**APPROVAL AND REAPPROVAL REPORT FOR WESSEX GP CLINICAL SUPERVISORS**

***This form will be sent to you for completion by your Patch Office. The information provided within this form will be treated as private and confidential.***

***The GP applying for approval or re-approval must complete the white sections of the form and return it, with supporting evidence, to the Patch Office at least two weeks before the agreed date of the GP Clinical Supervisor Visit. You can email or post the completed form to the Patch Office.***

***The sections highlighted in blue are to be completed by the Lead Visitor following your visit.***

***GMC training standards are referenced throughout the form within ‘GMC Domain’ in the right hand column.***

***Appendix A: Patch Contact Details***

***Appendix B: GMC Training Standards (see GMC Domain in right hand column)***

***Appendix C:* Approval/Re-approval Process for GP Foundation Supervisors**

***Appendix D: Clinical Supervisor Courses***

***Appendix E: Roles & Responsibilities of a Clinical Supervisor***

***Section One: Applicant’s Details***

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| ***Item*** | ***Applicant’s Details*** | | | | | | | | | | | | | | | | | | ***GMC Domain*** | |
| *1.1* | *Applicant’s Name*  *(full name and known as )* | | | | |  | | | | | | | | | | | | | *GI* | |
| *1.2* | *GMC Number* | | | | |  | | | | | | | | | | | | | *GI* | |
| *1.3* | *Practice Name and Address* | | | | |  | | | | | | | | | | | | | *GI* | |
| *1.4* | *Practice NACS Code*  *(e.g. J12345)* | | | | |  | | |  | | *Programme* | | |  | | | | | *GI* | |
| ***SECTION 1 VISITOR COMMENTS:*** | | | | | | | | | | | | | | | | | | | |
| *Date of Visit:*  *Visitors and roles:* | | | | | |  | | | | | | | | | | | | *GI* | |
| *Other Practice members seen at visit (if any):* | | | | | |  | | | | | | | | | | | | *GI* | |
| *a) Previous Areas for Development / Agreed Actions (from last report)* | | | | | |  | | | | | | | | | | | | *a/b/c/d/*  *e/f/g* | |
| *b) Highlights* | | | | | |  | | | | | | | | | | | | *GI* | |
| *c) Current Areas for Development / Agreed Action* | | | | | |  | | | | | | | | | | | | *a/b/c/d/*  *e/f/g* | |
| ***Clinical Supervisor Approval:***  *(See Appendix A)* | | *1* | *First Approval:*  *One Training Year* | | | | |  | | | | *2* | *Reapproval*  *(4 years)* | | |  | | | | |
| *3* | *Conditions (6m-1 year)* | | | | |  | | | | *4* | *Withdrawal of Approval* | | |  | | | | |
| *Patch Associate Dean* | | | | | *Name: Date:* | | | | | | | | | | | | | | |
| *Report Approved by GP-STC* | | | | | *Dr Rachel Elliott*  *Head of School of Primary Care, Health Education Wessex*  *Date:* | | | | | | | | | | | | | | |
| ***ADMIN SECTION to be completed by Patch Office\* and Wessex GP School \*\*:*** | | | | | | | | | | | | | | | | | | | | |
| *\*Clinical Supervisor Course Attendance Date & Certificate provided?* | | | | *\*E&D Date & Certificate provided?* | | | *\*\*Date Intrepid updated?* | | | *\*\*Date approval email sent* | | | | | *\*\*Date QA informed* | | *\*\*Date SLA received* | | | |

