

Educational / Clinical Supervisors – Bath GP Training

Details of the working week for WTE and LTFT can be found here:

[The Working Week and The New Junior Doctor Contract \(NJDC\) - Working across the South West](#)

E-portfolio Assessments and requirements for ARCP can be found here:

[RCGP WPBA Requirements and Other Evidence Summary and Tracker](#)

Frequently Asked Questions:

The Working Week

Q.1. How much structured educational time should I be providing for my ST3 GP Resident Doctor (RD)?

A. GP RDs 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)).

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

A. 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 \(NJDC\) - Working across the South West](#)

Q.3. Our practice / PCN has two ST1/2 GP RDs, can we deliver joint tutorials for them?

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

It would be beneficial for the GP RD to still have access to regular individual, one to one, educational sessions with their named supervisor (central guidance is minimum one four hour structured session every four weeks for full time doctors). This will help ensure that there is still scope to develop a close working relationship to ensure the GP RD feels supported, valued and able to share concerns or issues if they were to arise.

LTFT Working

Q.1. My GP RD wants to apply for LTFT hours, what do I need to consider before approving/supporting the application?

A. Each year there has been an increase in less than full time (LTFT) applications which has contributed to a high number of GP RD extending their completion date (CCT). The application

for LTFT requires the support of the RD's Educational Supervisor (ES) and Training Programme Director (TPD).

It is increasingly challenging for the Bath Educational Team (BET) to identify and allocate practice placements each August due to limited capacity across the patch because of approved LTFT working requests as well as doctors returning from OOPs and extensions awarded at ARCP.

Key Considerations Before Approval :

1. **Training Impact**
 - LTFT usually extends training, often into the ST3 placement where you supervise.
 - Extensions typically occur within the allocated ST3 practice.
2. **Capacity Assessment**
 - Confirm your practice can support the trainee for the full extended period.
 - Assume you will receive a new ST allocation each August; LTFT approval may mean supervising two trainees simultaneously.
3. **Practice Resources**
 - Check estates and supervision capacity for the entire training duration.
 - Approval indicates your practice can manage an overlap of trainees.
4. **Approval Implications**
 - If capacity is insufficient, you may decline the application.
 - Declining does not block LTFT approval but informs central decision-making.
5. **Alternative Options**
 - Trainee may reapply later if circumstances change.
 - Applications with exceptional mitigating factors can proceed without ES/TPD support; decisions will then be made centrally.

Integrated Training Posts (ITP)

Q.1. I have a full time GP RD 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?

A. GP RDs doing Integrated Training Posts (ITP) are on a GP contract and 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).

Q.2. How can you justify asking our practice to deliver the volume of education required for an ITP GP RD given they are only in the practice for two days a week (pro rata if LTFT)?

A. ITP GP RDs 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 a GP RD gets enough clinical exposure in primary care, we ask that each full time (WTE) GP RD 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 HDR or private study time).

An ITP Working Week WTE & LTFT 80% document can be found at [Supervisors - Bath GP Training Scheme](#)

UUSC/OOHs

Q.1. I can't see anywhere to record that my GP RD has completed out of hours GP work in their training, how do I do this?

A. 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 the GP RD 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 – [How to achieve your UUSC Competency - Working across the South West](#)

Attendance at teaching and housekeeping rules:

Q.1. What does my RD do on a Wednesday when there is no scheduled teaching, or they no longer attend GP teaching?

A. When part of a teaching group, RDs must attend all scheduled Wednesday teaching sessions. If there is no scheduled teaching, or the RD no longer attends regular GP teaching (for example, due to an extension or LTFT arrangement):

- The RD should organise a self-directed learning activity or event aligned with their PDP.
- A reflective learning log entry should be completed, as this counts towards their study leave allowance.
- When not attending scheduled teaching, the RD and practice can agree on another education day if Wednesdays are no longer suitable, provided that time is made available on Wednesdays when Topic Teaching or BGPert sessions occur.
- If a scheduled teaching event runs for a full day, the trainee may take two sessions of external teaching that week and none the following week, allowing for two sessions of private study instead.

A punctuality flowchart has been created to help with persistent lateness to teaching sessions. [Supervisors - Bath GP Training Scheme](#)

Q.2. What happens if my RD has a pre-planned appointment on a Wednesday?

