>Signature</i>
<i>Date</i>	<i>Date</i>	<i>Date</i>

## GP EDUCATIONAL REVIEW

### REVIEW GUIDANCE NOTES

#### 1. Aims of the Review

HEE KSS's aim is to provide an opportunity:

- To review your work as a GP educator over the last year in relation to GMC and COGPED standards for GP educators.
- To plan your activities for the coming year in relation to your role as a GP Trainer.
- To discuss how you might continue your development as a GP educator in HEE KSS.
- To discuss how your role as GP educator relates to your career as a GP providing good quality of care to patients and other roles you may undertake.
- To offer support and guidance.

#### 2. Scope

This review has, as its central focus, your work as a GP educator in HEE KSS. It is complimentary to your NHS appraisal and the documentation used to support this review can be used in your NHS appraisal and vice versa.

It forms part of the process of accreditation of new trainers and supports the three-year cycle of re-accreditation for established trainers.

It may over time support your professional revalidation

#### 3. Appraisers

***New Trainer applications*** – An Educational Review will be conducted by your patch Associate Dean as part of the first re-accreditation visit

***Established trainers*** – The Review will be conducted by either your patch Associate Dean or another GP trainer

#### 4. Organisation

GP Trainers will have an annual review as part of the ongoing cycle of GP trainer accreditation.

Local trainer groups will be responsible for arranging the annual review of established trainers at times that are convenient to both appraiser and appraisee.

Programme Directors will include a review of the review process in their annual report to HEE KSS – including providing information on trainers who have not undertaken the process for extenuating reasons.

#### 5. Formal Records

The attached Review Form shows the areas that would be expected to be discussed. These areas relate to:

HEE KSS competencies of a GP educator as outlined in the following:

- HEE KSS Competencies
- GMC/COGPED Guidance

COGPED Information on generic standards for training are attached in this Appendix and you may wish to consider these when thinking about your work

Appraiser and appraisee are free to discuss issues as relevant outside these domains.

The documentation includes a PDP; this needs to be signed and saved for re-accreditation and GP appraisal purposes.

Managers must ensure that they retain forms securely and in line with the data protection principles.

You may consider sharing your PDP with your appropriate Programme Director. Information may then be used anonymously to help inform Trainer Group learning activities where appropriate.

## 6. Data Protection

The data collected and the records maintained under the appraisal scheme are used for:

- Supporting the work of GP trainers
- At a personal level to assist you in planning activities for the coming year for learning and development, and the review of your career ambitions;
- To support the accreditation and re-accreditation of trainers in HEE KSS
- Identifying any issues common across individual appraisals within the whole or part of the organisation, which may need to be addressed;

## GENERAL GUIDANCE ON THE APPRAISAL PROCESS

### 7. Preparation and Planning

Appraisals should review the HEE KSS Competencies of a GP educator as part of the preparation process and consider the attached GMC and COGPED standards

Reflect on your experience of involvement in GP based education to date. This experience may be as a Clinical Supervisor (FY2 CS) a Foundation Community Teacher (FY2 CT) or your work in supporting other learners in your practice or as a GP trainer (or if appropriate a Programme Director)

Try to identify your current abilities and strengths as well as areas for development. The HEE KSS competencies give you guidance to help you reflect on how a particular educator competency may be described – the list is not exhaustive and you may feel other activities / skills / behaviours better describe your strengths

Remember that in any appraisal process you are asked to reflect on<sup>1</sup>:

- Where are you now? How do you know your starting position?
- What you need (want) to learn / skills do you want to develop?
- Why you need to develop?
- How will you undertake this new learning / skills development?
- How will you know when you have learnt it
- In what time frames
- How do your intentions link to past and future learning

Please do not be concerned if you feel that you have room for development: this is to be expected. Even experienced educators will consider themselves as needing further development in some areas.

Next - consider the question - How might I further improve my skills and develop as a GP educator? Formulate some ideas as to how you plan to continue to develop over the coming year

You may, from this reflection, identify some key activities for your PDP. Please enter these on the supporting documentation. You may wish to wait until the appraisal discussion to complete your PDP.

## **First Review**

You should prepare for an educational appraisal once you have been approved as a trainer and have had experience with training a GP Speciality registrar.

You should contact your Patch Manager at 6-9 months into your first experience to arrange a further visit by your patch Associate Dean.

Review your PDP from your 1<sup>st</sup> visit and reflect on your development again by completing the educational review documentation and send this to your Patch Manager.

Your Patch Manager will then arrange a visit with your patch Associate Dean.

## **Established trainer**

You should undertake annual educational review.

