

# Governance of GP Clinical Supervisor approvals

## Workforce, Training and Education (WTE); Kent, Surrey and Sussex (KSS)

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### Introduction

The Care Act (2014) outlined Health Education England's responsibility for securing continuous improvement in the quality of education and training and, via this, continuous improvement in the quality of health services. Meanwhile, the General Medical Council sets out the standards for medical education and training (General Medical Council, 2016). This document explains how the approval of Clinical Supervisors in General Practice is governed within the Kent, Surrey and Sussex Primary Care Department in partnership with its Primary Care Training Hubs.

### Accountability

The lines of accountability for Primary Care Training and Education Quality are described in the document '[Primary Care Quality Governance – Workforce, Training and Education; Kent, Surrey and Sussex \(KSS\)](#)'. The Training Hub maturity matrix includes quality as a core function and is described in the Training Hub Operating Guidance (Health Education England, March 2020). Clinical Supervisor approvers make recommendations to the Head of GP School who advises the Primary Care Dean. The Primary Care Dean is accountable to the General Medical Council and advises the Post Graduate Dean. The Post Graduate Dean has final oversight and accountability for Quality in KSS Workforce, Training and Education.

### Scope

The scope of this process is for the approval of GP Clinical Supervisors. The following processes are interrelated but separate:

- Renewal of Clinical Supervisors
- Approval and renewal and GP Educational Supervisors
- Approval of Clinical Learning Environments
- Triggered Quality Assessments

### Signing off Clinical Supervisor approvers

1. Clinical Supervisor approvers work with their Primary Care Training Hub. They should be General Practitioners who are selected by their Training Hub as having the appropriate skills, knowledge, and experience for completing Clinical Supervisors approvals. They need to have received

appropriate training to do this work, either from their Patch Associate GP Dean, the Head of GP School or the Primary Care Dean.

2. The GP Patch Associate Deans sign off Clinical Supervisor approvers within their GP Patch by reading their reports, providing formative feedback, and signing off the CS approver using a short form. Second readings are recommended for the first three Clinical Supervisor applications per approver. A member of the Primary Care Senior Leadership can give a second opinion if there is any disagreement about suitability.
3. Once experienced and signed off as competent, it is not planned that there will be routine second readings for Clinical Supervisor approvers.

## Supporting Clinical Supervisor approvers

1. Clinical Supervisor approvers should be supported by their Training Hub Clinical Lead in this role.
2. GP Patch Associate Deans should also support Clinical Supervisor approvers within the scope of this process, including answering questions and completing second readings if requested by the Clinical Supervisor approvers, Quality Management Forum, or the Primary Care Quality Team.
3. The Primary Care Quality Team coordinate the work of Clinical Supervisor approvers and support them with access to information and answering questions around process and administration.

## Eligibility criteria for Clinical Supervisors

KSS GP Clinical Supervisors must:

- Work a minimum of four GP clinical sessions per week;
- Be a salaried Doctor or partner or in a substantive post, but not a Locum or a member of the GP Retention Scheme;
- Have been a qualified GP for twelve months at the time of CS recognition;
- Work in an approved Clinical Learning Environment (CLE);
- Have worked in this Clinical Learning Environment for a minimum of 6 months;
- Have attended the KSS Clinical Supervisor course within the 24 months before recognition.
- Be in good standing with the General Medical Council and NHS England.
- Follow the abeyance process if required. There is usually a 6-month abeyance period after transferring to a new CLE. After abeyance, there is a mandatory approval process to be completed.

## Clinical Supervisor approval process

1. A GP can apply to enrol on the Clinical Supervisor (CS) Course through the KSS Primary Care Department website.
2. GPs are eligible if in a substantive post of at least four clinical sessions per week for six months at approval and have had their Certificate of Completion of Training for 12 months by the time of approval.
3. The Educator Pathway Team screens the application for eligibility.
4. If eligible, the GP attends the CS Course and is invited by the Primary Care Quality team to submit CS application forms.
5. CS application forms are reviewed by the CS approver and an application meeting is conducted with them.
6. The CS approver completes a report to recommend an outcome for the Clinical Supervisor.
7. CS approvals are collated by the Primary Care Quality Team into the Head of GP School report.
8. The Head of GP School ratifies the report monthly.
9. The Primary Care Quality Team co-ordinates communications with all the relevant stakeholders.
10. The CS applicant, General Medical Council and GP Faculties are informed of the outcome by the Primary Care Quality team.
11. Newly approved Clinical Supervisors must renew after 2 years, then after 5 years.