A. Important Information shared with the RDs:

Wednesdays During Core GP or ITP Placements:

As part of your GP Practice contract, all leave and absences, including

Wednesdays, must be agreed with and recorded by your Practice. Wednesday Half Day

Release (HDR) is contracted salaried time and forms part of your working week. You are expected to participate in work-related activities during this time. If there is no scheduled teaching via TPDs or EPO, you should undertake independent learning and be able to evidence this - typically with an entry in your ePortfolio.

If you have a pre-planned appointment or are unable to complete your planned educational activity please:

- Inform your Practice of your absence.
- Discuss with your Clinical Supervisor/Educational Supervisor and Practice Manager whether you will take annual leave, sick leave, unpaid leave, or TOIL (Time Off In Lieu).
- If TOIL is agreed, please arrange with your Practice how you will make up the missed educational/independent learning time.

It's essential to let the GP office know if you are unable to attend teaching regardless of the reason / type of leave being taken or if you cannot complete educational activities on this day. This ensures your time out of training is recorded accurately and avoids potential issues around CCT. For any absence other than annual leave, please complete and return a change form to the GP office. Annual leave does not need to be recorded on the change form, as this should be logged within your Practice.

Issues / Concerns

Q.1. I am concerned about my GP RD, who should I speak to?

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

Q.2. I am concerned that my GP RD is not going to be ready to CCT by their planned CCT date.

A. If you notice a GP RD is struggling, after sharing your concerns with them contact their Link TPD as early as possible (including the RD in the contact) to discuss support options. Document concerns in their educator notes. Extensions to training are only given in exceptional cases and should not be expected as routine. Support should be offered by the practice, Bath Educational Team and centrally (e.g. via SPEX) when concerns are first identified with the intention of CCT at the allocated time – with extension being more likely to be considered if there has been full engagement in the support that has already been offered.

Q.3. Prolonged Absence - My GP RD is going to be off sick or absent for another reason for more than 3 months. What do I need to do?

A. Where an absence is planned (e.g. parental leave), the ES should offer a pre-absence meeting. Please document this in the Educator Notes. This fact sheet provides details of the aims and content of the meeting: [PreAbsence-Factsheet-SuppoRTT-Plan.docx](#)

During the meeting, please discuss your RD's preferences for contact during the period of absence. Would they like regular contact, and if so how often and in what form?

If the absence is unplanned, we would advise that you make brief contact, offering support and further planned contact if the RD wishes.

Please arrange a pre-return meeting before your RD returns from prolonged absence. This fact sheet provides details of the aims and content of the meeting. Again, please document in Educator Notes: [PreReturn-Factsheet-SuppoRTT-Plan.docx](#)

If you are the CS, you may wish to offer the RD contact and support during a prolonged absence if appropriate.

Information on the Supported Return to Work Programme can be found at:

[SuppoRTT - Working across the South West](#)

Educational Supervision:

Q.1. Are there any forms / documents I need to complete when I first meet my GP RD as their educational supervisor (i.e. they are ST1, and will be joining me in ST3)?

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

Q.2. My GP RD wants to apply for study leave, do I need to be involved as their ES?

A. The study leave process was reviewed in 2021. There are two categories of study leave and the initial discussion about whether a course meets the learning needs of the GP RD and is suitable to apply for or not is with the Educational Supervisor. The topic needs to be included in the GP RDs PDP as well as meeting the School of Primary Care criteria - [Study Leave Guidance - Working across the South West](#)

If there is uncertainty about the category, or you as an ES are unsure if there are comparable local courses available then the GP RD should approach their Link TPD for further discussion and guidance. Once the ES agrees the application is suitable, the GP RD needs to seek agreement from their rota coordinator and clinical supervisor if ST1 or ST2 before submission of the application via the Accent study leave system.

Q.3. How many sessions is my ST1 or ST2 RD expected to attend the practice? Do I, the ES, need to be present?

A. The requirement for ST1 and ST2 RDs to visit their future ST3 practice has recently been reduced. For those in a GP post, the expectation is 3 sessions per 6-month placement. For those in a hospital post, the requirement remains 5 sessions per 6-month placement. Visits should always be arranged well in advance, ideally coinciding with the 6-month review and annual ESR meetings. You do not need to be present for every visit, as the main purpose is for the trainee to become familiar with the practice environment in preparation for their ST3 placement.

