

Northern Ireland

General Practice Specialty Training



Clinical Supervisor's Guide

GP Trainees in Obstetrics and Gynaecology posts

Version 1.1 (2019)
Produced by the GP Specialty Training Team

Introduction

Overview of GP Training

3 year training programme

	AUG-FEB	FEB - AUG
ST1	Hospital	Hospital
ST2	Hospital /GP	GP / Hospital
ST3	GP	GP

Trainees will have 3 or 4 hospital-based posts

- **Psychiatry**
- **Paediatrics**
- **Emergency Medicine**
- **Obstetrics / Gynaecology**
- **General Medicine**

Either:

3 x 4 month posts + 1 x 6 month post

or

3 x 6 month posts

Then:

1 x 6 month GP post

1 x 12 month GP post

Clinical Supervisor Overview

Role and responsibilities of Clinical Supervisor for GPST

Oversee day to day work of the trainee (direct contact or delegated)

Hold 3 formative meetings with the trainee

Sign off Workplace based assessments (WPBA)

- 3 x Case Based discussions (CBD)
- 3 x Mini-Clinical Evaluation Exercise (Mini-CEX)
- Clinical Examination and Procedural Skills (CEPs)
- Multi-source feedback (MSF) 5 clinicians only

(assessments can be undertaken by other appropriate members of staff: Associate specialists, staff grades, enhanced nurse practitioners, specialty trainees >ST4).

Be the trainee's initial point of contact for specific issues relating to their post

Support the trainee in attending GPST specific educational opportunities:

GP ST monthly meeting; GPST Core Curriculum Course - hosted in a local GP training practice

Communicate and record appropriately any concerns about a trainee's progress to the GP Educational Supervisor and TPD —Educator Notes section of Eportfolio

Clinical Supervisor's Report

Completed as part of the last of 3 meetings with your trainee: (Template page 12)

Done prior to their 6 monthly review with their GP Educational Supervisor, or at the end of each 4 month post.

CSRs are completed on the e-Portfolio

It covers:

- The knowledge base relevant to the post;
- Practical skills relevant to the post
- The professional competencies, grouped into 4 - Relationships, Diagnostics, Clinical Management, Professionalism (RDMP)

This is based on the level that you would expect an ST trainee to have i.e. ST1 or ST2.

The report should identify and comment on:

Any significant developmental needs identified during a placement, and also point out any areas where the trainee has shown particular strengths.

The progress of the trainee in terms of the evidence of competence (it is not a pass/ fail report).

If there are serious issues of professional performance or ill health during a placement these will need to be handled by normal trust / NIMDTA mechanisms.

If you wish to raise any concerns regarding a trainee please contact:

gpspecialtytraining.nimdta@hscni.net or contacts on back of this booklet

<https://trainee.gpeportfolio.rcgp.org.uk>

click on the Assessment form page

complete the details page and click on CSR at the bottom.

complete the form with the trainee present and submit.

Left hand navigation bar > click evidence

Meetings with GP Trainee

1) Introductory Meeting—within 4 weeks of start date (Feb or Aug)

- Discuss expectations for the post and areas of learning need
- Discuss GP ST study days
- Trainee to document learning plan in eportfolio
- CS to document brief summary in Educator Notes
- Set date for mid-post and end-of-post meetings

2) Mid-post Meeting

- Discuss general progress (could use the RDMP model to aid the CSR)
- Use confidence rating scale (see page 8)
- Document in Educator Notes
- Contact GP ES (trainer) or PD if any concerns

3) End-of Post meeting

- Prior to ESR—Feb or June
- Review progress with WPBAs and supplementary evidence if completed—e.g. audit / SEA
- Complete CSR
- Contact PD / AD if concerns



The RCGP gratefully acknowledges the help of the Oral Core Group of the MRCGP examination in developing this CBD tool

CBD Structured Question Guidance

Defines the problem

- What are the issues raised in this case?
- What conflicts are you trying to resolve?
- Why did you find it difficult/challenging?

