# Clinical Supervisor Handbook

**Notes for Hospital Clinical Supervision of GPSRs.**

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**Introduction**

There are approximately 1300 GP Registrars (GPRs) currently in the Scotland Deanery GP training programme. This handbook is to provide information to Hospital Clinical Supervisors who are supervising GPRs. More information can be found on the RCGP and Turas websites.

**What is a Clinical Supervisor?**

A Clinical Supervisor (CS) is usually a consultant to whom a GPR1/2 is attached throughout a non-primary care post. The CS has a direct login access to the registrar e-portfolio (Fourteen Fish).
A CS must be accredited through the local DME, including attending appropriate CS training (usually TDC courses in Scotland Trainer Development Collaborative (TDC) | Turas | Learn ).
It is the GPR's responsibility to inform the deanery admin team who their CS is or update their e-portfolio directly.
A GPR will have a different CS for each hospital post but usually retains the same GP Educational Supervisor throughout training.

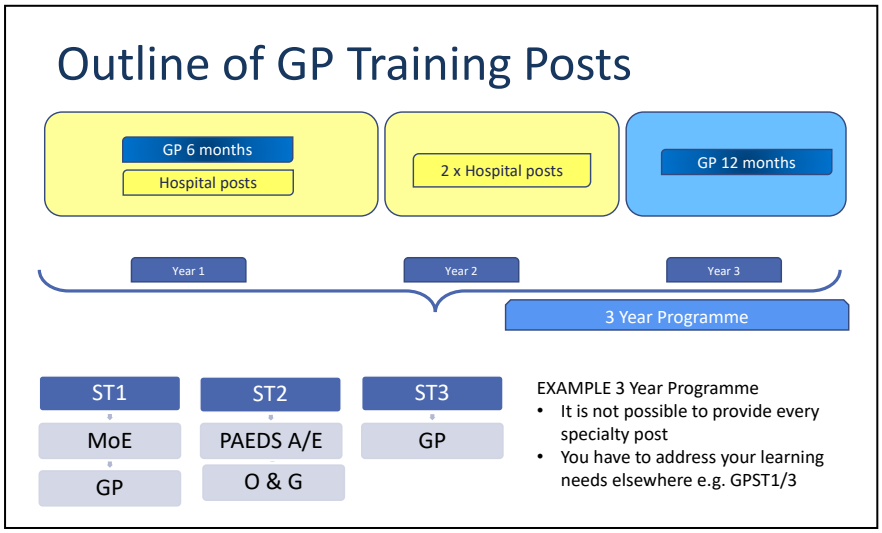
**What is the FourteenFish E-portfolio?**

The FourteenFish Trainee ePortfolio (14F) is an easy-to-use system which allows GPRs to document their learning throughout the entire training programme, in both hospital and primary care posts. 14F enables supervisors to record assessments and review the GPRs entries and progress.

All supervisors should be registered for the 14F platform to gain access to it. (www.fourteenfish.com). The evidence on 14F is central to the ARCP assessment process.

**GP Training Programme**

The GP training programme will usually include three years of approved clinical training, or the equivalent part time.




GPRs will complete clinical posts in a range of specialties relevant to GP.

The final year is spent entirely in GP.

**Requirements for CCT**

To successfully CCT, GPRs require to pass all three components of the MRCGP qualification –

**Workplace Based Assessment (WPBA)** is a crucial component that evaluates progress in areas of professional practice and behaviour within the clinical setting. It focuses on practical skills, attitudes and behaviours, rather than just theoretical knowledge. Workplace Based Assessment (WPBA)

WPBA helps to demonstrate competence across the curriculum and supports learning and reflection based on real experiences. Each stage of training has WPBA requirements which are assessed at ARCPs.

**Applied Knowledge Test (AKT)** is a computer-based, summative assessment designed to evaluate a GPRs ability to apply knowledge and interpret information in the context of UK General Practice. Applied Knowledge Test

GPRs can register from ST2 onwards and are encouraged to sit **before** transitioning to ST3.