## Roles and responsibilities

The **Educator Pathway Team** are responsible for:

- Administration of the Clinical Supervisor course.
- Maintaining a database of Clinical Supervisor course applicants and attendees.
- Screening the Clinical Supervisor course applicants for the KSS eligibility criteria.

The **Primary Care Department Quality Team** are responsible for:

- Version control of the GP Educator form.
- Receiving the Clinical Supervisor application forms and distributing these to the Clinical Supervisor approvers for review.
- Compilation and distribution of the Head of GP School report.
- Communicating to the intending CS the completion of the CS approval and confirming any recommendations or Mandatory Requirements.
- Notifying the General Medical Council, the Healthcare Education Team (HET), and GP Faculties about Clinical Supervisor approvals.
- Maintenance of the KSS GP Supervisor database.
- Attending the Primary Care Department Quality meeting to capture and record any suspended or revoked Clinical Supervisor recognitions.
- Starting the process for the relevant Clinical Learning Environment approvals if required.

The **Primary Care Training Hubs** are responsible for:

- Appropriate selection of Clinical Supervisor approvers.
- Monitoring workload, escalating concerns, and provision of 1:1 of Clinical Supervisor approvers.
- Communicating with the Primary Care Quality Team.

The **GP Patch Associate Deans** are responsible for:

- Supporting the Clinical Supervisor approvers with CS approvals, including answering questions and completing second readings if requested by the Clinical Supervisor approvers.
- Signing off CS approvers by reviewing their reports and completing a short form.

The **Clinical Supervisors approvers** are responsible for:

- Reviewing applications received from the Primary Care Quality Team.
- Making meeting arrangements with intending Clinical Supervisors.
- Recommending outcomes for Clinical Supervisor approvals through their report.
- Communicating with and escalating concerns to the Primary Care Quality Team.
- Seeking clarification and advice from the appropriate colleagues.
- Confirming to the Primary Care Quality Team that mandatory requirements have been met when evidence has been submitted by the Clinical Supervisor after approver.

The **Head of GP School** is responsible for:

- Reviewing and approving the monthly Head of GP School Report.

**Anyone who places a learner into a learning environment** is responsible for:

- Checking that the location is approved for learners of that profession, and that there is a suitably qualified supervisor.

The **GP Training Programme Directors** (TPD) are responsible for:

- Checking that the location and GP Supervisor is approved for the relevant Training Programme before placing post graduate doctors in GP training.
- Consulting the list of approved sites on the GMC website.
- Consulting the lists of GP Supervisors sent to them by the Primary Care Quality Team.

The **Clinical Supervisors** are responsible for:

- Submitting mandatory requirements to the Primary Care Quality Team within the timeframe requested by their approver.
- Communicating with the Primary Care Quality team if:
  - They decide not to continue or reapply for recognition as a Clinical Supervisor.
  - They are on leave for an extended length of time.
  - They move practice.
  - There is a practice merger, move of premises or close of the practice.
  - There are any changes, events and incidents that affect their service or the people who use it.
  - There are any GMC, CQC, NHSE or training matters that involve them directly.
  - There are any changes to the CQC rating of the practice.

## Declarations of Interest

The [NHSE Managing Conflict of Interest Guidance](#) will be adhered to. All colleagues of the Primary Care Department should declare their interests using the national CoreStream system. The Primary Care Department requests a list of these interests from the Corporate Governance Team for tracking purposes. Colleagues working in a substantive clinically facing or leadership role within the organisation of concern, who also have an NHSE-WT&E role should not be present during the relevant discussion. However, if their NHSE-WT&E role is not related to the location being discussed, they can speak as appropriate to their role in the meeting.

Clinical Supervisor approvers should notify Quality Support Officer of any conflicts of interest with intending Clinical Supervisors. The Quality Support Officer will then assign the Clinical Supervisor approval to an alternative approver.

## Information Governance

The [NHSE Information Governance Policy](#) will be adhered to. Information will be shared on a strict need to know basis and the management of information should adhere to the Caldicott Principles. The Primary Care Dean for KSS is the Information Asset Owner (IAO) for all information held by the NHSE-WT&E Primary Care Department in Kent, Surrey and Sussex (KSS). The Quality Support Officer is the Information Asset Administrator (IAA) for all information held by the NHSE-WT&E Primary Care Department in Kent, Surrey and Sussex around GP Supervisors, Clinical Learning Environment approvals and Triggered Quality Assessments.

## Bibliography

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