Integrates information

- What relevant information had you available?
- Why was this relevant?
- How did the data/information/evidence you had available help you to make your decision?
- How did you use the data/information/evidence available to you in this case?
- What other information could have been useful?

Prioritises options

- What were your options? Which did you choose?
- Why did you choose this one?
- What are the advantages/disadvantages of your decision?
- How do you balance them?

Considers implications

- What are the implications of your decision?
- For whom? (e.g. patient/relatives/doctor/practice/society)
- How might they feel about your choice?
- How does this influence your decision?

CBD Structured Guidance

Justifies decision

- How do you justify your decision?
- What evidence/information have you to support your choice?
- Can you give me an example?
- Are you aware of any model or framework that helps you to justify your decision?
- How does it help you? Can you apply it to this case?
- Some people might argue, how would you convince them of your point of view?
- Why did you do this?

Practises ethically

- What ethical framework did you refer to in this case? How did you apply it?
-How did it help you decide what to do?
- How did you establish the patient's point of view?
- What are their rights? How did this influence your handling of the case?

Works in a team

- Which colleagues did you involve in this case? Why?
- How did you ensure you had effective communication with them?
- Who could you have involved? What might they have been able to offer?
- What is your role in this sort of situation?

Upholds duties of a doctor

- What are your responsibilities/duties? -How do they apply to this case?
- How did you make sure you observed them? Why are they important?

CBD Summary Template

Case-based Discussion Summary Template For Trainees template for presenting your case

Patient's age:

Occupation:

PMH

Medication

Chronological Order of Events

CBD Summary Template

- Please tick the competency boxes below which you feel are demonstrated by this case (try and select 4 competencies which you think the case really demonstrates well or ones which you would like the focus to be)
- For those boxes you have ticked, write a brief explanation (in the right hand column) why you feel the case demonstrates this
- Give this template along with the other paper work 1 week before the discussion is scheduled (= to help the clinical supervisor devise questions)
- Remember, every case does not need to demonstrate every competence (but your final collection case based discussions should do)

Competence	your concise explanation (~ 50 words)
<input type="checkbox"/> Practising holistically	
<input type="checkbox"/> Data gathering and interpretation	
<input type="checkbox"/> Making diagnoses & decisions	
<input type="checkbox"/> Clinical Management	
<input type="checkbox"/> Managing medical complexity	
<input type="checkbox"/> Primary care administration and IMT	
<input type="checkbox"/> Working with colleagues and in teams	
<input type="checkbox"/> Community orientation	
<input type="checkbox"/> Maintaining an ethical approach to practice	
<input type="checkbox"/> Fitness to practise	

Thanks to Ramesh Mehay (Bradford VTS) for this CBD template

Confidence Rating Scale

How confident do you feel in the assessment, investigation, diagnosis and management of the following situations?