Review the previous year's review form and PDP and consider how the issues identified have been addressed over the year;

You should contact your GP trainer colleague and send the appraisal documentation to him / her within two weeks of your planned review date. The review documentation should be completed to include your self-assessment of your current strengths and abilities and areas for potential development. You may, from this, identify some key activities for your PDP. Please enter these on the supporting documentation. You may wish to wait until the review discussion to complete your PDP.

Please note: The formal accreditation process as a trainer will take place every three years. At formal re-accreditation evidence of you undertaking annual educational reviews will support your self-evaluation form.

## **8. The Review**

Your Patch Associate Dean, Programme Director or peer will help you review your development as a GP educator by exploring your current strengths and perceived and identified areas for development.

You should complete your PDP. It is recognised that PDPs are flexible and may change to reflect new contexts, working practices or previously unidentified learning needs.

You and your reviewer should sign your PDP. You should keep one copy and another copy should be submitted to the appropriate Patch Manager

## **9. Follow-up Action**

- Keep a copy of your appraisal documentation
- Review your PDP regularly and ensure it is still relevant.
- If you have issues or concerns pertaining to your role as a trainer, please discuss them with your Programme Director.
- Use to support NHS Appraisal

1 Challis M AMEE (2000) Medical Education Guide no 19: Personal Learning Plans Medical Teacher Vol 22 No 3



## GP Clinical Supervisor Annual Peer Appraisal and PDP

*For:*

Clinical Supervisor: Name

Learner: FY2 / I&R / ST1/2 / PA / Pharma / Paramedic / Other

*With:*

Name of Peer Appraiser

<b>Date of Annual Review:</b>	
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## SETTING THE SCENE FOR CLINICAL SUPERVISOR APPRAISAL

**Introduction:** As part of appraisal, NHS roles other than clinical roles will be reviewed. This will include the role of Clinical and Educational Supervisors for Foundation and GP Speciality Training.

To help support you with providing evidence that you can take to your NHS appraisal a process of peer appraisal, with a colleague who understands the work you do as a clinical supervisor, has been developed by HEE GP Department. This peer appraisal will afford you the opportunity to:

- Review your work over the last year as a clinical supervisor and plan your activities for the coming year;
- Discuss and agree your planned learning and development;
- Discuss more generally your career plans and aspirations.

**Undertaking a Peer Appraisal** Your appraisal will be conducted by an individual who is part of the educational network; this may be a peer clinical supervisor, a programme director, the lifelong learning advisor or a patch associate dean from your local area. You are responsible for seeking appraisal but programme directors will support the process and may if needed develop pairings. Appraisal may take place as part of an organised supervisor workshop

Reflect on your work as a clinical supervisor and complete the form – the competency areas are based on the Academy of Medical Educators' Framework which is supported by the GMC. The GMC (2011) Good Medical Framework for appraisal and revalidation relating to knowledge, skills and performance, safety and equality, communication, partnership and teamwork, and maintaining trust can also be covered in this peer appraisal as it relates to your role as a clinical supervisor

**It is not envisaged you reflect on every competency area each year – which areas you focus on may vary according to circumstance, feedback, personal reflection on performance and your PDP. You should however ensure there is reflection on ALL the competency areas within your five-year revalidation cycle (and your five year re-accreditation cycle if you are a trainer)**

Consider evidence you may wish to bring to support your discussion, based on guidance from the GMC (2011) as for your strengthened NHS appraisal you should provide evidence to support your role as a clinical supervisor annually. Possible sources of evidence include:

- Trainee Feedback (online or Exit Interviews)
- Record of educational events relating to your work as a clinical supervisor
- Reflection on colleague and patient feedback
- Reflection on SEA relating to yourself and a SEA relating to a learner
- Case study – in the case of a trainee in difficulty
- A calibrated assessment of a trainee
- Evidence of up to date equality and diversity training

As part of the appraisal process you will need to complete a PDP relevant to your clinical supervisor role. Ideally this should be shared with the local programme directors. Programme directors will be bound by the Data Protection Act and use any PDP records to:

- Support the planning of activities for the supervisor group for the coming year a
- Identify any issues common across individual appraisals which may need to be addressed;

You should keep a copy of each annual peer appraisal to submit to your NHS appraiser and to submit with your clinical supervisor re-approval. You should consider submitting the types of evidence listed above to your NHS annual appraisal to support your appraisal of your educator role

***You should keep a copy of each annual peer appraisal to submit to your NHS appraiser every year and to submit with your clinical supervisor /trainer re-approval every five years.***

