**Scottish GP Educational Supervisor**

**Accreditation Application**

**Standards**

It is important for the Scottish Deanery to know that the GP Educational Supervisors who supervise and teach trainees are performing to an appropriate standard. It is a responsible role and needs to be done well. The GMC, the RCGP and various other statutory bodies in the UK have a stake in both setting the standard – i.e. what’s good enough – and ensuring that the Deanery monitors how well that standard is being adhered to.

The standards for UK Educational Supervisors have been defined by the GMC [(Promoting Excellence: Standards for medical education and training](http://www.gmc-uk.org/education/postgraduate/standards_and_guidance.asp)) and adapted for use in General Practice.

UK GP Educational Supervisors must also understand the professional guidance contained in [*Good Medical Practice*](http://www.gmc-uk.org/guidance/good_medical_practice.asp)and the RCGP’s [*Good Medical Practice for GPs*](http://www.rcgp.org.uk/revalidation-and-cpd/~/media/Files/Revalidation-and-CPD/CPD%20Credits%20and%20Appraisal/GoodMedicalPracticeforGPsJuly2008ashx.ashx)*.* Educational Supervisors in Scotland also require an understanding of and compliance with:

* NHS Education for Scotland (NES) Doctors in Difficulty Policy ([NESDiD](http://www.nes.scot.nhs.uk/media/182663/mgmt_of_doctors_in_difficulty_framework_may_2009.pdf)),
* The NES [Training Practice Agreement](http://bma.org.uk/practical-support-at-work/contracts/juniors-contracts/juniors-scotland/gp-trainees-scotland) ,
* The European Working Time Directive Regulations ([EWTD](http://www.nhsemployers.org/planningyourworkforce/medicalworkforce/ewtd/pages/ewtd.aspx))

To ensure that you are aware of the breadth and detail of the standards GP Educational Supervisors have to meet, we would ask you to complete the declaration below.

*I have read, understood and agree to act in accordance with the:*

* *GMC and RCGP standards for UK GP Educational Supervisors*
* *General Medical Practice and GMP for GPs*
* *NES Doctors in Difficulty Policy*
* *NES Training Practice Agreement*
* *European Working Time Directive*

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*Please tick here to certify the above*

**Process**

The process for Educational Supervisor accreditation in Scotland comprises an evaluation of evidence from seven different sources

* Completion of Scottish Prospective Educational Supervisors Course (SPESC) or equivalent
* Educational Supervisor Accreditation Application document
* Trainee feedback from Scottish Training Survey ([STS](http://about.scottishtrainingsurvey.org/)) and GMC National Trainee Survey ([NTS](http://www.gmc-uk.org/education/surveys.asp))
* Feedback from Training Programme Director
* Feedback from an assessment of Educational Supervisor Report (ESR) against RCGP standards, see [here](http://www.rcgp.org.uk/gp-training-and-exams/mrcgp-information-for-deaneries-supervisors-and-trainers.aspx).
* Visits to Practices
  + To all practices seeking first approval as a new Training Practice
  + To all approved Training Practices within two years of first approval
  + Targeted visits to approved Training Practices in response to concerns raised in feedback from stakeholders, including Training Programme Directors and Trainees, or in response to a declaration to the Deanery Quality Management Group of major changes within the practice
  + Quality Assurance visits to a minimum 10% random sample per annum of Training Practices who have submitted an accreditation application.
* Meetings with Educational Supervisors
  + With all new Educational Supervisors prior to taking responsibility for their first trainee
  + With all new Educational Supervisors within two years of first approval
  + Targeted meetings with Educational Supervisors in response to concerns raised in feedback from stakeholders, including Training Programme Directors and Trainees, or in response to a declaration to the Deanery Quality Management Group of major changes within the practice