**Simulated Consultation Assessment (SCA)** is an online exam which assesses a GPRs ability to apply clinical, professional, and communication skills in simulated consultations. This can only be sat in their ST3 year of training. Simulated Consultation Assessment (SCA)

**What are Capabilities and Clinical Experience Groups?**

**Capabilities** – there are 13 capabilities that must be assessed as being "competent for licensing" by the end of training. There is no expectation to be "competent" in each of these areas until the end of the ST3 year.

The capabilities framework (CF) was developed from the GP curriculum to describe 'positive' behaviours that GPR's display in practice. The CF also highlights several 'negative' behaviours as indicators of Underperformance (IPUs).

WPBA capabilities framework with IPUs

| **Capabilities Framework** | |
|---|---|
| Fitness to Practice | Medical complexity |
| An Ethical Approach | Team working |
| Communication and Consulting | Performance, learning and teaching |
| Data Gathering and interpretation | Organisation, management and leadership |
| Clinical examination and procedural skills | Holistic practice, health promotion and safeguarding |
| Decision-making and Diagnosis | Community health and environmental sustainability |
| Clinical management | |

**Clinical Experience Groups** – are the 9 different spectrums of learning across which all GPRs are expected to gain experience during their GP training.

- Infants, children and young people [under the age of 19yrs]

- Gender, reproductive and sexual health (including women's, men's, LGBTQ, gynaecology and breast)
- People with long-term conditions including cancer, multi-morbidity and disability
- Older adults including frailty and/or people at end of life
- Mental health (including addiction, alcohol and substance misuse)
- Urgent and unscheduled care
- People with health disadvantage and vulnerabilities (including veterans, mental capacity difficulties, safeguarding and those with communication difficulties/disability)
- Population Health and health promotion (including people with non-acute and/or non-chronic health problems)
- Clinical problems not linked to a specific clinical experience group

**How to complete a Placement Planning Meeting**

A PPM should be completed within one month of every new post. The GPR should consider their learning needs for the post and following discussion with the CS, record these in the PPM template. It is the GPR's responsibility to complete the PPM, NOT the CS. However, the CS can add a note of the discussion as an Educator Note if they wish.

There are RCGP Condensed Curriculum Guides for each speciality to guide GPRs on useful topics. Of note is that the learning needs of a GPR will differ to a hospital speciality registrar.

GP curriculum super condensed guides

**Personal Development Plans**

The PDP is designed to ensure GPRs can assess their learning needs, plan actions to meet these needs and review their achievement of these needs, with supporting evidence. PDPs are a lifelong professional learning method and incorporated into the future GP annual appraisal and revalidation processes.

A PDP should be agreed with the ES and be relevant to their attached post. The GP Curriculum guides can be used to support this. GPRs are encouraged to use the SMART (Specific, Measurable, Achievable, Relevant and Time-bound) process and avoid documenting mandatory requirements. A CS can review the PDP at the PPM and at subsequent reviews during the post.

**What are the mandatory WPBA requirements?**

Every GPR post has specific WPBA mandatory requirements and 14F is used to document their learning and assessments. Minimally in each hospital post, a full-time GPR is required to complete 2 CBDS, 2 mini-CEXs, a placement planning meeting (PPM), 18 clinical case reviews (CCR), a clinical examination skill (CEP) and a Clinical Supervisors Report (CSR).

In addition, annually, a quality improvement activity (QIA), a learning event analysis (LEA), safeguarding, BLS and Multi-Source Feedback (MSF) are required.

Full details of the training requirements for GPRs at each stage of training can be found at - https://www.rcgp.org.uk/getmedia/a348f568-3ed9-466d-967a-1df16cff200c/WPBA-Requirements-Mandatory-Evidence-Summary-Sheet.pdf

