

Educational / Clinical Supervisors – Bath GP Training

Jan 2024

Frequently Asked Questions

The Working Week

- 1. How much structured educational time should I be providing for my ST3 doctor in training (DiT)?**

DiTs working solely in general practice (all ST3 and some ST1/2) get one session (four hours) of structured educational time per week if full time (pro rata if less than full time (LTFT)).

- 2. Is debrief time after surgery counted within the four hours structured educational time?**

No, debrief time after individual surgery is clinical, not structured educational time. In many cases structured educational time is delivered as a tutorial and / or joint surgery. The Associate in Training (AiT) committee have helped draft examples of what can be delivered during structured educational time - [The Working Week and the New Junior Doctor Contract - Primary Care](#)

- 3. Our practice / PCN has two ST1/2 DiT, can we deliver joint tutorials for them?**

Yes – so long as the structured educational provision meets the individual learning needs of the DiT, then it is acceptable to offer joint educational sessions such as tutorials. This can be now and then, or regularly, and include other GP DiT or allied health care professionals so long as the educational needs of the different learners can be addressed.

It would be beneficial for the DiT to still have access to regular individual, one to one, educational sessions with their named supervisor. This will help ensure that there is still scope to develop a close working relationship to ensure the DiT feels supported, valued and able to share concerns or issues if they were to arise.

Integrated Training Posts (ITP)

- 4. I have a full time DiT who is with me in the practice less than half the week as they are working in the hospital (on an integrated training post) and at teaching for the rest of their working week. How much structured education time should I be providing?**

DiTs doing Integrated Training Posts (ITP) are on a GP contract and so also get one session (four hours) of structured educational time per week if working full time (pro rata if not). This is usually delivered in primary care by the GP host surgery as the focus of ITP posts is on primary care learning and perspective.

If there is departmental teaching on a day they are working in the trust then they can (and should) attend, and the structured time in primary care reduced accordingly (e.g. departmental teaching for one hour each week would lead to a three hour structured education session in GP).

5. How can you justify asking our practice to deliver the volume of education required for ITP DiT given they are only in the practice for two days a week (pro rata if LTFT)?

ITP DiT attract a full trainers grant for the host GP practice, despite only being there for half of the clinical week. This is to reflect the fact that the GP surgery is considered the primary site of the placement, ensuring that their clinical experience during the post has a focus in primary care.

To ensure DiT get enough clinical exposure in primary care, we ask that each full time (FTE) DiT working an ITP rota will need to attend their GP practice for an additional two days per month, in lieu of non-GP clinical work (i.e. not Half Day Release (HDR) or private study time).

Clinical Supervisor Training

6. I am a newly qualified GP, how soon can I become a trainer?

GPs can become Clinical Supervisors (CS) one year post qualification. They can then choose to do further training to become an education supervisor (ES) three years post qualification.

Issues / Concerns

7. I am concerned about my DiT, who should I speak to?

There are many reasons you may be concerned about your doctor in training – this could be health or pastoral, performance or knowledge or other concerns. If you are the DiT's clinical supervisor the first person you should contact is the educational supervisor (you can find out who this is by asking the DiT or looking on their e-portfolio). If you are reaching out to the ES (or anyone else), we would encourage you to tell the DiT, and explain your concerns directly to them as well (or if communicating by email, copy them into the thread).

The other place you can get support is from your trainers' group and each of these has a link training programme director (TPD) for advice if required.

If you are the ES, or feel you need more support then each DiT also has a link Training Programme Director. The DiT will know who theirs is. Alternatively, you can look on the e-portfolio as the link TPD will usually have made an introductory entry near the start of ST1 in the educators notes. If this isn't clear the other option is to ask the Bath Administrator team (ruh-tr.gpadmin@nhs.net). The link TPD will then be able to advise on the next steps for the specific concern you have.

If you are reaching out to an ES / TPD then we would encourage you to document the concerns you have in the DiT e-portfolio. This can be as a reflective entry by the DiT, comment if about a specific case, or as an educators note. This is a supportive process and documentation is critical to ensure that the school of primary care can promptly offer additional support for the DiT to give them the best chance of successful progression through their training.

Approval / Reapproval

8. Our practice is due reapproval in the coming months but we don't yet have a date in the diary for this, when will it happen?

There has been a national directive to change the way we approve training practices since December 2022. As a result the 'old style' practice visits carried out by the Bath Educational Team (TPDs / APD) will no longer occur.

The new system is led by the training hub and will involve learning organisation approval. Learning organisations are grouped within the PCN and will be approved as suitable to host learners from all allied health care professions to include GP doctors in training and medical students. Those sites due (re)approval will be prioritised to be visited first, but there will be still delays as the new system gets embedded.

9. I am due my education supervisor reapproval visit but don't yet have a date for it, when will it happen?

The process for supervisor reapproval changed on 1st December 2022. Each supervisor is now asked to complete an annual return which focuses on peer review and demonstration of involvement in educationally relevant activities each year. This includes but is not limited to attendance at trainers conferences, engagement with trainers group and taking part in peer reapproval processes.

10. I have attended the Prospective Educational Supervisors Course, who will approve me as an education supervisor?

The process for initial approval as an education or clinical supervisor is still done by the Bath Educational Team (TPDs/APD). The visits will no longer be coordinated with site reapproval (see above) so it is likely that these visits will be a combination of virtual and face to face, depending on demands and schedules of the education team.

Educational Supervision

11. Are there any forms / documents I need to complete when I first meet my DiT as their educational supervisor (i.e. they are ST1, and will be joining me in ST3)?

There is no specific form for the initial meeting with your DiT. We would however encourage documentation of this meeting in one of two ways. The DiT can write a reflective entry, or you can write an educators note. During that meeting we would encourage you to find out about the DiT and a good tool to help with this is the Personalised Learning and Development Plan for Doctors in Training (PLDP DiT) - [PLDP](#) which they should complete and bring with them to the meeting. Further information can be found here - [PLDP FAQ](#)

12. My DiT wants to apply for study leave, do I need to be involved as their ES?

The study leave process was reviewed in 2021. There are now three categories of study leave and the initial discussion about whether a course meets the learning needs of the DiT and is suitable to apply for or not is with the Educational Supervisor.

The topic needs to be included in the DiT PDP as well as meeting the School of Primary Care criteria - [Study Leave for DiT - Primary Care](#). If there is uncertainty about the category, or you as an ES are unsure if there are comparable local courses available then the DiT should approach their link TPD for further discussion and guidance.

Once the ES agrees the application is suitable, the DiT needs to seek agreement from their rota coordinator and clinical supervisor if ST1 or ST2 before submission of an application to their link TPD and then the Accent study leave system for school approval.

13. I can't see anywhere to record that my DiT has completed out of hours GP work in their training, how do I do this?

In 2019 Out of Hours (OOH) GP training was changed, and rebadged Urgent and Unscheduled Care (UUSC). Like all other capability areas, this is now signed off based on demonstration of competencies, and not time spent in OOH setting. Even if they don't work in the OOH setting, it is up to the ES to assess whether or not the DiT has demonstrated the UUSC competency, as it is for all other areas. Full guidance, and clarity on how to document and assess this as the ES, can be found here – [UUSC - Severn Primary Care](#)

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Jan 2024 v2.1

Nov 2022 v1.2