Clinical Supervisor Training

Q.1. I am a newly qualified GP; how soon can I become a trainer?

A. 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. If agreed with the AD, the attendance at training can occur earlier than this timescale so that the first RD is allocated at the earliest opportunity.

Fallow Periods for Supervisors

Q.1. Can I request to be fallow from supervising resident doctors?

A. Yes, Supervisors can request to be fallow from resident doctors for a period of time if there are extenuating circumstances; the GP team are keen to support the needs of the supervisor and practice during challenging times.

However, due to the lack of training capacity across the SW Deanery the GP School are looking closely at the data on TIS (Trainee Information System used by the GP School and Lead Employer for all trainees and training posts) to see who is an approved supervisor without a resident doctor in post, and therefore a new resident doctor will be allocated.

Approval / Re-approval:

Q.1. 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?

A. 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.

Q.2. I am due my education supervisor reapproval visit but don't yet have a date for it, when will it happen?

A. 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. You will be contacted by the GP office when your 3 yearly approval visit is due; you are then responsible for arranging your review with one of your peers.

Q.3. I have attended the Prospective Educational Supervisors Course, who will approve me as an educational supervisor?

A. The process for initial approval as an educational 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.

Helping trainees with preparation for exams

RESOURCES TO HELP YOU AND YOUR GPR PREPARE FOR AKT:

RCGP AKT page, including information on preparing for the exam, marking and resource for trainers. There are also the previous AKT examiner reports which can be helpful to identify areas they may focus on for future examinations: [Applied Knowledge Test](#)

Primary Care Knowledge Boost Podcast on preparing for the AKT: [Preparing for the AKT exam | Primary Care Knowledge Boost](#)

Or

ACE GP training podcast – “How to start preparing for the AKT”

The local SPEX AKT page has some useful information about preparing for the exam, thinking about exam technique. [SPEX AKT - Severn Primary Care](#)

Preparation courses: [MRCGP courses](#)

Helpful points to discuss with your trainee:

- Do you and they think they are ready to take the exam?
- Where and when do they work best and try and focus study at these times.
- Making sure to recap at the end of session/ end of day, and at several interval points in the days/ weeks afterwards will help commit learning to long term memory.
- Exam technique-
 - Consider timing in the exam, how long for each question.
 - If you are taking too long to get the answer, flag and move on.
 - Cover the answers when you read the question and if your answer is there as an option, select and move on.
 - Unsure of the answer, start to narrow down the options.
 - Do not change your answer unless you have a light bulb moment as your first response is most likely correct.

As part of the training scheme we have an examination preparation day in the summer for ST1/2 which covers AKT. We also arrange a facilitated study session 6-8 weeks before each exam for those taking the upcoming exam with one of the TPDs. We share any useful learning, as well as reviewing exam technique and study skills. This can be a helpful time to form study groups or support learning together. Please encourage your trainees to join this session.

Our educational associates have also put on some regular AKT revision sessions in the past.

RESOURCES TO HELP YOU AND YOUR GP RESIDENT PREPARE FOR SCA:

RCGP SCA page, including information on preparing for the exam, marking and Webinars for supervisors: [Simulated Consultation Assessment \(SCA\)](#)

For previously unsuccessful candidates, there is specific advice on responding to feedback statements at: [Feedback statements for the SCA](#)

Primary Care Knowledge Boost Podcast on preparing for the SCA: [Tips to Pass the SCA for GP Trainees | Primary Care Knowledge Boost](#)

We use the North West Consultation Toolkit for consultation skills teaching throughout the Bath GP training programme. This includes a consultation model and numerous resources for improving skills: [North West Consultation Toolkit v2.6](#)

Consultation skills digital resources available free at TALC (Teaching and Learning Consultation Skills): [Consultation Skills](#)

We encourage our GP Residents to form practice groups for SCA and to practice on video call in order to replicate the conditions of the exam as much as possible.

Preparation courses: [MRCGP courses](#)

As a Bath scheme we run two exam preparation days per year, one in the summer for ST1/2 and one in the autumn for ST3.

Ali Hutchings, Bath APD

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