**How to complete a Case Based Discussion**

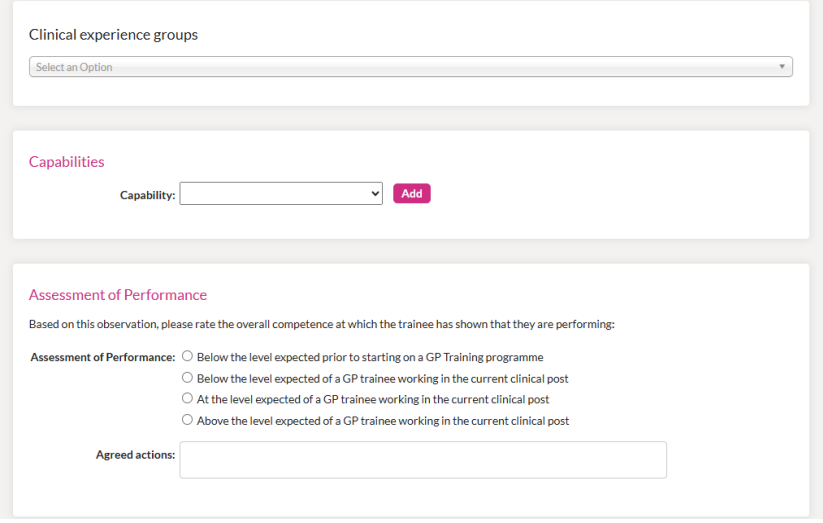
A minimum of two CBDs must be completed in each 6-month post. CBDs should be completed by a doctor at ST4 level or above AND at least one should ideally be completed by the CS.

The GPR should agree a time with the CS and choose a clinical case of interest. The discussion can focus on several capability areas such as data gathering & interpretation and clinical management or perhaps community health & environmental sustainability and an ethical approach.

The CS completes the CBD assessment on 14F, first giving a brief title, rates the level of complexity, chooses an appropriate clinical experience group and then selects a maximum of 3 capability categories that were discussed and relevant to the case. Lastly, an overall assessment of performance is made and marked as

- significantly below
- below standard
- at standard
- above standard compared with their peers.

An optional free text box exists to document agreed actions for further development.




A CBD template for CS to complete.

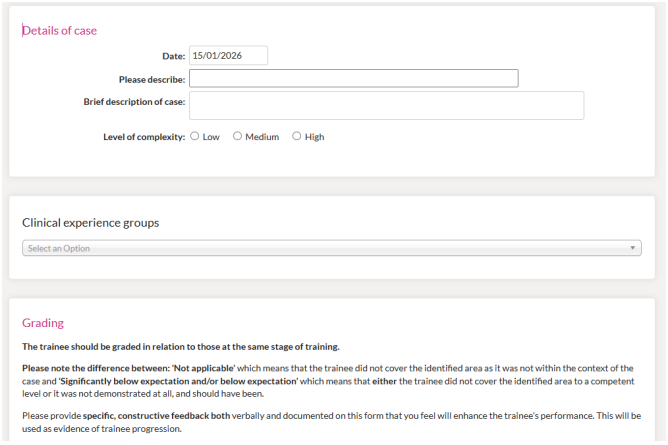
**How to complete a mini-CEX**

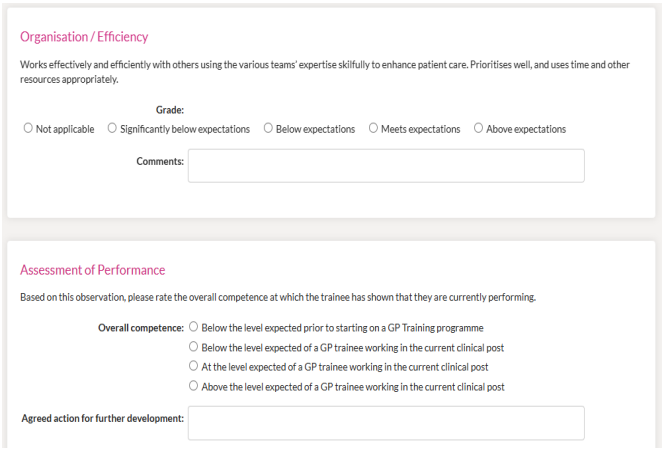
Like the CBDs, a minimum of two mini-CEXs must be completed in each 6-month post. Mini-CEX should be completed by a doctor at ST4 level or above AND at least one should ideally be completed by the CS.

The GPR should agree a time with the CS and be observed taking a clinical history, examination and making a management plan. The CS then highlights to the GPR how they have performed and completes the mini-CEX assessment on 14F.

The assessment should be given a title, brief description, linked to a clinical experience group, rating of complexity, and then rated across the descriptors:

- not applicable
- significantly below expectations
- below expectations
- meets expectations or above expectations.




