

Northern Ireland

General Practice Specialty Training



Clinical Supervisor Guidance

Version 2.1 (2019)

Produced by GP Specialty Training Team

Introduction

There are approximately 300 GP trainees currently in the NI GP training programme. Many of them are working in Trusts with Clinical Supervision being provided by GMC approved Supervisors. This leaflet is to provide some information to Trust Clinical Supervisors when they are supervising GP trainees.

Please feel free at any time to contact the GP Department in NIMDTA if you have any queries. Contact details are provided at the back of this leaflet.

Curriculum Mapping for Specialties

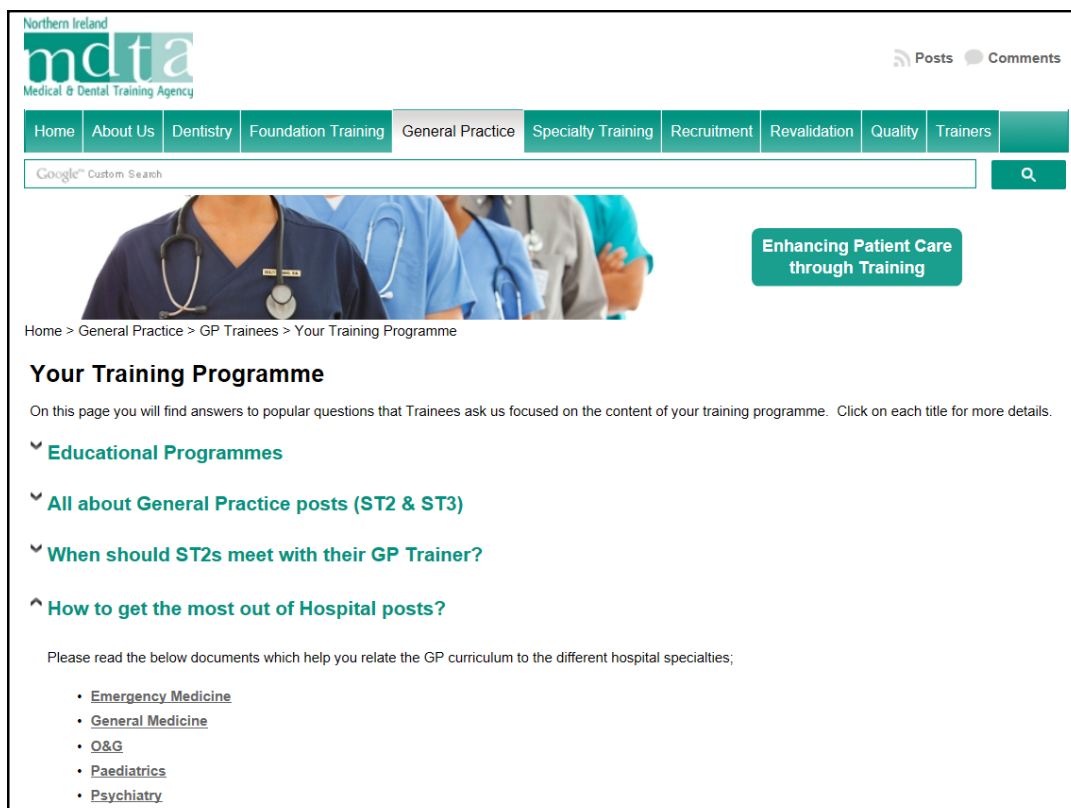
To help identify learning needs in relation to the GP Curriculum the GPStR should complete the self assessment rating scale tool.

This should be completed before the initial meeting of the Trainee with their Clinical Supervisor. It can then be used to help identify areas that require development. In this meeting an educational plan for the post can be drawn up that identifies how these learning needs can be addressed and how and when they will be assessed.

Please note that it may not be possible to cover all of the GP Curriculum learning objectives within this post. The GP Educational Supervisor will be able to assist the Trainees in identifying ways to cover these potential gaps as part of the overall GP Specialty Programme.

Further information is available on the NIMDTA website:

www.nimmdta.gov.uk/general-practice/gp-specialty-trainees/gp-train-prog/



The screenshot shows the NIMDTA website interface. At the top left is the logo for Northern Ireland Medical & Dental Training Agency (mdta). A navigation menu includes links for Home, About Us, Dentistry, Foundation Training, General Practice, Specialty Training, Recruitment, Revalidation, Quality, and Trainers. A search bar is present with the text 'Google Custom Search'. Below the navigation is a banner image of medical professionals in scrubs with a stethoscope, and a green button that says 'Enhancing Patient Care through Training'. The main content area is titled 'Your Training Programme' and includes a breadcrumb trail: 'Home > General Practice > GP Trainees > Your Training Programme'. Below the title, there is a paragraph: 'On this page you will find answers to popular questions that Trainees ask us focused on the content of your training programme. Click on each title for more details.' A list of expandable sections follows: 'Educational Programmes', 'All about General Practice posts (ST2 & ST3)', 'When should ST2s meet with their GP Trainer?', and 'How to get the most out of Hospital posts?'. At the bottom, there is a note: 'Please read the below documents which help you relate the GP curriculum to the different hospital specialties;' followed by a bulleted list of specialties: 'Emergency Medicine', 'General Medicine', 'O&G', 'Paediatrics', and 'Psychiatry'.