**References:**

Academy of Medical Educators 2010. A Framework for the Professional Development of Postgraduate Medical Supervisors. London. Department of Health  
General Medical Council. 2011. Supporting information for appraisal and revalidation  
General Medical Council. 2011. The Good Medical Framework for appraisal and revalidation

**OVERVIEW**

**Over the past year as a clinical supervisor what has gone well?**

**What areas have caused me difficulty and why?**

**Reflection on last year's educational role PDP**

PDP - Objective	Completed	Comments

**Record of Learning as a Clinical Supervisor over the last year**

Workshop/Meeting/Activity Attended	Date	Reflection

## **REFLECTION on LEARNING / DEVELOPMENTS THIS YEAR:**

**REMEMBER TO ENSURE ALL COMPETENCY AREAS ARE COVERED OVER EACH FIVE YEAR CYCLE BUT IT IS NOT NECESSARY TO COVER EVERY COMPETENCY EVERY YEAR**

The GMC (2013) Good Medical Practice for appraisal and revalidation relating to knowledge, skills and performance, safety and equality, communication, partnership and teamwork, and maintaining trust can usefully be referenced in your reflections.

### **GMC Educator Framework Competency 1: Ensuring safe and effective patient care through training**

*Protecting patients and enhancing their care through the supervision of those training in general practice; balancing the needs of patients and the service with the educational needs of those training in general practice.*

#### **The Effective Supervisor:**

- Acts to ensure the health, wellbeing and safety of patients at all times.
- Ensures that trainees have undertaken appropriate organisational and educational induction.
- Allows trainees, when suitably competent and appropriately supervised, to take graduated responsibility for care appropriate to the needs of the patient.
- Shares with others involved in training information about trainees that is relevant to their professional development and ensures that the trainee knows what is being shared.
- Takes prompt and appropriate action when patient safety may be compromised by trainee underperformance.

#### **The Excellent Supervisor also:**

- Uses educational interventions to enhance patient care.
- Involves trainees in service improvement.
- Involves patients in the educational process.

#### **Evidence to show compliance with these standards could include:**

- Educator's learning log (showing reflective practice and resulting changes to practice)
- Trainee ePortfolio – Educators Notes
- Trainee and patient feedback
- Arrangements for trainee induction
- Trainee timetables, learning plans and records of progress
- Arrangements to ensure supervision appropriate to the trainee's level of competence and confidence
- Case studies/reflections on trainees in difficulty
- Examples of engagement with the trainee's educational supervisor in support of the trainee

### **GMC Competency 2: Establishing and maintaining an environment for learning**

*Providing a safe clinical environment that is conducive to effective learning*

#### **The Effective Supervisor**

- Encourages participation in education and training through provision of equality of opportunity and acknowledgment of diversity.
- Ensures that trainees receive the necessary instruction and protection in situations that might expose them to risk.
- Is open, approachable and available.
- Encourages and maintains the confidence of trainees.
- Maintains good interpersonal relationships with trainees and colleagues.
- Provides protected time for teaching and learning.
- Ensures that workload requirements on trainees are legal and that wherever possible they do not compromise learning.
- Proactively seeks the views of trainees on their experience

#### **The Excellent Supervisor also:**

- Takes steps to establish a learning organisation within workplace.
- Monitors, evaluates and takes steps to address areas for improvement in teaching and learning.

**Evidence to show compliance with these standards could include:**

- Educator's learning log (showing reflective practice and resulting changes to practice)
- Trainee ePortfolio – Educators Notes
- 360° colleague feedback and other feedback from workplace colleagues
- Examples of team learning activities
- Trainee timetables, learning plans and records of progress
- Workplace protocols
- Information on changes made to the working environment to improve training

**GMC Competency 3: Teaching and Facilitating Learning**

*Working with those training in general practice to facilitate their learning*

**The Effective Supervisor**

- Has up-to-date subject knowledge and skills.
- Provides direct guidance on clinical work where appropriate.
- Plans learning and teaching according to the educational needs of the trainee
- Uses a range of appropriate teaching interventions in the clinical setting.
- Facilitates a wide variety of appropriate learning opportunities.
- Supports the trainee to develop an ability for self-directed learning, self-awareness and critical reflection.
- Supports the trainee in the acquisition of generic professional skills.
- Ensures the trainee has access to formal learning opportunities e.g. the deanery delivered GP formal teaching programmes and study leave (in accordance with Deanery guidelines)

**The Excellent Supervisor also:**

- Demonstrates exemplary subject knowledge and skills. Understands and can apply theoretical frameworks to their practice.
- Is involved with curriculum development beyond the supervisory relationship.