Finally, a judgement on the overall competence is made and marked as:

- significantly below
- below standard
- at standard
- above standard compared with their peers

An optional free text box exists to document agreed actions for further development.

**How to complete a Clinical Examination and Procedural Skills (CEPs)**

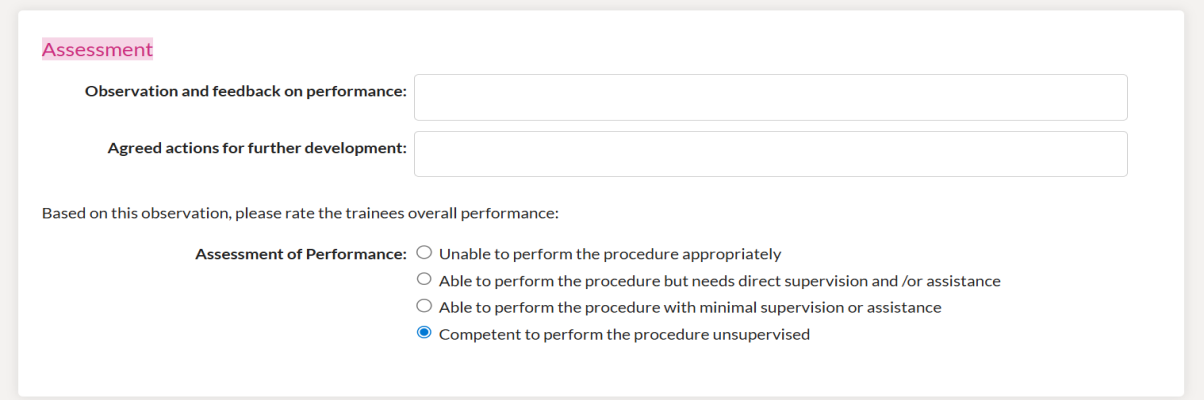
CEPS can be assessed by ST4 doctors or above who are competent in the specific procedure. There are 6 mandatory intimate CEPs and 7 non-intimate CEPs.

Additional other post relevant CEPs can be assessed and complete in the 'other' category such as a MMSE in psychiatry. The GPR must complete at least one CEPs with each 6-month post.

The CEPs template is completed, documenting feedback on the observation, further development and an overall assessment

- unable to perform the procedure appropriately
- able to perform the procedure but needs direct supervision and /or assistance
- able to perform the procedure with minimal supervision or assistance
- competent to perform the procedure unsupervised.

The GPR must have all mandatory CEPs marked at the competent level to CCT by the end of training.


Assessment

Observation and feedback on performance:

Agreed actions for further development:

Based on this observation, please rate the trainees overall performance:

Assessment of Performance:
- ○ Unable to perform the procedure appropriately
- ○ Able to perform the procedure but needs direct supervision and /or assistance
- ○ Able to perform the procedure with minimal supervision or assistance
- ◉ Competent to perform the procedure unsupervised

**How to Complete a Clinical Supervisors Report**

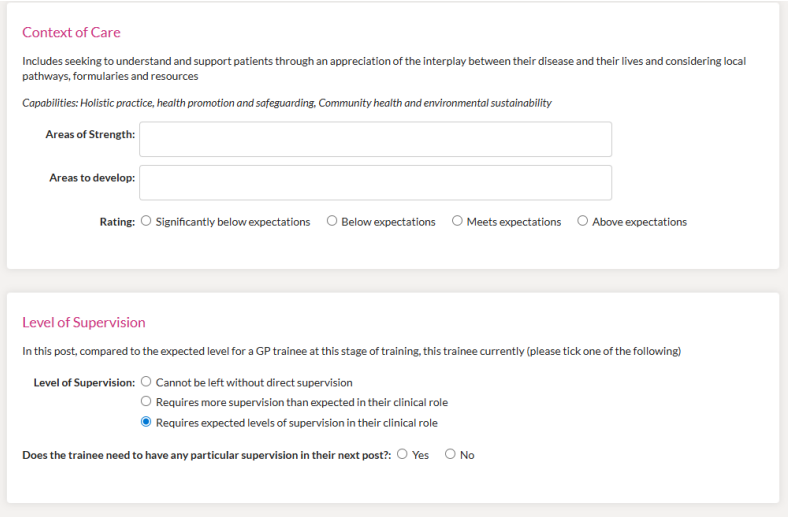
The CSR is a short, structured report completed that is mandatory in each non primary care / hospital post and provides essential feedback about the GPR performance. The CS is asked to make a comparison of the GPR with their expected performance at that level of experience. The CS must make an assessment (after writing comments) of whether the GPR is:

- Significantly Below Expectations
- Below Expectations
- Meets Expectations
- Above Expectations.

