



General practice specialty training: a brief guide for clinical supervisors

1. Introduction

The RCGP has developed a new, competency based training curriculum for GPs. It covers all three years of specialty training, including placements in hospital posts as well as in general practice. The curriculum is presented in a series of statements. The first of these, "Being a General Practitioner", is an overall, integrated statement of the competencies required for general practice. Clusters of statements covering the general practice consultation, personal and professional responsibilities, management and the care of particular groups of patients, such as children or the acutely ill, follow this initial statement. Then there are ten statements covering the clinical management of various disease areas. The statements can be found on the RCGP Curriculum website (http://www.rcgp-curriculum.org.uk/rcgp_-_gp_curriculum_documents.aspx).

Most hospital posts which GP Specialty Registrars (GPStRs) experience will support a number of learning outcomes derived from Being a General Practitioner as well as more specific skills and knowledge. In planning the training programme for a GPStR, clinical supervisors will want to bear in mind that the new curriculum is focused more strongly than in the past on the knowledge, skills and competences that are required in general practice.

2. Roles and Responsibilities

Programme director

Programme directors (formerly known as VTS course organisers) are tasked with ensuring that individual training programmes are sufficiently broad and balanced to meet the requirements for a Certificate of Completion of Training (CCT). They will oversee delivery of GP curriculum in hospital posts, and co-ordinate educational programmes for trainees.

Educational supervisor

Each GPStR has a GP educational supervisor who will oversee their progress throughout the entire training programme. Educational supervisors will hold a structured review meeting with the trainee every six months, whatever the length of the hospital post. The educational supervisor assesses progress on the basis of workplace-based evidence collected by the trainee and recorded in an e-portfolio. This generates a learning plan and can also be used to identify those trainees in difficulty. These regular reviews do not replace formative meetings with clinical supervisors. The educational supervisor will also conduct appraisals with the trainee.

Clinical supervisor

Clinical supervisors oversee the day-to-day work of the trainee. They are expected to hold formative meetings with their trainee at the beginning, middle and end of their placement. They will be the trainee's initial point of contact in issues relating to the specific post. Clinical supervisors will sign off workplace-based assessments, and write an end-of-placement clinical supervisors report to be recorded in the trainee's e-portfolio. Trainees and clinical supervisors should at all times be aware of their responsibilities for the safety of patients in their care.

3. Assessment

A CCT will be awarded to GPStRs who complete the three components of the RCGP assessment system:

- (i) Applied Knowledge Test (AKT):** an assessment of the knowledge base that underpins independent general practice.
- (ii) Clinical Skills Assessment (CSA):** an assessment of a doctor's ability to integrate and apply clinical, professional, communication and practical skills appropriate for general practice.
- (iii) Workplace-based Assessment (WPBA):** the evaluation of a doctor's progress in their performance over time, in those areas of professional practice best tested in the workplace. WPBA will continue the processes established in the Foundation Stage.

4. Assessment Tools for Workplace-based Assessment

The WPBA tools are designed to capture evidence of performance in a structured and formative way. It is important to note that there is no *pass/fail* standard to any of these workplace-based assessments. The tools simply serve to harvest information and provide the supervisor with material for feedback and identification of learning needs.

Guidance is given on the RCGP web site of the descriptors of what constitutes *insufficient evidence*, *needs further development*, *competent* and *excellent* for each competency area in the e-portfolio and it is important that the assessor is familiar with these ([http://www.rcgp.org.uk/docs/nMRCGP_12 Competency Areas in detail.doc](http://www.rcgp.org.uk/docs/nMRCGP_12%20Competency%20Areas%20in%20detail.doc)). The "competent" level reflects the standard for independent practice, irrespective of what point in training the GPStR is at. The evidence which is collected for workplace based assessment will be recorded in an e-portfolio which is similar to that used widely in the Foundation Programme. The evidence from any one hospital post will depend on the length of time the trainee is in the post, their learning needs and the opportunities which the post offers to demonstrate competencies.

The tools which will be used to collect evidence from hospital posts for the workplace based assessment are:

(i) Case-based Discussions: the GPStR will provide the clinical supervisor with notes of two cases in advance of the case-based discussion. The clinical supervisor selects one and will prepare questions designed to elicit evidence relating to some of the twelve competency areas which form the framework for WPBA. The discussion, followed by feedback to the GPStR and completion of the rating form should take about 30 minutes in total.

(ii) Multi-source Feedback: a questionnaire to be completed on-line by clinical colleagues in ST1.

(iii) Mini-Clinical Evaluation Exercise (Mini-CEX): this is a 15-minute snapshot of a single doctor/patient interaction. It is designed to assess the clinical skills, attitudes and behaviours essential to providing high quality care. The Mini CEX may be observed by staff grades, experienced specialty registrars or consultants, but there must be a different observer on each occasion. The evidence will be rated and recorded in the ePortfolio. Immediate feedback will be provided to the GPStR by the observer.

(iv) Direct Observation of Procedural Skills (DOPS): this is designed to test and provide feedback on a number of prescribed procedural skills essential to the provision of good clinical care. It is estimated that each DOPs will take between 10 and 20 minutes, including five to fifteen minutes for assessment and five minutes for feedback. Most of the tools described above will be familiar to clinical supervisors. It is the responsibility of the trainee to ensure that they complete the appropriate assessments and build up a record of their training and evidence of competence through the ePortfolio. The clinical supervisor will be provided with access to the ePortfolio through a website in order to sign off completion of the assessments.

5. The Clinical Supervisor's Report (CSR)

The ePortfolio has a section for the clinical supervisor to write a short structured report on the trainee at the end of each hospital post. This covers:

- The knowledge base relevant to the post;
- Practical skills relevant to the post
- The professional competencies

The electronic form provides reminders of the definitions of the competencies to make writing the report easier. It may also be helpful to refer to the relevant curriculum statement(s) on the RCGP website in reporting on the knowledge and skills relevant to the post.

The report should identify any significant developmental needs identified during a placement, and also point up any areas where the trainee has shown particular strengths. The report should describe the progress of the trainee in terms of the evidence of competence rather than pass or fail. If there are serious issues of professional performance or ill health during a placement these will need to be handled by normal acute trust/ PCT/ Deanery mechanisms.

Websites:

Curriculum: http://www.rcgp-curriculum.org.uk/rcgp_-_gp_curriculum_documents.aspx

Assessment & ePortfolio: http://www.rcgp.org.uk/nmrcgp_/nmrcgp/wpba_and_e-portfolio.aspx

RCGP
July 2007