**Evidence to show compliance with these standards could include:**

- Educator's learning log (showing reflective practice and resulting changes to practice)
- Trainee ePortfolio – Educators Notes
- 360° colleague feedback and other feedback from workplace colleagues
- Trainee timetables, learning plans and records of progress
- Written and/or audio visual records of teaching sessions and related peer feedback
- Trainee feedback

**GMC Competency 4: Enhancing learning through assessment**

*Facilitating assessment and providing feedback*

**The Effective Supervisor**

- Regularly observes the trainee's performance.
- Provides feedback to the trainee, throughout his/her training programme, that is clear, constructive and focused.
- Understands the purpose of, and demonstrates ability in the use of, approved workplace based assessment tools.
- Supports the trainee in preparation for formal assessments, e.g. the MRCGP.

**The Excellent Supervisor also:**

- Understands and can apply theoretical frameworks relevant to assessment to their own and others' practice.

**Evidence to show compliance with these standards could include:**

- Educator's learning log (showing reflective practice and resulting changes to practice)

- Trainee ePortfolio – Educators Notes
- 360° colleague feedback and other feedback from workplace colleagues
- Trainee timetables, learning plans and records of progress
- Written and/or audio visual records of trainee assessments

## **GMC Competency 7: Continuing professional development as an educator**

*Personal, professional development as a medical educator*

### **The Effective Supervisor**

- Has an up to date Personal Development Plan in relation to his/her extended role as an educator, derived through annual appraisal.
- Evaluates his/her own supervisory practice e.g. through trainee feedback, peer observation.
- Takes action to improve his/her practice on the basis of feedback received via formal and informal routes.
- Understands the professional guidance contained in Good Medical Practice and the RCGP's Good Medical Practice for GPs.
- Regularly updates his/her teaching skills
- Informs the Postgraduate Dean (or nominated deputy) of any investigations into their own fitness to practise.
- Ensures that his/her training in equality, diversity and human rights best practice is kept up to date

### **The Excellent Supervisor also:**

- Shows evidence of peer review of his/her teaching skills.
- Actively seeks the views of colleagues, including trainees, through e.g. 360 appraisal, peer observation.
- Engages in programmes of educational development
- Assists in the development of others as educators including trainees.

### **Evidence to show compliance with these standards could include:**

- Educator's learning log (showing reflective practice and resulting changes to practice)
- Trainee ePortfolio – Educators Notes
- 360° colleague feedback and other feedback from workplace colleagues
- Personal Development Plan
- Examples of participation in educational processes and development at a local, national or international level #

*(The GMC Educator Competency Framework has two other competencies that relate to the role of the Educational rather than Clinical Supervisor. Clinical Supervisors are not required to reflect on the two competencies below but these are referenced to show the full scope of the work of a medical educator)*

***(GMC Competency 5: Supporting and monitoring educational progress)***

***(GMC Competency 6: Guiding personal and professional development)***

**GMC  
Competency  
Area**

**Reflections on learning and activities within this competency area:**

**List of material shared with peer appraiser during the appraisal discussion:**

## Personal Development Plan

<b>WHAT:</b> Skills or knowledge you need to develop.	<b>HOW:</b> you will develop them.	<b>TIMESCALES:</b> Agreed date/timescale.	<b>MEASURES:</b> How you will know you have succeeded.
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**Date of Educational Review Meeting :**

<b>Full Name:</b>	<b>Full Name:</b>
-------------------	-------------------

<b>Signed:</b> <i>(Clinical Supervisor)</i>	<b>Date:</b>	<b>Signed:</b> <i>(CS Peer Appraiser)</i>	<b>Date:</b>
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**A copy of the completed and signed PDP should be submitted with your NHS Appraisal documentation supporting your Clinical Supervisor role.**

**A copy should also be retained as this will need to be reviewed as part of your ongoing accreditation as a GP Educator.**

## Conclusion of Appraisal

<b>Concluding comments ~ Clinical Supervisor</b>
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<b>Concluding comments ~ CS Peer Reviewer</b>
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**Signed and agreed:**