Each of the seven questions covers a particular area, for example Professionalism.

There follows a description of how this is likely to be observed in the working environment. Professionalism, for example, includes being respectful, diligent, self-directed in their approach to patients and others and to their own learning needs, developing resilience and making appropriate ethical decisions.

Each question will automatically be linked to specific capabilities in the ePortfolio (e.g. Performance learning & teaching, An ethical approach, Fitness to practice). Word descriptors have been written to support the grading and feedback for each question.




The CS is also asked to assess the level of supervision required compared to the expected level of performance for a GPR at this stage.

- Cannot be left without direct supervision
- Requires more supervision than expected
- Requires expected levels of supervision

If more supervision than normal is required or the GPR cannot be left without supervision, then an additional comment box will appear asking for further details.

The CSR is one of the central sources of evidence used by the ES and the ARCP to reach a judgement about the GPRs progress. The GPR's ES will use this evidence to complete an Educational Supervisor's report (ESR)

Hence tailored feedback in the CSR has significant influence on ARCP outcomes.

Moreover, if there are known concerns about the performance of a GPR identified during a post, it is important that there is early and good continuous dialogue between the CS, the TPD and the ES. It is also good practice for the GPR to be aware of these conversations and their overall contents.

For short posts of 3 months or less, a CSR is required so that there is an assessment of engagement in the post and for the training time to be counted. It would also be expected that there should be pro rata assessments (CBD/mini-CEX/ COT) for these posts.

CSR, iESR, and ESR guidance

**What other WPBA assessments are required?**

In addition, to the requirements above the GPR must complete

- 18 Clinical Case reviews (CCRs) per full time post
- a quality improvement activity (QIA) in each TRAINING year
- a learning event analysis (LEA) in each TRAINING year
- child and adult safeguarding in each CALENDAR year

- BLS in each CALENDAR year
- Multi-Source Feedback (MSF) in each TRAINING year

Worked examples of some of the above can be found on the RCGP website RCGP WPBA Guidance: worked examples for log entries and evidence tools

The ES reviews the CCRs and is responsible for feedback on all these other requirements. The CS may be able to guide or support the GPR about an appropriate QIA or LEA but does not need to assess these. A requirements table on 14F is a useful guide to the progress of the GPR.

| | ST1 | ST2 | ST3 | Current review | Total |
|---|---|---|---|---|---|
| Clinical Case Review | 36/36 | 36/36 | 2/36 | **2/17** | **74/108** |
| Mini-CEX / COT / Audio-COT | 4/4 | 5/4 | 3/7 | **3/3** | **12/15** |
| CbD / CAT | 4/4 | 4/4 | 7/5 | **7/2** | **15/13** |
| Colleague Feedback | 1/1 | 1/1 | 0/1 | **0/1** | **2/3** |
| Colleague Feedback: Leadership | 0 | 0 | 0/1 | **0/1** | **0/1** |
| CSR | 1/1 per post | 2/1 per post | 0/1 per post | **0/1 per post** | **3/3** |
| Patient Feedback | 0 | 0 | 0/1 | **0/1** | **0/1** |
| QIP | 1/1 | 0 | 0 | **0** | **1/1** |
| QIA | 1/1 | 2/1 | 0/1 | **0/1** | **3/3** |
| | All trainees must demonstrate involvement in Quality Improvement at least once a year. | | | | |
| Placement Planning Meeting | 2/1 per post | 2/1 per post | 1/1 per post | **1/1 per post** | **5/3** |
| Learning Event Analysis (LEA) | 1/1 | 1/1 | 0/1 | **0/1** | **2/3** |
| Prescribing Assessment | 0 | 0 | 0/1 | **0/1** | **0/1** |
| Leadership | 0 | 0 | 0/1 | **0/1** | **0/1** |

**What are Educator notes?**

Educator Notes are a feature within a GP registrar's e-Portfolio used by supervisors to document specific, often ad-hoc, events, discussions, or feedback. They are not intended as a continuous journal but rather a tool for capturing key "golden nuggets" of information that might otherwise get lost. They are useful way to share information in a format which the registrar, supervisors, TPDs or ARCP members can easily access but aren't linked to competences.