***Section One: Applicant’s Details, continued***

|  |  |  |  |
| --- | --- | --- | --- |
| ***Item*** | ***Applicant’s Details*** | | ***GMC Domain*** |
| *1.5* | *Applicant’s contact email address* |  | *GI* |
| *1.6* | *Applicant’s mobile number (optional)* |  | *GI* |
| *1.7* | *Date joined practice (minimum 1 year)* |  | *GI* |
| *1.8* | *Please list your professional qualifications* |  | *GI* |
| *1.9* | *Summary of clinical supervisor related CPD in the last 3 years either written here, or attach any record you have.* |  | *f / g* |
| *1.10* | *Dates of most recent Foundation Clinical Supervisors / Refresher or Trainers Course.*  ***Please provide copies of any certificates of attendance with your application form*** |  | *f / g* |
| *1.11* | *Date of Equality and Diversity training, to be completed no more than 3 months prior to your visit*  *(*[HEW Guidance on E&D](http://www.wessexdeanery.nhs.uk/gp__primary_care/resources_and_information/gp_trainer_approval.aspx)*)*  ***Please provide a copy of the certificate of completion with your application form*** |  | *b / g* |
| *1.12* | *Please state the number of sessions/hours you work in the GP Practice including any tutorial sessions*  *(*note you should available in the Practice for at least 6 sessions per week)[[1]](#footnote-1) | |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | |  | *Mon* | *Tues* | *Wed* | *Thurs* | *Fri* | | *AM* |  |  |  |  |  | | *PM* |  |  |  |  |  | | *b* |
| *1.13* | *Please indicate other professional activities undertaken outside your practice* | |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | |  | *Mon* | *Tues* | *Wed* | *Thurs* | *Fri* | | *AM* |  |  |  |  |  | | *PM* |  |  |  |  |  | | *b* |
| *1.14* | *Please enclose your trainee training timetable (including time allocated to CPD sessions). NB for approval visit please include proposed timetable* | |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | |  | *Mon* | *Tues* | *Wed* | *Thurs* | *Fri* | | *AM* |  |  |  |  |  | | *PM* |  |  |  |  |  | | *GI* |
| *1.15* | *Please declare any issues regarding health that might impact on your role as a clinical supervisor* |  | *f* |
| *1.16* | *Please declare any convictions that might have an impact on your role as a GP and clinical supervisor* |  | *f* |
| *1.17* | *Please declare any current or past GMC investigations which might have an impact on your role as a GP and clinical supervisor* |  | *f* |
| *1.18* | *Please provide the following dates:*  *a) Your last appraisal*  *b) Your revalidation* |  | *g* |
| ***SECTION 1 VISITOR COMMENTS:*** *(short comment if required only)* | | | |

***Section 2: Clinical Supervisor/CPD Development***

|  |  |  |  |
| --- | --- | --- | --- |
| ***Item*** | ***Clinical Supervisor CPD/Development*** | | ***GMC Domain*** |
| *2.1* | *Dates of last approval / reapproval visit (if applicable)* |  | *GI* |
| *2.2* | *How has feedback on previous visits informed the development of*   1. *Your CPD, and* 2. *Your practice as a learning environment?* |  | *a) f / g*  *b) a / b* |
| *2.3* | *Please describe how you engage with:*   1. *Preparation for teaching;* 2. *Reflection on teaching;* 3. *Reflection on significant events.* |  | *a) b*  *b) b / c / e*  *c) g*  *d) f / g* |
| *2.4* | *Please give details about how you invite feedback from trainees about training in your practice.* |  | *c / f / g* |
| *2.5* | *What kind of educational techniques, skills and approaches do you use / plan to use?* |  | *b / c* |
| *2.6* | *Please describe your tutorial and teaching process* |  | *a / b / c* |
| *2.7* | *How supportive is your practice to training?* |  | *b* |
| ***SECTION 2 VISITOR COMMENTS:*** *(short comment if required only)* | | | |

***Section 3: The Trainee***

***NB: To be completed by prospective and current clinical supervisors***

|  |  |  |  |
| --- | --- | --- | --- |
| ***Item Number*** | ***Trainee*** | | ***GMC Domain*** |
| *3.1* | *Please give details of the induction process for trainees* |  | *a / b* |
| *3.2* | *What arrangements are in place to ensure continuity of education, support and supervision in the event of the clinical supervisor’s absence?* |  | *a / b* |
| *3.3* | *Which learning set does your trainee attend and how do they report back details of what has been covered?* |  | *GI* |
| *3.4* | *How will you monitor your trainee’s progress in meeting his/her learning objectives?* |  | *d* |
| *3.5* | *Who is your contact should you have concerns about your trainee?* |  | *e* |
| *3.6* | *Describe how your trainee will gain insight into practice management (e.g. by attending practice meetings)*  *What contact do you have if any with the hospital FPD in relation to training F2s?* |  | *e* |
| *3.7* | *How do you review your trainee’s prescribing?* |  | *d* |
| *3.8* | *Describe how other members of the primary healthcare team are involved in training* |  | *b* |
| *3.9* | *How do you monitor your trainee’s use of the e- portfolio? NB you are not expected to review entries for foundation doctors as a clinical supervisor* |  | *d* |
| ***SECTION 3 TRAINEE FEEDBACK:*** *(Please confirm whether face to face or collated through end of rotation paperwork)****:*** | | | |
| ***VISITOR COMMENTS:*** *(short comment if required only)* | | | |