<b>Clinical Supervisor</b>		<b>Date:</b>
<b>Peer Appraiser:</b>		<b>Date:</b>

## APPENDIX 6

### HEE – COMPETENCIES OF A GP EDUCATOR (CS / GP TRAINER)

#### HEE - COMPETENCIES OF A GP EDUCATOR

##### Competency 1: Maintain the safety of patients and the trainee doctor

Consider Further development	Competent	Excellent
Does not obtain sufficient information to understand the knowledge base of the trainee doctor	Obtains information sufficient to understand the trainee doctors' knowledge and skills	Obtains information which gives a holistic picture of the trainee doctor and how they perform
Provides support which is either unstructured or too rigid	Provides structured support which is tailored to the trainee doctor	Able to adopt a robust yet flexible support structure which is developed in negotiation with the trainee doctor
Some sharing of the trainee doctor's competency level with others in the practice	Provides sufficient information for other team members to understand the trainee doctor's competency and therefore others can offer appropriate support	Actively seeks information on trainee doctor's performance from other team members and uses this information constructively when planning supervision with self and others
Aware of need to record educational activity	Has developed a process of recording progress of the trainee doctor in relation to their competencies	Has developed an educational log which identifies new learning needs and generates action plans

##### Competency 2: Demonstrate an ability to draw up and undertake learning through use of a PDP

Consider Further development	Competent	Excellent
Aware of role of PDP in facilitating learning	Able to identify own learning needs through appraisal and develop appropriate learning strategies	Able to undertake independently all stages in developing a PDP
Aware of competencies required of a GP educator but unable to assess own performance unclear of own performance and unclear how to progress	Able to identify and demonstrate the competences required of GP educator	Able to critically reflect on the learning journey to date, identifying new learning needs for progression as an educator
No or limited use of tools to identify own learning needs	Uses tools such as PUNS and DENS to identify own learning needs	Uses reflective practice to identify own learning needs

### Competency 3: Demonstrate a learner-centred approach to teaching trainee doctors

Consider Further development	Competent	Excellent
Has an awareness of the need to identify the trainee doctor's learning agenda?	Able to identify the ideas, concerns and expectations of the trainee doctor	Able to fully integrate the trainee doctor's agenda with own agenda as supervisor
Aware of need to formulate aims and objectives	Able to discuss aims and objectives and develop an appropriate plan	Takes into account all factors that impact on aims and objectives and incorporate these into educational plan
Recognition of own learning style	Has an awareness that individuals have different learning styles	Can recognise different learning styles
Adopts a largely didactic approach to teaching	Able to adopt and use differing teaching styles appropriate for the individual trainee doctor	Adopts a facilitative approach using interventions which enables the trainee doctor to develop as an independent learner

### Competency 4: Use “descriptive” feedback effectively

Consider Further development	Competent	Excellent
Aware of principles of constructive feedback	Can use descriptive non-judgemental feedback within a structured model	Can use a range of feedback models tailoring these to the trainee doctor's needs
Feedback lacks clarity in terms of description	Descriptive feedback used to raise awareness of skills and behaviours	Descriptive feedback used to help trainee doctor explore their own learning agendas and develop alternative strategies
Feedback not linked to developing new learning	Can categorise behaviours appropriately and explore these with FY2 doctor leading to the generation of alternative strategies	Can use advanced techniques such as catalytic and challenging interventions where appropriate to further develop learning

### Competency 5: Create a learning environment within the practice

Consider Further development	Competent	Excellent
Practice has formal learning programme which is structured but does not take account learning needs of wider organisation	Recognises informal learning opportunities within practice as well as undertaking formal learning and teaching	Actively supports the learning and development of others within the team through a variety of methods
Aware of need to inform other members of team about trainee doctor's programme	Develops a programme to increase understanding of the Foundation programme and actively engages others in supporting it	Incorporates other team members into educational activities providing opportunities for them to develop their teaching skills

**Competency 6: Demonstrate effective communications skills within the consultation adopting a patient-centred style**

<b>Consider further development</b>	<b>Competent</b>	<b>Excellent</b>
Focus of consultation is the medical problem rather than the person	Explores patient's agenda, ideas and concerns when detailing problem	Incorporates patient perspective into all stages of consultation
Aware that social and psychological factors impact on medical illness	Elicits psychological and social information to place patient's problem in context	Uses psychological and social information actively within the consultation
Uses closed questions to obtain information	Uses active listening and open questions	Able to use range prescriptive and facilitative interventions to enhance shared understanding off the problem
Produces appropriate management plans	Works in partnership with patient to negotiate acceptable plans	Able to explore uncertainty with patients use skills to enhance concordance
Uses appropriate language to explain	Uses patient's ideas and concerns in explanation	Incorporates health beliefs into explanation uses range techniques such as metaphor to enhance explanation

**Competency 7: Demonstrates high standards of Clinical Governance within their practice and reflect critically on Significant Events**