Clinical Supervisor Report (CSR)

The Clinical Supervisors Report (CSR) is a short, structured report from the Clinical Supervisor in each Hospital post. The CSR is designed to be easy to focussed and easy to complete.

Assessment of competence through the CSR

The CSR brings together the 12 competences from the WPBA framework in four 'clusters': relationship, diagnostics, management and professionalism.

Competence rating scale

The rating scale assumes that all trainees 'need further development' (NFD) and encourages assessors to make comparisons with doctors at the same stage of training. This scale proved successful in trials because it is one that secondary care doctors are used to working with. If a trainee is performing above expectations, this can be recorded and reflected in the text boxes.

Completing a CSR

The CSR will be completed by the named clinical supervisor (usually a consultant in the specialty). All sections of the CSR form need to have text entered. In particular, the 'Comments/concerns' box is a very important way of giving feedback to the educational supervisor and should be used for each area of competence.

The final feedback box is used by the clinical supervisor to provide further information, or recommendations to help the trainee or their Educational Supervisor.

Ideally, the supervisors will confer at the beginning of the attachment to plan educational objectives for the following six months and identify specific learning opportunities within the post. They should also make contact before completion of the CSR – or prior to completion if they have any concerns.

RC GP Royal College of General Practitioners

Evidence

CSR

Doctor's surname: *

Doctor's forename: *

Doctor's GMC Number: *

ST year: *

Speciality: *

Please grade the trainee in comparison with doctors at the same stage of training

Relationship

Area	Grade	Comments/Concerns
Explores patient's agenda (their Ideas, Concerns and Expectations)	<input checked="" type="radio"/> Unable to Grade <input type="radio"/> Below Expectations <input type="radio"/> Borderline <input type="radio"/> Meets Expectations <input type="radio"/> Above Expectations	<input type="text"/>
Works in partnership to negotiate a plan	<input checked="" type="radio"/> Unable to Grade <input type="radio"/> Below Expectations <input type="radio"/> Borderline <input type="radio"/> Meets Expectations <input type="radio"/> Above Expectations	<input type="text"/>

The Clinical Supervisor Report for GP Trainees

GP trainees place great value on the Clinical Supervisor reports that they receive after each hospital placement.

They also have an Educational Supervisor's report done by their supervising GP trainer.

At present the GP reports tend to have a lot more "free-text" comments made and the trainees place great emphasis on what their trainer has written about their competences – not just the actual rating.

We would therefore ask that Supervisors add a written comment specific to each of the competences for the trainee report. The trainees will find this invaluable and it will increase their confidence and make them more aware of areas they should work on in their subsequent posts.

The comments are reviewed by all ARCP panels and are also very important in the panel decision-making process.

Sample Clinical Supervisor Report

Royal College of General Practitioners Legals | FAQs | Resources | Contact Us | RCGP Main Website

Trainee **ePortfolio**

Evidence

Review Type: Review number:

Summary | MSF | PSQ | **miniCEX** | DOPS | CbD | COT | **CSR** | CEPS

Relationship

Area	Rating	Comments/Concerns
Explores patient's agenda (their Ideas, Concerns and Expectations)	Above Expectations	Dr *** regular explores patient's expectation within new patient assessments. Dr *** has also explored underlying agenda with medication seeking behaviour, engagement due to criminal justice matters. During MINICx-Dr *** noted to establish patients ideas and concerns in an open way at the start of a clinical interview.
Works in partnership to negotiate a plan	Above Expectations	Dr *** finishes all clinical contact with patients with an agreed management plan; this can include discussion with senior colleague and feedback to the patient. Dr *** has also experience in producing an annual care and treatment plans that have wide bio psychosocial interventions.
Recognises the impact of the problem on the patient's life	Meets Expectations	Dr *** is very aware of the functional impairment that can occur with a variety of disorders, and regular explores social, occupational, and interpersonal functioning. Dr *** is able to recognise distress and incorporates functional assessment into new patient formulations.
Works co-operatively with team members, using their skills appropriately	Above Expectations	Dr *** works closely and collaboratively with MD colleagues, and completes joint assessment with CMHT members via co worked clinice. Dr *** attends and participates in the regular CMHT meeting-and presents new cases. She also provides advice to team members, and co-operates closely around medication management, particularly matters around lithium. Dr *** has discussed CSA, and child care concerns with team members.