How confident do you feel in the assessment, diagnosis and management of the following?	✓	✓	✓
CONDITIONS	✓	✓	✓
<ul style="list-style-type: none"> How confident do you feel in the assessment, investigation, diagnosis and management of the following conditions/situations? (Bear in mind this requires skills in acute, chronic, preventative and emergency care and a knowledge of the epidemiology of women's health issues). 			
<ul style="list-style-type: none"> SYMPTOMS - do you feel comfortable creating a differential diagnosis for the presentations below and a framework for further investigation? 			
<ul style="list-style-type: none"> Infertility - primary and secondary 			
<ul style="list-style-type: none"> Dyspareunia, pelvic pain, vaginal discharge 			
<ul style="list-style-type: none"> Menopause and menopausal problems 			
<ul style="list-style-type: none"> Menstrual problems 			
<ul style="list-style-type: none"> <u>Post menopausal</u> bleeding 			
<ul style="list-style-type: none"> <u>Pruritis vulvae</u>, vaginal discharge 			
<ul style="list-style-type: none"> Urinary malfunction: dysuria, frequency, incontinence 			
<ul style="list-style-type: none"> Breast pain, breast lumps, nipple discharge (crossover topic) 			
CONDITIONS			
Sexual Health			
<ul style="list-style-type: none"> HIV/AIDS and the presentation and complications as well as the principles of treatment 			
<ul style="list-style-type: none"> Contraception 			
<ul style="list-style-type: none"> STIs including antibiotic resistance 			
<ul style="list-style-type: none"> Sexual dysfunction 			
Gynaecology			
<ul style="list-style-type: none"> Abnormalities of menstruation 			
<ul style="list-style-type: none"> Abnormal cervical cytology, fibroids and malignancies 			
<ul style="list-style-type: none"> Infection e.g. Bartholin's <u>abscess</u> 			
<ul style="list-style-type: none"> Multiple pregnancy 			
<ul style="list-style-type: none"> Menopause (including early and surgical) and HRT 			
<ul style="list-style-type: none"> Contraception and STIs 			
<ul style="list-style-type: none"> Infertility 			
<ul style="list-style-type: none"> Vaginal and uterine prolapse 			
<ul style="list-style-type: none"> Termination of pregnancy 			
Obstetrics			
<ul style="list-style-type: none"> Normal pregnancy, labour antenatal and post-natal care 			
<ul style="list-style-type: none"> Common problems during pregnancy including hyperemesis, acid reflux, back pain, symphysis pubis dysfunction, leg ache and varicose veins and haemorrhoids 			
<ul style="list-style-type: none"> Bleeding in pregnancy including ante-partum haemorrhage, placental abruption and rhesus status and role of anti-D 			
<ul style="list-style-type: none"> Pregnancy losses including premature labour, miscarriage intrauterine death and foetal abnormality and ectopic pregnancy 			
<ul style="list-style-type: none"> Abnormal lies and placenta praevia 			
<ul style="list-style-type: none"> Anaemia, gestational diabetes, growth retardation, poly/oligohydramnios, pre-eclampsia and hypertension in pregnancy 			
ACUTE PRESENTATIONS			
<ul style="list-style-type: none"> Bleeding in pregnancy 			
<ul style="list-style-type: none"> Suspected Ectopic pregnancy 			

Confidence Rating Scale

<ul style="list-style-type: none"> • Domestic Violence 			
<ul style="list-style-type: none"> • Puerperal psychosis/severe depression 			
TECHNICAL AND ASSESSMENT SKILLS			
<ul style="list-style-type: none"> • Vaginal examination including bimanual palpation of uterus and speculum examination and cervical smear 			
<ul style="list-style-type: none"> • Examination of pregnant abdomen and cervix 			
<ul style="list-style-type: none"> • Female catheterisation 			
<ul style="list-style-type: none"> • Insertion of ring pessary, or parenteral contraceptive devices including <u>implanon</u> and coils 			
<ul style="list-style-type: none"> • Use of <u>post natal</u> depression scoring tools 			
<ul style="list-style-type: none"> • EXPLANATION TO PATIENT of surgical procedures including caesarean section, laparoscopy, hysterectomy, <u>oophorectomy</u>, ovarian cystectomy, pelvic floor repair, termination of pregnancy and sterilization, colposcopy 			
<ul style="list-style-type: none"> • Limitations of testing for HIV 			
How confident do you feel about communicating and working with the following groups?			
<ul style="list-style-type: none"> • Patients - sensitive discussion about sexuality and intimate issues including taking a sexual history and sexual and emotional abuse 			
<ul style="list-style-type: none"> • Partners 			
<ul style="list-style-type: none"> • Colleagues 			
<ul style="list-style-type: none"> • MDT e.g. SW, MW, health visitor 			
<ul style="list-style-type: none"> • Community Orientation/Practising Holistically 			
How confident do you feel about addressing issues related to, and co-ordinating the involvement of the following services?			
<ul style="list-style-type: none"> • Health Visitors and Social work 			
<ul style="list-style-type: none"> • Pregnancy care including health promotion, social and cultural factors, smoking and alcohol, diet, age factors and previous obstetric history 			
<ul style="list-style-type: none"> • Cervical and breast screening services including discussion of benefits and limitations 			
<ul style="list-style-type: none"> • Specialist Obstetric Clinics e.g. IVDA's and teenage mums 			
<ul style="list-style-type: none"> • Barriers to access including choice and availability of female doctors 			
<ul style="list-style-type: none"> • Impact of ethnicity and culture on issues of women's health 			
<ul style="list-style-type: none"> • Maintaining an Ethical Approach/Medicolegal issues 			
How confident do you feel about your knowledge of the following issues and how to apply the theories in practice?			
<ul style="list-style-type: none"> • Antenatal testing 			
<ul style="list-style-type: none"> • Termination of Pregnancy including recognition of own beliefs 			
<ul style="list-style-type: none"> • Partner notification in the setting of STI 			
<ul style="list-style-type: none"> • Contraception for minors 			
<ul style="list-style-type: none"> • Awareness of own beliefs and prejudices regarding e.g. sexuality, termination 			
<ul style="list-style-type: none"> • Partner notification in the setting of STI 			
<ul style="list-style-type: none"> • Maintaining Performance/Learning and Teaching 			
How confident do you feel with undertaking the following?			
<ul style="list-style-type: none"> • Audit 			
<ul style="list-style-type: none"> • Significant Event Analysis 			
<ul style="list-style-type: none"> • Presenting 			
<ul style="list-style-type: none"> • Dr as teacher 			