<b>Consider further development</b>	<b>Competent</b>	<b>Excellent</b>
Protocols for management of the patients presenting to the surgery not clearly identifiable	Protocols for management of the patient presenting to the surgery are well understood by clinical staff	Practice has an integrated process where all members of staff are aware of their roles and fully conversant with protocols
Understands the principles of significant event monitoring	Undertakes own significant event monitoring reflecting on the event, impact and emotions. Where appropriate instigates change	Takes lead within practice at co-ordinating significant event monitoring acts as change agent
Aware of principles of Evidence based medicine Supports Practice Clinical Governance programme	Regularly uses evidence in practice aware of sources of evidence. Actively involved in Clinical Governance activity	Involved in Clinical Governance issues across local health economy. Can critically appraise evidence
Understands the principles of audit and can convey this to a learner	Involved in practice based audit activity. Can demonstrate processes to trainee doctor	Undertakes personal audits with completion of audit cycle Can facilitate trainee doctor in doing own audit

## Competency 8: Demonstrate proficiency at undertaking the national assessment tools

Consider further development	Competent	Excellent
Aware of the assessment methods used in the Foundation programme	Fully conversant with the assessments prescribed in the Foundation programme	Able to conduct assessments and aware of their relation to undergraduate and specialist training assessment
Aware of the assessment methods used in MRCGP	Fully conversant with the assessments prescribed in MRCGP	Able to conduct assessments
When conducting assessments adopts a summative approach	Demonstrates an ability to incorporate effective feedback into assessment	Links assessment effectively to the learning process
Lack of clarity around identified areas for development	Uses assessment to help formulate learning plans within practice	Oversees assessments and links assessments to overall learning trajectory

## Appendix

### GMC DOMAINS

#### DOMAIN 1 Patient Safety

The duties, working hours and supervision of GPStRs must be consistent with the delivery of high quality safe patient care.

#### DOMAIN 2 Quality Assurance, Review and Evaluation

Postgraduate training must be quality managed locally by deaneries, working with others as appropriate, but within an overall delivery system for postgraduate medical education for which Deans are responsible.

#### DOMAIN 3 Equality Diversity and opportunity

Postgraduate training must be fair and based on principles of equality

#### DOMAIN 4 Recruitment selection and appointment of GP Specialty Registrars

Processes for the recruitment, selection and appointment of GPStRs must be open, fair and effective

#### DOMAIN 5 Delivery of Curriculum including assessments

The requirements set out in the curriculum must be delivered and assessed

#### DOMAIN 6 Support and development of GPStRs trainers and local faculty

GPStRs must be supported to acquire the necessary skills and experience through induction, effective educational supervision, an appropriate workload, personal support and time to learn

#### DOMAIN 7 Management of Education and training

Education and training must be planned and maintained through transparent processes which show who is responsible at each stage.

#### DOMAIN 8 Educational Resources and capacity

The educational facilities, infrastructure and leadership must be adequate to deliver the curriculum.

#### DOMAIN 9 Outcomes

The impact of the standards must be tracked against GPStR outcomes and clear linkages should be reflected in developing standards.

## COGPED STANDARDS FOR GP SPECIALTY TRAINING

### GP Educational Supervisor

**GP educational supervisors are responsible for oversight of the educational progress of a GPStR through GP specialty training**

6.25 Educational supervisors must have appropriate professional and personal values. They must, for example:

#### Mandatory

- demonstrate an understanding of the professional guidance contained in GMC guidance "Good Medical Practice", "Maintaining Good Medical Practice", "Good Medical Practice for GPs" and "The Doctor as Teacher"
- demonstrate an enthusiasm for general practice
- inform their director of postgraduate GP education (or nominated deputy) of concerns over, or restrictions on, their fitness to practise

6.26 Educational supervisors, who are also providing clinical supervision to a GPStR, must have highly developed clinical skills. They must, for example:

#### Mandatory

- be skilled in eliciting information and making decisions during consultations
- be skilled at dealing effectively with complex chronic problems and acute problems
- be able to integrate physical, social and emotional factors in the assessment and management of patients
- know when to involve other members of the primary healthcare team, secondary care based colleagues and other agencies in the treatment of patients

6.27 Educational supervisors must be skilled communicators. They must, for example:

#### Mandatory

- relate well to GPStRs, colleagues and patients both face to face, on the telephone and in writing
- communicate effectively within their clinical practice
- help GPStRs develop effective communication skills

6.28 Educational supervisors must be committed to continuing professional development as an educator. They must, for example:

#### Mandatory

- have an up to date personal development plan derived through annual appraisal for their work as an educator
- be willing to undergo performance review
- be familiar with current medical literature and its implications for both general practice and general practice teaching