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| **Some Fundamental information**  *This section is about you as a doctor and educator* | |
| Your name: | |
| What is the name of the practice in which you work? | |
| GMC number : | |
| Date of CCT : | |
| Date of most recent GMS appraisal: | |
| Date of most recent Revalidation (if applicable): | |
| Date of this application : | |
| GMC expects educational supervisors to notify the deanery as soon as possible after they become aware that they are the subject of an investigation relating to their performance  Do you currently have any restrictions on your license to practice?  Yes /No  If yes please provide details: | |
| Please list your qualifications (including dates), including MRCGP & other postgraduate qualifications *[GMC R4.6]:* | |
| Date when you completed SPESC *[GMC R4.1, R4.6]:*  If you did not complete SPESC (or the earlier SPTC) what equivalent training have you undertaken and when? | |
| Is this your first approval application?  If this is your first approval application please provide responses to the questions in this application document outlining what you intend to do if approved | |
| Date when you commenced work in current practice? | |
| What is your weekly GP session commitment? *A minimum of four sessions is required [GMC R4.2]:* | |
| Are you working within an approved GP training practice?  Yes / No | |
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| Please list any regular external commitments you have and sessional time spent on these commitments *[GMC R4.2]*: | |
| Outside Commitments | Time |
| e.g. Chair LMC | 2 hours per week |

**The following pages contain a request for information in the seven GMC Educational Supervisor (ES) Competency areas.**

**Typewritten entries only please. The boxes expand as you write in them.**

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| 1. **Ensuring safe and effective patient care through training**   *This section is about how you protect patients and enhance their care through the supervision of trainees; balancing the needs of your patients and the service with the educational needs of trainees.* |
| **Standard**: ES ensures that trainees have undertaken appropriate educational induction. *[GMC R1.13]* |
| 1.1 Please describe the educational (not organisational) induction process for your trainees. Provide examples and where appropriate, attach evidence of how you assess a trainee’s educational needs and the educational tools you use. |
| 1.1 |
| **Standard**: ES allows trainees, when suitably competent and appropriately supervised, to take graduated responsibility for care appropriate to the needs of the patient. *[GMC R1.8, R1.9,1.10]*  **Consulting:** *Best practice*in this area will involve a graded approach: From an initial debrief with educational supervisor, or deputy, after each consultation to...  The Educational Supervisor consulting in parallel in same building with time to be available for queries as necessary and …….by the end of ST3 a trainee being able to consult in different building with supervision available by phone. |
| 1.2 Please describe how you allow trainees to take graduated responsibility in this area. This should include a description of how you facilitate trainee development of skills in telephone consulting.  Provide examples and where appropriate, attach evidence. |
| 1.2 |
| **Home Visits:** *Best practice:*a new trainee in GPST1 will be accompanied on house visits, then move to follow up patients on his/her own. The level of competency needs to be judged carefully before s/he can take on new visits alone. This may happen only towards end of GPST1 or during GPST3 depending on competency. *[GMC: R1.10]* |
| 1.3 Please describe how you allow trainees to take graduated responsibility in this area. Provide examples and where appropriate, attach evidence. |
| 1.3 |

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| **On Call/Duty Doctor:** *Best practice***:** a new GPST1 will shadow the practice’s duty doctor for a few sessions before taking some phone calls whilst in earshot of supervisor. Few trainees will work independently as duty doctor during GPST1. Clinical supervision should be available on site for a GPST3 whilst doing duty doc until competency to work independently has been very clearly shown *[GMC: R1.10]* |
| 1.4 Please describe how you allow trainees to take graduated responsibility in this area. Provide examples and where appropriate, attach evidence. |
| 1.4 |
| **Prescribing:** *Best practice:* A graduated approach, discussing each prescription with a new GPST1 develops gradually to the trainee working independently, with help for queries available in the building. It would be appropriate to check a proportion of the trainee’s prescriptions on a regular basis, regardless of experience. *[GMC: R1.10]* |
| 1.5 Please describe how you allow trainees to take graduated responsibility in this area. Provide examples and where appropriate, attach evidence. |
| 1.5 |
| **Referrals:** *Best practice***:** All referrals from trainees in GPST1 year should be reviewed by an Educational Supervisor, or another GP in the practice. Referrals from trainees in GPST3 year should be actively monitored for appropriateness. *[GMC: R1.9,1.10]* |
| 1.6 Please describe how you allow trainees to take graduated responsibility in this area. Provide examples and where appropriate, attach evidence. |
| 1.6 |

