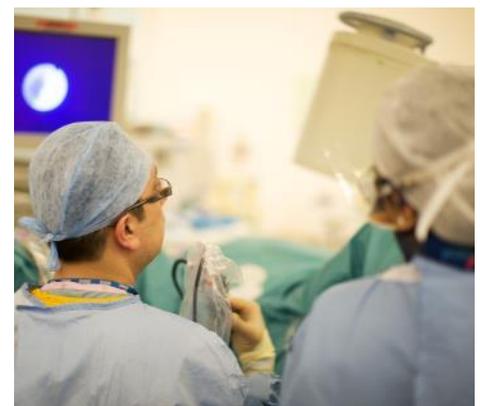


Guidance on Supervision/Support for GP Trainees in GP Placements During the Covid-19 Emergency



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Due to the impact of the Covid-19 pandemic on service pressures in primary care, the normal split of the GPST working week into 7 clinical and 3 educational sessions has been suspended. Currently all 10 sessions can be allocated to clinical work, subject to the guidance below, if practice workload and local circumstances dictate. However Educational and Clinical Supervisors must still supervise and support their GP trainees safely and effectively during this time and this document outlines minimum requirements in these areas.

Supervision

- GP Trainees still need to be supervised at all times while they are working clinically.
- The supervisor for an individual session will often be the Educational or Clinical Supervisor themselves, but as before, this responsibility can be delegated by the ES/CS to another doctor in the training practice. If the trainee is working on another site, this should ideally be with their usual ES/CS. If this is not possible trainees should at all times be able to access a qualified GP (in person, or via telephone and/or video link) who is a trained clinical supervisor (ES/CS or OOH CS).
- Depending on the experience of the trainee, supervision can be either direct supervision (in the room), near supervision (in the building) or remote supervision (on the phone).
- The level of supervision required must be discussed with the trainee and should match their experience of working in that type of session. Trainees who can work under near supervision for face-to-face consulting may need direct supervision as they learn how to consult remotely. This may involve conducting some joint telephone surgeries until the trainee is ready to work under near supervision.
- Undertaking consultations with remote supervision should normally only be used for more experienced trainees. The trainee should agree that they are ready before moving to working under remote supervision. Trainees should not be lone working as the only doctor on site in a GP surgery, or in any alternative setting.
- The Covid-19 pandemic is throwing up some new contexts for supervision:
 - Trainees working remotely due to self-isolation or shielding. Trainees undertaking telephone consulting or other remote clinical working (processing patient results, etc) should normally have contact with their supervisors at the beginning of each session (to confirm arrangements and check availability), and at the end for debriefing. A supervisor should be available at all times during the session to help them with queries.
 - Trainees working in Covid-19 hubs will need appropriate induction and training before working in this environment.
 - Trainees working in alternative settings. Sometimes, as a result of local service pressures, trainees will be pulled into working in training environments which are not currently GMC approved training sites. This is acceptable, but please follow the guidance in Appendix A

Support

- Formal Tutorial time and HDRC teaching have been suspended during the current pandemic. A full-time trainee can be based in the practice for 10 clinical sessions. Guidance is still in preparation on the current requirements for WPBA.
- However these 10 sessions should still normally include (inside the usual 40 hour working week) an opportunity for supervision and debriefing after each session with the supervisor for that session. The balance of clinical/admin time in each session should remain at 3:1, as before.
- Time should also be set aside each week (again, inside the 40 hour working week) for a fuller debriefing on the week with the supervisor. This should include discussion of challenging patients/scenarios and exploring the trainee's responses to working in new ways and under an increased workload pressure.
- These 10 sessions should include the time that trainees need to spend in acquiring new knowledge and skills to practise safely during the Covid-19 pandemic, e.g. accessing telephone consulting training material.
- Local GP Programmes are organising virtual group work, using Skype or similar, usually on [Tuesday/Wednesday/Thursday] when the HDRC was running. Trainees tell us this is a really valuable opportunity for peer support, so supervisors should make every effort to release trainees for these times when clinical pressures allow.
- Support is still available to trainees in their local programme via their TPDs. HEE is also recruiting recently-retired GP educators to provide additional support in case TPDs need to devote more time to their clinical work as a result of workload pressures.
- If a trainee is struggling and needs additional support beyond what is immediately available then contact the programme Associate Dean for advice. The local HEE PSW team are also still available to provide additional support.

There may be times in the next few weeks and months when workload pressures are such that time is not always available for these discussions. Working out how the trainee can practise safely during Covid-19 is a shared responsibility between supervisor and trainee. Supervisors should check regularly on the welfare of their trainee. The trainee (as always) has a professional responsibility to monitor their own wellbeing. If the trainee requires additional support or feels that their working arrangements are compromising their ability to work safely then they must raise this urgently with their supervisor. If after this discussion the trainee and the supervisor cannot reach a satisfactory solution they should contact their patch Associate Dean or Lead Employer office for further guidance.

Appendix A

Covid 19 – GP Specialty Trainees (GPSTs) working in alternative settings

In responding to the Covid-19 pandemic, the local healthcare system may require GPSTs currently based in GP practices to provide care in new and emerging community settings (e.g. Covid Response Hubs) or practices not currently approved as GP Training learning environments.

The nature of the pandemic and required response means flexibility and pragmatism are key, so such work should be facilitated where the following are taken into account.

- Prior to undertaking such work, GPSTs require the support and agreement of their Employer, Clinical and Educational Supervisors, and Primary Care Dean or nominated deputy
- All activities should be subject to the usual risk assessments of the service host including the provision of all necessary recommended equipment
- GPSTs should not work above their contracted hours without their and their employer's agreement
- GPSTs shouldn't work more than two sessions per week in this alternative setting, without the approval of the Primary Care Dean
- Wherever possible, trainees should work alongside one of their current supervisors
- There should still be protected time for breaks and rest in line with the Junior Doctors Contract
- Supervision is of vital importance. At all times, trainees should be able to access a qualified GP (in person, or via telephone and/or video link) who is a trained clinical supervisor
- A trained clinical supervisor is someone who is an existing GP or Foundation trainer, OOH GP training supervisor, or who can provide evidence of training in clinical supervision e.g. supervisor on the NHSE/PCN pharmacy programme