6.29 Educational supervisors must be skilled and committed teachers, able to demonstrate through their personal development plan that they have attended courses and engaged in other activities relevant to their role as educators. They must for example:

#### Mandatory

- regularly update their teaching skills
- participate regularly in meetings of the local educators group
- participate in HEE KSS GPStR recruitment
- participate in selecting and re-accrediting other GP training practices and GP educators or in other benchmarking activities

## APPENDIX 7

### HEE KSS – EDUCATOR PATHWAY – GP CLINICAL SUPERVISOR APPLICATION FORMS

#### HEE KSS

Applications forms are available from:

- ✓ HEE KSS GP Educator Pathway Manager – [GPEducatorPathway@hee.nhs.uk](mailto:GPEducatorPathway@hee.nhs.uk)
- ✓ HEE KSS Website - <http://kssdeanery.ac.uk/general-practice/educator/pathway>
- Please state whether you are applying to become a Clinical Supervisor **only** or if you are wanting to become a GP Trainer.
- All forms are to be completed electronically in MS Word and signed and returned as a PDF document to [GPEducatorPathway@hee.nhs.uk](mailto:GPEducatorPathway@hee.nhs.uk)

## APPENDIX 8

### PRACTICE APPROVAL, CS INITIAL APPROVAL AND RE-APPROVAL

**Practices** – Practice approval as an educational environment is a separate process from Clinical Supervisor (CS) approval. However, both can be done at the same time. Once a practice has been approved as an educational environment there is no requirement for it to be revisited unless there are changes to the practice or a trigger visit is required. A successful visit will lead to a sign off and a certificate of approval will be issued by the KSS Quality team.

If a practice is working towards becoming an approved educational environment it is possible for the approval visit to be done ahead of a GP training as a CS. If a practice is looking to go down an educational route but have not yet identified a GP to become a CS please contact HEE KSS Quality Dept to discuss how to progress [kssquality@hee.nhs.uk](mailto:kssquality@hee.nhs.uk)

**Clinical Supervisor (CS)** - The pathway to becoming a Clinical Supervisor in HEE KSS involves undertaking the basic 2-day educator CS training module, commonly known as the part 1 course. Day 1 is Educational theory and understanding and day 2 is subject specific to the particular curriculum its competencies and assessments of the learner you will be supervising. i.e. FY2, Pharmacist, Nurse Etc.

If the CS is from a GMC approved GP Training practice or an already approved CS educational environment it will not be necessary to visit the aspiring CS in the practice.

**Initial Approval** - The Initial approval meetings are generally held in a central locality venue, such as a Post Grad centre allowing for multiple meetings in one day. These meeting will be with a member of the HEE KSS Primary Care Department team. The CS will need to have already submitted copies of the approval documentation two weeks prior to the meeting. They should also bring copies to the following documents to the meeting for their reference.

1. Approval Visit Form
2. CS Weekly timetable )
3. FY2 Induction Timetable ) These should all match up and correspond with each other.
4. FY2 Weekly Timetable )

In some cases, the PAD may carry out a review of the submitted application and documentation and a meeting may not be required.

**Re-Approval** – Initial as a CS is for two years. Towards the end of the approval period, the CS will be asked to provide a set of documentation if they wish to continue as a CS. This documentation will be very similar to the initial approval with the addition of the CS last CS Peer Appraisal document (**Appendix 5**) and the last two Exit Interview forms appropriately completed and signed by the CS and the FY2 (**Appendix (9)**).

The Re-approval will not normally require a meeting unless either side raises specific issues. The documentation will be reviewed and if needed any clarification sought from the CS. Ongoing approval is then for five years with the process repeating itself. However, if the CS moves on to become a GP Trainer a different process drops in over the top and resets the clock back to an initial two year approval as a GP Trainer with five year approval ongoing subject to satisfactory reviews. Visits to a CS / Practice are not routinely undertaken after the initial accreditation visit.

**The purpose of the visit / accreditation review is twofold:**

- It affords CS and their practice the opportunity to examine the way the practice is organised, works and learns. Reflection of this kind are helpful in critically reviewing your practice and further developing your systems and processes.
- It ensures that your practice is a supportive practice for both FY2s and educators and can provide the necessary environment needed for a newly qualified doctor to gain a good and meaningful experience of General Practice.

In order to make the practice visit effective and efficient we have found, through experience, that asking you to review the criteria and complete the Approval questionnaire and mandatory evidence requirements and returning them [2 weeks prior](#) to the visit is helpful for both the CS, the practice and the HEE KSS visitor.