***Section 4: The Practice Details – To be completed by the Practice Manager***

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| ***Item Number*** | ***Practice Details*** | | | ***GMC Domain*** |
| *4.1* | *Practice Manager* |  | *GI* | |
| *4.2* | *i) Practice Manager telephone (ideally direct line)*  *ii) Practice Manager email* |  | *GI* | |
| *4.3* | *Details of other doctors in practice* |  | *GI* | |
| *4.4* | *Does the trainee practice at the branch surgery for 2 sessions or more in a week? If so, please supply branch surgery detail* |  | *a / b* | |
| *4.5* | *Practice List size* |  | *GI* | |
| *4.6* | *Is your Practice CQC compliant?* | *Yes No* | *b* | |
| *4.7* | *Please detail the additional services provided by the practice* |  | *b* | |
| *4.8* | *Please outline any recent significant changes in the practice and planned future developments* |  | *GI* | |
| *4.9* | *Can your practice provide for trainees with disabilities or other exceptional needs?* |  | *GI* | |
| *4.10* | *Please outline the provision made for the trainee to consult in the surgery[[2]](#footnote-2)* |  |  | |
| *4.11* | *Please outline the equipment available to the trainee*  *(NB the practice must provide a bag and basic equipment for the F2 doctor to use in the Practice)* |  |  | |
| ***SECTION 4 VISITOR COMMENTS:*** *(short comment if required only)* | | | | |

*Please do not print off the appendices when submitting your application form.*

**APPENDIX A**

All enquiries should go to your patch office. The office websites are as follows:

| **Dorset** | **Mid-Wessex** | **Portsmouth** | **Southampton** |
| --- | --- | --- | --- |
| **Website:**  <http://dorsetgpcentre.com/> | **Website:**  <http://mwgpe.co.uk/> | **Website:**  <http://www.gpeducation-portsmouth.co.uk/> | **Website:**  <http://www.gpeducation.org.uk/> |

Contacts for Health Education Wessex (formerly Wessex Deanery – website to be updated) as well as any trainee / clinical supervisor resources can all be found within the website: <http://www.wessexdeanery.nhs.uk/>

**APPENDIX B**

**GMC Guidelines for GP Clinical Supervisors:**

*This form has been designed to take into consideration the GMC guidelines for GP Clinical Supervisors and you will see a column at the side of each area which contains a number. This is the GMC domain number this area refers to. The following are the numbers and their descriptions.*

|  |  |
| --- | --- |
| ***GMC Domain*** | ***Description*** |
| ***a*** | Ensuring safe and effective patient care through training |
| ***b*** | Establishing and maintaining an environment for learning |
| ***c*** | Teaching and facilitating learning |
| ***d*** | Enhancing learning through assessment |
| ***e*** | Supporting and monitoring educational progress |
| ***f*** | Guiding personal and professional development |
| ***g*** | Continuing professional development as an educator |
| ***GI*** | *General Information* |

*If you would like further information regarding these GMC Domains please go to their website*

[*http://www.gmc-uk.org/education/10264.asp#Standards*](http://www.gmc-uk.org/education/10264.asp#Standards)

**APPENDIX C**

**Approval Process for GP clinical supervisor:**

**Provisional / First Approval Process**

1. Prospective clinical supervisor contacts their Patch Office to register their interest and check suitability
2. Prospective clinical supervisor completes Foundation Clinical Supervisors Course (2 half days at the Deanery)
3. Prospective clinical supervisor ensures Equality and Diversity certificate obtained dated within 3 months of proposed visit
4. Prospective clinical supervisor completes approval form, which is sent in to Patch Office in anticipation of visit
5. Practice visit completed by Patch Office
6. Support for training form signed by all GP partners in practice handed to lead visitor during visit
7. Patch office submits visit report to the Deanery, at the latest 1 week before Scrutiny Panel Visit
8. Recommendations ratified / modified by STC and approval issued
9. The HEW GP School Administrator will issue an approval email, copying in the practice manager and Patch Office informing the clinical supervisor of their approval.

Supervisor approval visits have the following characteristics.