The Confidence Rating Scale

The confidence rating document is designed for use by the trainee in preparing for the first meeting with the CS. It can identify any areas that the trainee and CS agree should be the main learning objectives for the post.

Although not exhaustive, it provides a list of clinical conditions and issues that are particularly relevant to working in a General Practice setting.

Summary of Learning Needs/Points for Action

Looking at the areas above which you have marked amber or red, make a note of specific learning needs to target during this post and how you might achieve these (including through outpatient clinic, home visits, hospital at night etc). If you are unsure how best to meet these needs discuss this with your Clinical Supervisor.



Evidence

CSR

Doctor's surname *	<input type="text"/>
Doctor's forename *	<input type="text"/>
Doctor's GMC Number *	<input type="text"/>
ST year *	<input type="text" value="--Select--"/>
Speciality *	<input type="text"/>

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"/>
Recognises the impact of the problem on the patient's life	<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 co-operatively with team members, using their skills appropriately	<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"/>

Diagnostics

Area	Grade	Comments/Concerns
Takes a history, examines and investigates systematically & appropriately	<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"/>
Elicits important clinical signs & interprets information appropriately	<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"/>
Suggests an appropriate differential diagnosis	<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"/>
Recommends appropriate management plans and follow-up arrangements	<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"/>
Refers appropriately and co-ordinates care with other professionals	<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"/>

CSR TEMPLATE

Management

Area	Grade	Comments/Concerns
Keeps good medical records	<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	
Uses resources cost effectively	<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	
Keeps up-to-date and shows commitment to addressing learning needs	<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	

Professionalism

Area	Grade	Comments/Concerns
Identifies and discusses ethical conflicts	<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	
Shows respect for others	<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	
It organised, efficient and takes appropriate responsibility	<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	
Deals appropriately with stress	<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	

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? Yes 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? Yes No

If there are any unresolved causes of concern, please complete an Exception Exit Report (available from your Deanery Responsible Officer) and return it to your Deanery office.

Brief summary of unresolved concerns:

Endorsement by Clinical Supervisor

I confirm that the above is based on my own observations and the results of workplace-based assessments and has been discussed with the trainee concerned

Clinical Supervisor's name:

Clinical Supervisor's GMC number:

Clinical Supervisor's contact details (assessors will be contacted at random for confirmation):



Staff Name	
Dr Claire Loughrey	GP Director
Dr Paul Carlisle	
Dr Andrew Leitch	
Dr Michele Stone	GP Specialty Training Associate Directors
Dr Siobhan McEntee	
Dr Louise Sands	
Dr Nigel Hart	Associate Director - Quality Improvement
Rebecca Mahood	GP Training Manager
Bernie Devlin	GP Training Coordinator
Caroline Diver	
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Rachel Hawkins	GP Specialty Training Administration Team
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