From experience, where required, a Practice approval visit takes approximately 1 – 1.5hrs and only needs to involve the practice manager. The CS approval meeting is generally 1 – 1.5hrs and only the CS being approved needs to be involved. If the meeting is being held in a practice and an FY2 is working then where possible it should include a conversation with the FY2 doctor.

If a GP training practice has never hosted an FY2 Doctor before a conversation with the Lifelong Learning Adviser (LLA) can be helpful if preparing the practice as the requirements for an FY2 doctor differ to those of a GPStR. If this is required please contact [Stephen.scudder@hee,nhs.uk](mailto:Stephen.scudder@hee,nhs.uk)

## APPENDIX 9

### CS & LEARNER REFLECTIVE & EXIT INTERVIEW FORM

# Reflections on The Learning Experience for Clinical Supervisors and their Learners

<b>Clinical Supervisors Name:</b>	<b>Host Practice:</b>		
<b>Learners Name:</b>	<b>Training Period</b>	<b>From:</b>	<b>To:</b>

The receipt of and reflection on feedback is essential for the on-going professional development of educators. It is also important in the quality management process for GP placements. GP Clinical Supervisors (CS) need to seek feedback from their learners and reflect on that feedback. Learners should be encouraged by the CS to give open and honest feedback throughout the placement.

In addition, at the end of the placement the CS and Learner MUST undertake a final joint reflection on the placement using this form. The CS should reflect on any feedback and complete the final section of the form. This template can then be used as part of the evidence to support re-accreditation as a CS or if they wish to progress to become a GP Trainer. It will also be required as part of the CS re-approval process.

### Learner Reflections, please offer feedback on:

#### INDUCTION:

What worked well in your induction to the practice?

How might things have been improved?

#### SUPERVISION:

The level of supervision and support you received from your Clinical Supervisor?

Did the level of supervision / support cause you any concern? If so how might this be addressed?

#### WORKLOAD / EXPERIENCE:

Was the workload pitched at the right level? Too much or not enough to gain experience?

Were you able to attend weekly educational sessions in the Trust and in GP?

What worked well in being able to experience educational events in the practice?

#### PATIENT SAFETY:

Did you share any patient safety concerns you might have had during the placement?

If Yes, how well were you supported?

**FEEDBACK:**

Did you receive feedback from your CS on your day-to-day performance?

Feedback for your assessments?

If appropriate how do you feel you may have been better supported in the practice?

**Overall Reflections:**

What were the highlights of your placement in the practice?

What specific changes if any do you feel would improve the learners experience in the practice?

Learners Signature:

Date:

**Clinical Supervisors Reflections**

Reflections on Learners comments

What would you change / address in the light of the learners comments and / or from my experience of working with this learner

My action plan for affecting change with completion date

Clinical Supervisor Signature:

Date:

**APPENDIX 10**  
**FY2 ABSENCE REPORTING TEMPLATE**

**Absence Monitoring Return Form for FY2 Doctors on GP Rotation**

To be completed by the FY2 Host Practice and returned to the Lead Employer Acute Trust [Post Graduate Centre MEM / Medical Staffing / HR Manager](#). Please complete one form per FY2 doctor and return it at the end of each calendar month to:

**MEM / MS / HR**

**Name:** \_\_\_\_\_

**MEM / MS / HR**

**Email:** \_\_\_\_\_

**All** absences other than weekly scheduled educational sessions (GP/Trust/Private study) from the practice **must** be recorded and the employing trust informed.

- a. Sickness
- b. Annual Leave
- c. Study Leave
- d. Taster days
- e. Other: Compassionate / ARCP / Interview / Course's

A return form for **all** FY2 doctors **including any zero absence (Sect 1b)** should be returned. Host practices should return this form at the end of each month and the Lead Employer will collate this information for all FY2 Doctors.

<b>FY2 Drs Name:</b>				
<b>GP CS Name:</b>				
<b>Placement Dates:</b>	<b>From:</b>		<b>To:</b>	
<b>Reporting Month</b>	<b>From:</b>		<b>To:</b>	
<b>Practice Name:</b>				
<b>Practice Address:</b>				

1a. Please complete the table below for **all** periods of absence for the month during the placement.

Date of absence (From and To)	Total working days	Reason for absence (sick, Annual leave, compassionate, interview, course, exam, other)	Any concerns? Yes or No	Comments (If answered "other" for reason of absence and/or "yes" for any concerns please specify.)

1b. I confirm that during the placement dates stated above there have been **no periods of absence**  
 **(Tick if applicable)**

<b>PM Name:</b>			
<b>Signed:</b>		<b>Date:</b>	