

GP Induction and Refresher Scheme

Clinical and Education supervision model guidelines

The GP Induction and Refresher (I&R) scheme almost exclusively to date has used placements in approved GP Training practices with GMC approved Trainers as the mainstay of the clinical supervision and assessment.

Due to a number of factors, i.e. increase in GP Trainee numbers, FY2 GP placements, longer GP training placements (18 months) and increased numbers of LTFTT (where for a 60% trainee means 20 months is required for the ST3 year) HEE GP schools are finding capacity issues are occurring not only for their GP training programmes but also to accommodate the requirements of FY2 GP placements and the I&R programme

In some areas there is the emergence of a number of “recruitment agencies” for GP that also own the local GP practice’s wishing to recruit EU GP’s to booster their own work force (they quote numbers of qualified GP’s from 20-100+). These companies are keen to engage in the official I&R scheme and want to establish I&R placements in these practices

There is the potential for possible conflict of interest, but HEE would want to support a model where we can expand I&R training capacity safely and appropriately without blocking the capability to train our existing GPR programmes and preserve the integrity of the I&R process while working with these organisations to recruit overseas GP’s

The development of “training hubs” as outlined in the 10 point plan provides one solution for how capacity to support recruitment and retention initiatives can be realised.

This document sets out a framework and offers general principles and guidelines to support a supervisory model whereby I&R doctors spend a significant proportion of their I&R placement with a Clinical supervisor (CS) supported by an Educational Supervisor (ES) to monitor and working together to make a make formal recommendations about progress and attainment of the appropriate skills and standards for satisfactory completion of the doctors I&R programme.

Similar models already exist for example in GP Foundation placements and within GP programmes where the Hospital Specialty consultant is the CS with remote ES from the GP trainer

It is important to recognise the challenges in the final review as it is a recommendation for MPL and hence unrestricted autonomous practice

The CS and ES require training on how to work closely together and on how to support the I&R doctor safely and appropriately through their placement

Both the CS and the placement site will require formal approval of their learning and the environment..

The model also supports the development of CS competency, provides modelling for how supervisory capacity can be built in training hubs through triangulation but also addresses previously difficulties encountered with ES’s reluctance to sign statements of competency where they have had limited direct observation of performance

General guidance

1. HEE will provide clinical supervisors (CS) with appropriate training and undertake formal approval of the practice or training site
2. HEE will maintain a register and support CS with follow up support and refresher training

3. HEE will inform the GMC, the NHS England local team and the NRO of the named CS
 4. HEE will establish a formal network of CS linked to one or more approved ES
 5. Educational supervisors will continue to be formally approved (on the GMC register) active GP trainers
 6. All I&R placements will be agreed by the local HEE team (I&R Lead) in agreement with the NHS Eng MD/RO or deputy or PLDP
 7. The CS will have appropriate MDO indemnity for their I&R role
 8. Placements with a CS will be restricted to
 - a. Band 4 MCQ outcome recommendations and will always be for a minimum of 3 months
 - b. Any changes to the recommended placement period will only be made following a review by the ES and I&R lead and in agreement with the NHS Eng MD
 - c. All placements periods given are Full Time (37.5 hours per week) or will be pro-rata if part time
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Clinical Supervisor Role

9. Full time placements with the CS will be for a maximum of 37.5 hours per week (I&R programme)
10. Each I&R doctor should have a named clinical supervisor for each placement who is responsible for ensuring that appropriate supervision of their day to day clinical performance occurs at all times, with regular assessment and written feedback to both I&R doctor and educational supervisor
11. The CS will agree and support a schedule of contact for the I and R doctor with the ES which should be no less than once a month.
12. The CS will provide the programme (as part of the agreed induction plan) for the I&R doctor based on their previous experience and identified needs to include
 - a. Introduction to the NHS (regulations, structure etc.)
 - b. GMC "Good Clinical Practice"
 - c. Professional boundaries in the NHS
 - d. Induction to the practice and staff roles
 - e. Patient Safety
 - f. Clinical prescribing
 - g. Protocols (NICE guidelines etc.)
 - h. Management and referral of patients
 - i. NHS Computer systems and Clinical record keeping
13. The ES and CS will meet with the I & R doctor for a joint planning meeting which could be before or at the start of the placement and agree a written educational plan which is shared with the I&R Lead
14. The CS will meet with the I&R doctor at least once daily and less frequently as agreed with the ES as the placement progresses, subject to satisfactory and safe progression

15. On occasion as required daily supervision may be provided by a partner or suitable approved clinician
 16. Weekly documented meetings with written feedback recorded in the WPBA report
 17. The CS will be responsible for undertaking and supporting appropriate assessments of performance including a MSF, PSQ and observations of practice and cased based discussions.
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Educational supervisor Role

18. The GMC definition of an Educational Supervisor is 'A trainer who is selected and appropriately trained to be responsible for the overall supervision and management of a specified doctor's educational progress during a placement or series of placements. The Educational Supervisor is responsible for the trainee's Educational Agreement.'
 19. The ES will meet with the CS and I&R doctor as agreed monthly or more frequently if required, including
 - a. Before the start of the I&R placement and then at 2 weeks
 - b. Thereafter subject to satisfactory progress these will be monthly
 - c. There will be a formal final review meeting with the I&R doctor, the CS and the ES to allow the sign off of the programme to be completed.
 - d. The final review will include a summary of progress from both the ES and CS - with both supervisors contributing to the decision making process.
 - e. The ES will sign off the I&R programme
 - f. There will need to be a clear understanding of the role of the Programme Manager in resolving any difference of professional opinion
 20. The I&R doctor will undertake a minimum of 1 session per month in the ES practice which can be combined where required with the monthly review.
 21. The review meeting should include opportunities for direct patient consulting, observation of practice through indirect means (recordings of consultations) and cased based discussion.
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Outcome recommendations

22. The ES needs to be in a position to assure HEE and the NHS Eng Team that the doctor has been inducted / returned sufficient to undertake independent practice at the final review
 23. Recommendation by ES of candidate for full NPL inclusion:
 1. Strongly without reservation
 2. Could recommend as competent
 3. Have some reservations, so could not recommend
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Payment

24. The ES will normally receive a ES payment (£250) proportionate to 2 sessions per month (1 session face to face and 1 session for the report/paperwork/feedback from the CS)

25. The CS will receive a CS payment proportionate to the full time I&R Supervisors fee

References

[NRO I&R documentation](#)

http://www.gmc-uk.org/Final_Appendix_2_Roles_of_Supervisors.pdf_53817452.pdf

<https://www.nwpgmd.nhs.uk/educator-development/standards-guidance/educational-supervisor>

<https://www.nwpgmd.nhs.uk/educator-development/standards-guidance/clinical-supervisor>

<http://www.londonpaediatrics.co.uk/faq1/what-is-the-difference-between-my-clinical-supervisor-and-educational-supervisor/>

http://www.yorksandhumberdeanery.nhs.uk/trainers/faculty_and_administration/clinicaleducational_supervisors/

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