1. Require the potential supervisor to complete a self-assessment against defined criteria
2. Last for approximately 1-1.5 hours
3. Require the potential clinical supervisor for that time and also for the practice manager to join us for 20-30 minutes.
4. The visit itself will assess the new supervisor, and the educational environment of the practice using the current training criteria. The new supervisor will have provided a self-assessment and will provide some supporting information for the visitors to view. When present, the practice manager will consider the areas highlighted for their purpose in the criteria and with the practice’s manager. The lead visitor will interview the new supervisor.
5. A report will follow the visit and either a recommendation for appointment as supervisor or deferment with recommendations for further action needed to acquire this status.
6. After one year, (usually) there will be a first follow-up visit. The focus of this will be to discuss experience over the year, including successes and problems. The discussion again will be around the formal criteria, but a full self-assessment will not be required – only an updating of the original information. It would be useful to discuss the actual experience and supporting information (e.g. the trainee’s weekly timetable, any e-portfolio work) would be necessary.
7. Once again, a report following this will be required. This will be usually to recommend continuing training and a formal re-approval will be required in three further years.
8. It is the responsibility of the lead visitor to complete the visit report. This will be completed within 2 weeks of the visit.

The Approval visit

The visitor will need a short meeting at the beginning to:

* Introduce themselves where necessary
* Discuss any specific issues the visit will need to address

The tour of the building is intended to:

* Gain an overview of the clinical and non-clinical areas
* Assess the accommodation relevant to any forthcoming trainees
* Gain a feel for the atmosphere or culture of the organisation

The meeting with the prospective supervisor is intended to:

* Be an opportunity for the lead and the new supervisor to discuss the self-assessment questionnaire
  + It is not necessary to work through the questionnaire item by item as it is more useful to concentrate on items that are valuable to discuss
    - Induction timetables
    - Weekly timetables
    - Protected time for supervisor and trainee
    - Knowledge of WPBA
    - Knowledge of the foundation e-Portfolio
    - Previous training experience
    - CPD as a supervisor
    - Quality control procedures
    - Aspirations
    - Knowledge of role of the deanery
    - Role of the Foundation School
  + Ensure that the new supervisor is aware of the role and schedule of re-approvals in the future
  + Review any other supporting information the new supervisor wishes to submit

The meeting with the practice manager is intended to:

* Cover the areas of the training criteria relevant to management
* Give the opportunity for the practice manager to demonstrate knowledge of the employment aspects of foundation training status
* Give the opportunity for support and sharing of ideas for the practice managers
* Usually to look at practice material such as protocols, audits and audit timetables, physical educational resources and aspects of the practice accommodation

The meeting with any current trainee (if present) is intended to:

* Triangulate feedback
* Give the opportunity for the trainee to be involved in the practice assessment
* Give an overview of the experience of being in the practice:
  + Experience of support in the practice
  + Satisfaction with support for WPBA
  + Experience of induction
  + Satisfaction with educational resources
  + Satisfaction with protected time
  + Satisfaction with educational and clinical supervision

When the visitor has obtained all the information they need to make their conclusions about the supervisor and the practice, they should meet to summarise their findings and their recommendations. What is to go into the report is made clear and agreed at this stage. The visitor meets the supervisor and the practice manager to deliver their findings and discuss their recommendations prior to the end of the visit.

**First Reapproval**

1. Clinical supervisor completes application form for reapproval and submits to Patch Office.
2. Clinical supervisor is visited in the practice, and a reapproval visit form completed by the visiting team.
3. Support for training form signed by all GP partners in practice handed to lead visitor during visit
4. Patch office submits visit report to the Deanery, at the latest 1 week before Scrutiny Panel
5. Visit recommendations ratified / modified by STC and approval issued, as follows:
   * + - 1. Full 4 year reapproval
         2. 6m to 1 year reapproval, with conditions to be met within timeframe
         3. Reapproval denied

5. It is the clinical supervisor’s responsibility to ensure they have completed an online Equality and Diversity certificate every 3 years.

6. The HEW GP School Administrator will issue an approval email, copying in the practice manager and Patch Office informing the clinical supervisor of their approval.