Educator notes can be used to record a variety of events: summaries of meetings; feedback both positive and negative; record prompts or encouragements; comment on debriefing and level of supervision needed; record events such as sick leave or maternity leave; discussions around complaints. There is the option of attaching a relevant file to the entry if appropriate. Care should be taken not to record specific private GPR health information.

GPRs can read what is recorded in an Educator Note so anything being added should be discussed with the GPR beforehand.

All Educator Notes are reviewed and considered at the ARCP panel and information contained here can be important additional information in aiding the panel to agree on the correct ARCP outcome.

Guidance on using WPBA educator notes

**Less than Full Time Training**

GMC, PSDS and RCGP are all strongly committed to supporting all GPRs to reach their full potential and can apply for less than full-time (LTFT) training ( **GMC's 2024 position statement**).

Those in LTFT training must meet the same requirements as those who train on a full-time basis to achieve CCT.

The aims of LTFT training are to:

- retain doctors in the workforce who are unable to continue their training on a full-time basis for a well-founded individual reason.
- promote career and personal development as well as work/life balance and wellbeing.
- ensure continued training in programmes on a time equivalence (pro rata) basis.

LTFT Resident Doctors in Training in training will:

- reflect the same balance of work as their full-time colleagues. Daytime working, on-call and out-of-hours duties will normally be undertaken pro rata to those worked by full-time Resident Doctors in Training in training at the same training grade in that specialty. The educational and legal requirements of training must always be met.
- normally move between placements within rotations on the same basis as full-time Resident Doctors in Training. Where this is not possible, employers should ensure that appropriate and timely induction takes place to support the individual.

A balance needs to be maintained between the LTFT training arrangements, the educational needs of both full-time and LTFT Resident Doctors in Training, and the needs of the service.

**Applications for LTFT training**

More details about LTFT training can be found on the deanery website Less Than Full Time Training (LTFT) | Scotland Deanery

The standard process for resident doctors applying for LTFT involves completion of an application and submission to their TPD for review (**Form A-B**). The administration process will normally require three months and applicants should not expect to be placed immediately.

The inability of NES to find a post at short notice should not be taken as a refusal of LTFT training; an individual's needs and expectations must be considered in the context of educational standards and service capacity, and as a result, LTFT training cannot always be guaranteed.

Approval of LTFT will normally be given for the duration of the programme. GPRs can revert to full-time, but this may not be immediately available and will depend on the current LTFT arrangements for that individual and post availability in the training programme.

**International Medical Graduate Support**

IMGs are an integral and valued part of the NHS workforce but may be completely new to the UK and the NHS. Departments should be aware of new IMG registrars and have longer induction

programmes planned with avoidance of on call rotas. More regular CS review on the IMG registrar is required initially to monitor progress.

There are a range of initiatives to support IMG registrars

- online support hub (International Medical Graduate Hub | Turas | Learn)
- training workshops (West GPST Enhanced Programme (West GP Registrars) Day 1 | Turas | Learn)
- exam based support.

**Useful Contacts and details for the GP Training Scheme**

**GP Administration**

Regional GP Admin teams manage correspondence, allocations, LTFT, and the FFE and Turas websites. Contact details for the different programmes can be found on the deanery website at Training Management Team | Scotland Deanery

Please note our admin teams do NOT manage the 14F but are responsible for adding posts and can potentially add supervisors.

**Training Programme Director**

Training Programme Directors (TPDs) are General Practitioners appointed to report directly to the Associate and Postgraduate Dean. Each TPD is responsible for providing advice, support and management of the Specialty Training Programmes within their NES Region and across the Scotland Deanery.

