

**General Practice  
Specialty Training School**



# **Guidance for Trainers**

## **(who are not Clinical Supervisors)**

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## **GUIDANCE FOR TRAINERS**

(Who are not clinical supervisors)

### **RATIONALE**

Since the change to the GP contract in 2004, with the split in workload between day time care and out of hours many doctors have stopped doing out of hours care, including trainers in general practice. This has necessitated the recruitment of doctors who work in out of hours, who are not trainers, to provide clinical supervision in OOH for GPStRs. These doctors have been given some training in providing education, but need to have liaison with the day time trainer to assess the educational needs for individual trainees and get feedback as to the day time competence and experience of the GPStR.

When a day time trainer does not provide out of hours training, it is their responsibility to assess the GPStR's competence in care of the acutely ill patient, facilitate identification of learning needs and provide this assessment to the OOH clinical supervisor (baseline needs assessment). The trainer will identify and contact a suitable clinical supervisor. In some cases due to location or other factors the trainer and trainee will identify someone unknown to them personally to provide training. In order that the GPStR experiences a number of types of out of hour's sessions there may be a need to contact more than one clinical supervisor to provide training, up to a maximum of 3. A list of approved clinical supervisors can be found at <http://www.nimdta.gov.uk/general-practice/gp-vocational-training/out-of-hours-sessions/>

When a trainer selects a suitable CS, he/she should contact them to give information regarding the trainee and their skills and experience prior to starting training. It is helpful if the CS receives regular feedback about the actions arising from the GPStR OOH learning experience.

### **ASSESSMENT OF COMPETENCE IN OOH**

It is envisaged that there will be 4 formal assessments of trainee competence in OOH practice to be shared with the clinical supervisor;

- Baseline assessment (completed by trainer)
- End of St2 (completed by CS)
- Month 8/9 St3 (completed by CS)
- Final sign off (completed by CS)

### **LIAISON BETWEEN TRAINER AND CS**

If at any time the CS has concerns about the performance of the trainee, these should be immediately discussed with the trainer. Possible areas of concern would be attitude, telephone manner, over confidence, under confidence, poor attendance, late arrivals, and poor time management.

It is expected that the trainer and CS (if not the same person) will speak to each other directly to discuss the first three assessments and to agree full competence for the final assessment.

## **BASELINE ASSESSMENT**

OOH sessions will take place following evaluation of the trainee's competence and an assessment of their learning needs. Normally this evaluation will take place during the first month, during which time the trainee will have had a full induction into the GP practice. It is advisable that trainees should not undertake OOH sessions during this month. A copy of this evaluation will be kept in the trainee's OOH Workbook so that the CS can understand the trainee's learning needs.

The evaluation will provide details of the GPSt's previous experience, self evaluation of competence, trainer evaluation of competence, and a learning plan (PDP), and be filed in the OOH Workbook.

## **RECORD OF SESSION FORMS (ROS forms)**

After each OOH training session, a record of OOH sessions (ROS) will be completed. This should be signed off by the trainer and should give feedback about how learning needs have been acted upon prior to the next OOH session. This will probably be the same as the educational supervisor comment on the e-portfolio entry.

The new GPStR workbook contains copies of the Summary of Session (ROS) forms, previously called form 3s. The submission of an ROS form to NIMDTA is the trigger for payment for the clinical supervisor. Therefore, the trainer should ensure that this follows promptly from the OOH training session.

## **CURRICULUM MAP**

OOH training provides experience in caring for the acutely ill patient in general practice, which concords with experience in day time care. To this end the new workbook (curriculum map) allows for recording of urgent care experience in both day time and OOH. The trainer is asked to facilitate the trainee in their recording of this and evaluation of their experience and ability.

This in turn provides very useful feedback to the CS as to the level of supervision that a trainee needs in OOH, and the identification of learning needs. There are a number of blank slots to allow recording of significant diagnoses/issues that have not been included in this first edition of the new workbook.

## **PROGRESS FROM AMBER TO GREEN SUPERVISION**

Most GPSts should be regarded as independently competent in OOH by the end of their time as an St2, with some possible gaps depending on experience eg obstetrics if they have not done a hospital attachment in this subject. Thus, at the end of the St2 placement there is a need for formal statement of competency, with a specific statement of learning needs. This will be completed by the CS and will result in a PDP produced at the end of the St2, for completion in the St3.

It is intended that a feedback document will be developed (2011) to evaluate the performance of the CS – to be signed off by the trainer and trainee.