**Further Reapprovals**

1. Clinical supervisor completes application form for reapproval, sent to Patch Office
2. It is the clinical supervisor’s responsibility to attend the Foundation Clinical Supervisor Refresher Course (1 x half day deanery course) and to complete the online Equality and Diversity certificate every 3 years. The latest dates for both must be provided on the reapproval form, which the clinical supervisor submits to the patch office. If this has not been completed, the Patch Office need to flag this up to the visiting team.
3. Clinical supervisor is visited in the practice, and a reapproval visit form completed by the visiting team.
4. Support for training form signed by all GP partners in practice handed to lead visitor during visit.
5. Patch office submits visit report to the Deanery, at the latest 1 week before Scrutiny Panel.
6. Visit recommendations ratified / modified by STC and reapproval issued, as follows:
   * + - 1. Full 4 year reapproval
         2. 6m to 1 year reapproval, with conditions to be met within timeframe
         3. Reapproval denied

6. The HEW GP School Administrator will issue an approval email, copying in the practice manager and Patch Office informing the clinical supervisor of their approval.

Triggered visits/assessments

* These will fall outside the regular schedule.
* Any number of things that might occur would suggest that training needs to be assessed in a practice. As such, it is impossible to specify them all. The lead visitor will normally assume that any re-approval cycle will be as decided at a previous assessment. Any concerns in between are to be raised by the locality programme, usually by programme directors.
* Concerns would usually fall into the following categories with some examples. A judgement will usually be required as to the level of concern and once again, if there is any uncertainty as to the right approach, the default will be to visit
* Supervisor issues:
  + Illness or other significant absence
  + Failure to engage in supervisor CPD or locality programme support.
  + Poor trainee feedback
  + GMC matter
  + Soft concerns from the locality programme
* Practice issues:
  + Significant personnel changes
  + New practice manager
  + Building problems
  + Change of premises

Assessments of more than one supervisor in a practice

We require a separate form for each person to be approved. It is entirely acceptable however for information between application forms to be duplicated. This is particularly in the information which pertains predominantly to the practice.

**Chairman’s Action**

This occurs when approval is required before the STC meets in order to allow a trainee placement.

The process is the same as any other approval; a practice visit will take place, the report sent in to the GP School administrator, but then the STC Chairman (Director of Primary Care Education and Head of GP School) will issue a Chair’s approval without being able to consult the Scrutiny Panel and STC.

The visit report will then be submitted to the next Scrutiny Panel and STC for ratification where further approval / conditions will be issued by the HEW GP School administrator.

**6m-1year Reapproval with conditions, to be extended to full reapproval when conditions met**

1. The clinical supervisor will be informed of the conditions to be met within an approval email from Deanery.
2. Once the clinical supervisor has met these conditions (e.g. attended ETC, completed E&D questionnaire, had a satisfactory practice visit), evidence must be supplied to the Patch Office.
3. The Patch Office completes an extension form, to be submitted to the Deanery at the latest 1 week before the Scrutiny Panel.
4. Whatever time remains of a full reapproval (e.g. 3.5 years) will be ratified at the STC and the extension issued, from the date of the STC.

**Extensions to approvals**

1. If the Patch office has been unable to visit the practice in time for the STC, or a provisional clinical supervisor has not been able to complete a full training year within the 2 year approval, or to bring approval dates in line with other trainers within the practice, approval extensions can be issued.
2. The Patch Office complete an extension form clearly stating the reason for the extension and the date to be extended to (always the last day of the month of the relevant STC), and send in the Deanery
3. The Deanery issue an approval extension email to the clinical supervisor, copying in the practice manager and Patch Office.

**Retirements / Resignations**

1. The clinical supervisor informs the patch office/AD of intended date of resignation/retirement and from exactly which roles the clinical supervisor will be stepping down from, as well as reasons for retirement.
2. The Patch Office issues a retirement form, to be submitted to the Deanery at the latest 2 weeks before the STC.
3. The Head of the GP School writes a letter to the clinical supervisor.

Further information about this appendix:

1. This document is derived from the GMC publication, ‘The Trainee Doctor’ which can be found at <http://www.gmc-uk.org/Trainee_Doctor.pdf_39274940.pdf> - domains 4 and 9 of this document are not a practice responsibility and are therefore omitted from this criteria document

**APPENDIX D**

**Foundation Supervisor Courses**

The Foundation Supervisor and Foundation Supervisor refresher course in Wessex are all organised by the Courses and Conferences Centre at Southern House, Otterbourne near Winchester, the home of Health Education Wessex (HEW). HEW clinical supervisors can attend courses anywhere, but those attended in Otterbourne are free of charge to HEW clinical supervisors. You can view when courses are available and book online on the Courses and Conferences Centre website here:

<https://secure.intrepidonline.co.uk/CourseManager/NESC/sys_Pages/MainMenu/MainMenu.aspx?ReturnUrl=%2fCOURSEMANAGER%2fNESC%2fsys_Pages%2fCommon%2fLogin.aspx>

**Equality and Diversity Course**

Guidelines on gaining Equality and Diversity certification can be found on the HEW website, here:

<http://www.wessexdeanery.nhs.uk/gp__primary_care/resources_and_information/gp_trainer_approval.aspx>

(Within Primary Care, Resources and Information, click on ‘GP Trainer approval and reapproval Guidelines’ and it’s the first entry ‘Equality and Diversity training resources 2014’)

**APPENDIX E: Roles & Responsibilities of a Clinical Supervisor**

**For every placement** - the doctor must have a named clinical supervisor and the trainee should be informed in writing of this. In some instances this will be the same person as the educational supervisor. Both roles then should be clearly understood.

**All clinical supervisors:**

1. Should be involved with teaching and training the trainee in the workplace and should help with both professional and personal development.
2. Must offer a level of supervision of clinical activity appropriate to the competence and experience of the individual trainee; no trainee should be required to assume responsibility for or perform clinical, operative or other techniques in which they have insufficient experience and expertise; trainees should only perform tasks without direct supervision when the supervisor is satisfied regarding their competence so to do; both trainee and supervisor should at all times be aware of their direct responsibilities for the safety of patients in their care.
3. Support the trainee in various ways:

• direct supervision, in the operating theatre, the ward or the consulting room

• close but not direct supervision, eg. in the theatre suite, in the next door room, reviewing cases and process during and/or after a session

• regular discussions, review of cases and feedback

He/she may delegate some supervision to consultant colleagues, specialty trainees, appropriately experienced non-consultant career grade doctors and other healthcare professionals such as advanced nurse practitioners etc.

1. Organise specialty induction – to include:

• Introduction to the clinical department - duties of the post, any particular responsibilities, departmental meetings and senior cover*.*

• Role of the multidisciplinary team that covers out of hours to ensure safe and effective clinical care at night and weekends - cross-specialty induction when cross-cover required, bleep policies, managed hand-over, clear team understanding of individual competencies and safe supervision etc.

• Agreeing specific and realistic specialty learning objectives appropriate to the level of the individual trainee

1. Must meet the trainee before or within a week of starting the placement, establish supportive

relationship and agree a learning plan,

1. Provide regular review during the placement both formally and informally to ensure that the trainee is obtaining the necessary experience, including supervised experience in practical procedures and to give constructive feedback on performance at least twice in the 3 month post.
2. Perform and oversee the work-based assessments detailed in the Portfolio.
3. Encourage trainee’s attendance at formal education sessions
4. Ensure a suitable timetable to allow completion of all requirements of the specific curriculum.

**All Clinical Supervisors**

1. Must have prepared themselves adequately for the role, be familiar with the relevant training
2. Curriculum and the specialty specific learning objectives.
3. Should be members of the Dept Faculty Group (see <http://www.gmc-uk.org/Final_Appendix_6__Terms_of_Reference_Department_Faculty_Group.pdf_53817451.pdf> ) and inform other members of the faculty about their role regarding supporting the trainees’ learning & providing clinical supervision.
4. Are responsible for ensuring that relevant information about progress and performance is made available to the educational supervisor towards the end of the placement to inform the end of placement appraisal and the Educational Supervisors report for the ARCP.
5. Are responsible for creating a learning environment in the workplace to enable positive and constructive feedback to the trainee from the multi-professional team and the collation of such evidence, particularly in situations where the team may be more able to observe the performance of the trainee than the consultant
6. Are responsible for informing the Educational Supervisor should the performance of any individual trainee give rise to concern.

Taken from NACT UK – GMC guidelines

<http://www.gmc-uk.org/Final_Appendix_2___Roles_of_Supervisors.pdf_53817452.pdf>

1. A GP CS should ideally be in clinical practice for 6 sessions a week (>50% FY2 working week) of which at least 75% must overlap with the trainee. However, the minimum requirement is 4 clinical sessions, if already working in a an established training practice. NB. Suitable arrangements for adequately qualified clinical supervision must be made when the named Clinical Supervisor is absent. [↑](#footnote-ref-1)
2. # The foundation doctor does not necessarily require his or her own room. They do require at least storage space, access to diagnostic equipment and should ideally consult in the same room for most of the time.

   [↑](#footnote-ref-2)