Diagnosics

Area	Rating	Comments/Concerns
Takes a history and investigates systematically and appropriately	Meets Expectations	Dr *** takes a comprehensive history and develops bio psycho social management plans that will include investigation. She has organised blood tests, ECGs, EEGs, and CT scans of brain. She has liaised and made referrals to other secondary care services, and has linked with GPs about primary care interventions.
Examines appropriately and correctly identifies any abnormal findings, (please comment on specific examinations observed)	Meets Expectations	I have observed Dr *** complete mental state examinations via minicex. These have been comprehensive, using open questioning, and clear language.
Elicits important clinical signs & interprets information appropriately	Meets Expectations	Dr *** routinely reviews patients and examines mental states and provides opinions, she checks investigation results, and acts appropriately with results.
Suggests an appropriate differential diagnosis	Meets Expectations	As part of each formulation of new pts., Dr *** completes differential diagnosis. I have also reviewed several long cases for DMH course that show Dr *** using a narrative to weigh up the points for and against each differential diagnosis-Supervision has had discussion around diagnosis.
Recommends appropriate management plans and follow-up arrangements	Above Expectations	Each pt. will have a new or review management plan created or updated-these are often biopsychosocial and completed with the patient, and their keyworker. Each patient will have a follow up plan in place, including discharges back to primary care-Dr *** has completed.
Refers appropriately and coordinates care with other professionals	Above Expectations	Dr *** has made several referrals to other specialities and to other disciplines-Dr *** coordinates care with the CMHT colleagues, and links with primary care.

Management

Area	Rating	Comments/Concerns
Keeps good medical records	Above Expectations	note keeping is a particular strength with standards being met in this area, Dr *** also uses assessment proformas and rating scales-She dictates clear and detailed letters that are structured.
Uses resources cost effectively	Meets Expectations	Cost effective in prescribing, onward referrals, and frequency of reviews.
Keeps up-to-date and shows commitment to addressing learning needs	Above Expectations	Dr *** is a very keen learner, and has attended structured classes for the DMH. Dr *** responds well to teaching via supervision, and informally via clinical discussion. Dr *** has completed a literature search, and prepared journals for journal club presentation. She has completed a quality improvement exercise in the area of psychotropics in pregnancy, and an audit project is planned.

Professionalism

Area	Rating	Comments/Concerns
Identifies and discusses ethical conflicts	Above Expectations	Dr *** has been involved in discussions around ethical issues including the reporting of CSA, and disclosure of information. Participate in CMHT discussions in this area, and has reflected in this area.
Shows respect for others	Meets Expectations	Dr *** is a respectful doctor to team members, admin staff, and patients. Team leader report favourable in this area.
Is organised, efficient and takes appropriate responsibility	Meets Expectations	Dr *** organises, and prioritises her work, recognising urgency, and discussing pertinent issues in a timely way. Works across inpatient and CMHT seamlessly.
Deals appropriately with stress	Meets Expectations	Dr *** is resilient, and has reflected on stress management-she feels supported in her current role.

Trainee - Time out of Training

Unfortunately on occasion trainees become unwell and are absent from work. General Practice is the only Specialty training programme which has a specified minimum time. This is set in statute. Trainees must complete this minimum time in order to get a CCT. They can only be absent from training for a period of 2 weeks cumulatively in any training year, over and above annual leave.

It is therefore essential that Clinical Supervisors advise us of any sickness absence. Likewise, if there is any adjustment to working hours e.g. not doing nights, reduced hours, we also need to know. Any such amendment to participation in a rota will be reviewed at the next ARCP panel and a decision about additional training time made.

Should the trainee be referred to Occupational Health we would also need to know as there are support services available in NIMDTA for trainees who are facing challenges in their training. We should also be informed if any reasonable adjustments have been made for the trainee in the workplace.

Finally, if you have any queries or concerns about a trainee feel free to contact the GP Department at any time for advice.

Concerns

If you have concerns, or are unable to grade please elaborate further. Do you have any recommendations that might help the learner or the Educational Supervisor?

Revalidation: Details of Concerns/Investigations

Are you aware if this trainee has been involved in any conduct, capability or Serious Untoward Incidents/ Significant Event Investigation or named in any complaint?

No

If yes, are you aware if it has/these have been resolved satisfactorily with no unresolved concerns about this trainee's fitness to practise or conduct?



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