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| 1. **Establishing and maintaining an environment for learning**   *This section is about how you provide a safe clinical environment that is conducive to effective learning for trainees and others.* |
| **Standard**: ES encourages participation in education and training through provision of equality of opportunity and acknowledgment of diversity; E&D training needs to be completed every three years *[GMC: R2.19,R4.5,R4.6]* |
| 2.1 Please tell us the date of your most recent E&D training? |
| 2.1.1 |
| 2.1.2 Please describe the nature of this training e.g. on-line module, workshop or seminar and include a certificate if this is available. |
| 2.1.2 |
| **Standard**: ES provides protected time for teaching and learning and needs to provide a minimum of four hours protected time for teaching and learning per week, including two hours of tutorials *[GMC: R1.12, R1.16, R1.18, R1.21]* |
| 2.2 Please attach your Trainee weekly Timetable using the template provided, to include surgery start and end times, breaks, teaching events and tutorials, self directed study times. |
| 2.2 |
| **Standard**: ES is aware of the teaching and supervisory skills and experience of members of the primary healthcare team; involves the team in trainee supervision and teaching *[GMC:1.17]* |
| 2.3 Please describe how you involve other members of your team in trainee supervision and teaching. Please provide examples of how you ensure the quality of this. |
| 2.3 |
| **Standard** : ES proactively seeks the views of trainees on their experience of the training process *[GMC: R1.5, R3.13]* |
| 2.4 Please describe how you do this and provide examples of what you have learned and changed as a result. |
| 2.4 |
| **Standard**: ES is aware of the importance of establishing a safe and effective learning environment. GMC: Training agencies must, have robust clinical and educational governance systems so that GP doctors in training, when asked to work or attend outside of their contracted primary care environment, can do so in a way which ensures their own and their patients’ safety. |
| 2.5 Please describe how you promote the safety of trainees when seeing patients outside of practice premises and on home visits, including their safe return. |
| 2.5 |

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| 1. **Teaching and facilitating learning**   *This section is about how you work with trainees to facilitate their learning* |
| **Standard**: An ES:   * plans learning and teaching according to the educational needs of the trainee * uses a range of teaching interventions in clinical setting * facilitates a wide variety of appropriate learning opportunities * supports the trainee to develop ability for self-directed learning, self-awareness and critical reflection * supports the trainee in the acquisition of generic professional skills.   *[GMC: 1.15, R3.7]* |
| 3.1Please describe how you meet the requirements of an Educational Supervisor as described above, and provide evidence of reflecting on the learning and teaching opportunities which you offer to your trainees. |
| 3.1 |
| **Standard**: ES supports the trainee to gain supervised and documented experience of general practice out-of-hours work in accordance with COGPED guidance *[GMC:R1.8,R1.15]* |
| 3.2 Please describe how you support your trainee to gain OOH experience and debrief your trainee following OOH sessions. |
| 3.2 |

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| 1. **Enhancing learning through assessment**   *This section is about how you facilitate assessment and provide feedback* |
| **Standard**: ES provides feedback to the trainee, throughout his/her training programme. This feedback should be clear, constructive and focused.  The ES should understand the purpose of, and demonstrate ability in the use of, approved workplace based assessment tools. It is the expectation that the ES will participate in annual WPBA calibration and as best practice this should be external to the practice.  The ES should support the trainee in preparation for the MRCGP.  *[GMC: R1.18, R3.2, R3.7]* |
| 4.1 Please describe how you observe and provide feedback to your trainees, providing examples where possible. |
| 4.1 |
| 4.2 Please describe what you do to ensure that your skills in Work Place Based Assessment remain calibrated with your peers including dates of participation. |
| 4.2 |
| 4.3 Please describe what you do to support your trainees in preparation for the MRCGP. |
| 4.3 |