Contact details for the different programmes can be found on the deanery website at Training Programme Directors | Scotland Deanery

**Human Resources**

Public Services Delivery Scotland are the Lead Employer for all doctors and dentists in training and are known as the EMPLOYING BOARD
There are 22 Health Boards throughout Scotland and those boards who host registrars in hospital posts are the PLACEMENT BOARD

GPRs in a hospital post should therefore contact their PLACEMENT board for any HR related issues. One important exception to this would be maternity and paternity leave so in addition to making their local hospital teams aware, GPRs should raise a ticket with HR at PSDS via the following link.
HR Trainee Services - Jira Service Management

GPRs requiring OH support while in a hospital post should be referred by their CS.

**The Development and Wellbeing Service (TDWS)**

TDWS is a confidential source of support for all resident doctors in training. The goal is to offer support in a holistic, non-judgemental manner to doctors who are experiencing difficulties or needing advice that may be affecting their training progression. Advice is offered for exams,

career advice, work adjustments, LTFT, wellbeing and ARCP guidance. Referrals can be made by the GPR themself, CS, ES or TPD.

Full details and referrals are at The Development and Wellbeing Service | Scotland Deanery

**Details on GPR Leave**

**Study Leave**

GPRs can apply for study leave and the Scotland Deanery operates a national process to ensure that all applications are considered on a fair, equitable and consistent basis. Applications are made via **Turas** but must be firstly approved by the department, be at a suitable time and provide a nominated person who has approved the leave as part of a probity check.

The TPD verifies that the content of the application is suitable to their stage of training and approves any associated funding. Applications should ideally be made 4-6 weeks prior to the activity.

A full-time GPR has 30 days each training year. Full details and policy guidance can be found at Study leave | Scotland Deanery

**Sick Leave**

Any sick leave should be reported to the Hospital HR department and the GPR should record details on the 14F. A return-to-work interview should be performed by the CS or an appropriate staff member or their return.

Sick leave of **longer than 7 days or 4 or more episodes of short periods of sick leave** should be reported to the TPD.

Any prolonged periods of sick leave of 30 days or more will automatically extend the CCT.

Full guidance of PSDS sick leave policy can be found at Attendance Policy Guide for Employees | NHS Scotland

**Annual Leave**

A GPR must take their full annual leave entitlement whilst in each post as it cannot be carried forward to their next placement. There is no need to send the annual leave record to PSDS.

Annual leave should be agreed and monitored by rota manager within each post.

Entitlement is linked to salary scale:

- Those on salary point 0, 1 or 2 (L408 00 to 02) will be entitled to 224 hours per annum
- Those on salary point 3+ (L408 03 and above) will be entitled to 264 hours per annum

If a GPR works less than full time and/ or is contracted for less than a year, their entitlement will be pro rata to hours worked and duration of placement.

More details can be found at Annual leave allowances | Hub

**Maternity Leave**

GPRs should inform their CS, hospital HR dept and their TPD at an early stage of confirmed pregnancy so that appropriate risk assessments can be made and future placement planning managed.

Full details on PSDS policy can be found at Family friendly policies | Hub

**Fourteen Fish Ticket Code Assessments**

Following a recent security update to 14F, all assessors are now required to sign in with a free FourteenFish account to complete WPBAs. Therefore, any hospital assessors, who are not an existing CS, and asked to complete Mini-CEXs, CBDs or CEPs will need to follow this process.

The GPR can then share the 14F ticket code and the assessment be completed. If any issue experienced following this change please follow the additional steps outlined on the FourteenFish website (Issues with Assessment Access – FourteenFish Help Centre).

**Abbreviations**

| | |
|---|---|
| GPR – General Practice Registrar | WPBA – Work Place Based Assessment |
| ES – Educational Supervisor | ARCP – Annual review of Competence Progression |
| CS – Clinical Supervisor | COT – Clinical Observation Tool |
| TPD – Training Programme Director | CBD – Clinical Based Discussion |
| RCGP – Royal College of General Practitioners | CEPs – Clinical Examination and Procedure Skills |
| 14F – FourteenFish e-portfolio | CCT – Certificate of Completion of Training |
| PSDS – Public Services Delivery Scotland | ESR – Educational Supervisor Report |

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