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| 1. **Supporting and monitoring educational progress**   *This section is about how you support trainees in their progression towards a CCT and career destination* |
| **Standard**: ES reviews and monitors educational progress though regular timetabled meetings with the trainee; sets educational objectives and modifies educational interventions in response. *[GMC: R1.5, R1.9, R1.10, R1.21, R3.1, R3.5, R3.7]* |
| 5.1 Please describe how you set educational objectives with your trainee and vary your teaching in response to their educational needs.  Provide examples and, where appropriate, attach evidence. |
| 5.1 |
| **Standard** : An ES   * provides continuity of supervision and ensures effective educational handover between supervisors within the practice and between training placements * Arranges for the trainee to be supervised by another, appropriately trained, GP in the practice when the supervisor is absent.   *[GMC: R1.8, R1.19]* |
| 5.2 Please describe how you ensure supervision of your trainee when you are absent from the practice. |
| 5.2 |
| **Standard**: An ES responds efficiently and effectively to emerging problems of trainee progress. *[GMC: R1.21, R3.1, R3.5, R3.5, R3.13, R3.14, R3.15]* |
| 5.3 Please describe what you have done if/when problems with trainee progress have emerged.  Provide examples and, where appropriate, attach evidence. |
| 5.3 |

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| 1. **Guiding personal and professional development**   *This section is about how you support trainees in their personal and professional development.* |
| **Standard**: An ES   * provides a positive role model, through demonstration of exemplary clinical skills, professional behaviours and relationships * is able to demonstrate and maintain appropriate boundaries e.g. social /professional * understands when and where to refer on to other agencies e.g. occupational health, counselling, deanery careers unit * advises the trainee on career progression and signposts the trainee to other sources of career support |
| 6.1 Please describe how you support for your trainee in their personal and professional development, and how you prepare your trainee for independent practice after training. Provide examples of when this has been effective.  *[GMC: R1.16, R1.22, R3.1, R3.2, R3.5, R3.7, R 3.12]* |
| 6.1 |

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| 1. **Continuing professional development as an educator**   *This section is about your personal, professional development as a medical educator* |
| **Standard**: An ES has an up to date Personal Development Plan in relation to his/her extended role as an educator, derived through annual appraisal *[GMC: R4.3, R 4.5, R 4.6]* |
| 7.1 Please provide a current PDP for your role as an educator and describe to what extent you have met the objectives in your previous Educator PDP. Please do not include details relating to your practice as a clinician. |
| 7.1 |
| **Standard** :An ES evaluates his/her own supervisory practice e.g.:   * through trainee feedback * peer observation * taking action to improve his/her practice on the basis of feedback received via formal and informal routes. * A peer review of a teaching episode is required every three years. This could be from directly watching your teaching, or from watching a video of your teaching e.g. with a colleague or at a local Educational Supervisor group.   *[GMC: R4.5, R4.6]* |
| 7.2 Please describe how you evaluate your own practice as an ES and what you have done to develop your skills since your last accreditation. Please describe what you have done to meet the requirements/recommendations from last approval/re-approval. |
| 7.2 |
| **Standard**: ES regularly updates his/her teaching skills and provides evidence of peer review of those skills, participates regularly in meetings of the local educators group and has evidence of engaging in professional development activities as an educator.  As a guide Educational Supervisors would normally be expected to attend a minimum of four sessions per year. *[GMC: R4.5]* |
| 7.3 Please tell us the date of the most recent peer review of your teaching skills. |
| 7.3 |
| 7.4 Please provide reflective comments on your assessment of that teaching. |
| 7.4 |
| 7.5 Please describe your attendance at local Educational Supervisor meetings and conferences, in the last three years. |
| 7.5 |