# GP Retention Scheme (GP RS)

## Educational Supervisor Guide – Application/Annual Review

**AIMS**

The aim of this supervision is to provide individual support for the Retained Doctor (RGP), help facilitate their integration into the practice, ensure that their professional development needs are supported and avoid professional isolation. This support should be tailored to the individual needs of the RGP.

The purpose of educational review is to:

* help identify educational needs at an early stage and agree educational objectives that are **SMART** (**S**pecific, **M**easurable, **A**chievable, **R**ealistic, **T**ime bound)
* provide a mechanism to receive any feedback and to discuss this with the RGP
* provide a mechanism for reviewing progress, and a time when remedial action can be arranged and monitored
* assist in the on-going development in RGP of the skills of self-reflection and self-appraisal
* enable learning opportunities to be identified in order to facilitate a RGP’s access to these
* provide a mechanism for giving feedback on the quality of the support provided
* make professional development more efficient and effective for a RGP
* consider matters around fitness to practise and revalidation

Appraisal toolkits should be the preferred route for recording for the RGP. The educational supervisor and RGP should discuss and be clear about the use of an appraisal portfolio.

Regular feedback should be provided by the educational supervisor regarding progress as part of educational review meetings. This should be a two-way process in the context of an effective professional conversation. RGPs should feel able to discuss the merits or otherwise of their experience within the practice and identify factors that may be inhibiting any progress. It will be important that there is a strategy for ensuring that there is no conflict of interest in undertaking educational review for a RGP.

**Definitions**

**A. Retained doctors: (RGP)** - Doctors who meet ALL of the following criteria:

1.         Where a doctor is seriously considering leaving or has left general practice (but is still on the National Medical Performers List) due to:

a.         Personal reasons – such as caring responsibilities for family members (children or adults) or personal health reasons **or**

b.         Approaching retirement **or**

c.         Require greater flexibility in order to undertake other work either within or outside of general practice.

2.         And when a regular part-time role does not meet the doctor’s need for flexibility, for example the requirement for short clinics or annualised hours.

3.         And where there is a need for additional educational supervision. For example a newly qualified doctor needing to work 1-4 sessions a week due to caring responsibilities or those working only 1-2 sessions where pro-rata study leave allowance is inadequate to maintain continuing professional development and professional networks.

RGPs must:

* Hold full registration and a licence to practice with the General Medical Council (GMC) and
* Be on the National Medical Performers List. <https://www.performer.england.nhs.uk/>
* Be in good standing with the General Medical Council (GMC) - without GMC conditions or undertakings - except those relating solely to health matters. The scheme is not intended for the purpose of supporting a doctor’s remediation and where the relevant NHS England Responsible Officer has concerns, the doctor would not usually be eligible for the scheme. <http://www.gmc-uk.org/doctors/register/LRMP.asp>
* Have appropriate indemnity cover

**B. Educational Supervisor (ES):** Named doctor in the practice selected and appropriately trained to be responsible for the overall supervision and management of a specified RGP‘s educational progress whilst employed by the practice. The educational supervisor is jointly responsible with the RGP for the RGP’s educational agreement.

All Educational Supervisors should be:

1. GP trainer, F2 supervisor, Associate Trainers, Out Of Hours supervisors, Undergraduate tutors, Appraisers or have recently accessed a suitable training course in supervision
2. Approachable, keen to develop the RGP and understand the importance of the role
3. Must be familiar with Good Medical Practice, appraisal

b) Are responsible for ensuring that relevant information about progress and performance is made available to the HEE lead and informing them / NHSE should the performance of any individual RGP give rise for concern.

c) Should be actively engaged with the educational aspects of this role

**C. Educational review**: A mainly developmental, formative process that is RGP focused

**D. Educational agreement:** Every RGP should have one that is reviewed regularly and provides the basis for all educational review discussions. The educational agreement will need regular review and updating

**E. The practice:** A practice which is able to demonstrate they can meet the educational needs of the RGP and understand the ethos of educational supervision

**Process:**

Elements that support the RGP in this process include:

* Formative interactions
* Triangulated judgement made by a named educational supervisor.

This role does not require summative assessment.

**Support of the RGP**

1. Oversee the professional development of the RGP, act as their mentor, monitor clinical and educational progress & ensure the RGP receives appropriate career guidance and planning
2. Meet the RGP in the first week of the programme (or delegate to colleague if absent on leave), ensure the structure of the placement, the role and system of appraisal and performance review are understood and establish a supportive relationship. The educational agreement should be signed and a Personal Development Plan with clear objectives agreed. Delegates should be identified for time when the ES is away (e.g. annual leave). If the ES is likely to be away for an extended period the HEE office and lead should be informed.
3. Provide the RGP with opportunities to comment on their role, development and on the support provided and to discuss any problems they have identified
4. Review meetings should be held regularly, in protected time and in a private environment. The PDP and appraisal portfolio should be used as a tool to ensure satisfactory progress against revalidation / Good Medical Practice. The meetings should assist educational progress and encourage reflection and the collection of appropriate supporting information on all aspects of Good Medical Practice for Revalidation. (A minimum of 2 hours per month would be is recommended - additional to CPD entitlement)
5. Feedback should be given; this may require the educational supervisor to have discussed with colleagues with whom the RGP has worked. The mechanism of obtaining this information should be clear to the RGP
6. Any complaints and/or serious incidents should be discussed and a reflective note written in the appraisal portfolio and included in any Educational Supervisor’s Report.
7. At the end of the year the annual review consists of reviewing any progress with appraisal portfolio and ensuring that the PDP has been addressed and reasons given if it has not

All the necessary documentation needs to be completed and returned to the HEE GP RS team to enable satisfactory completion of the end-of-year paperwork. All forms and guidance are found on the national website – please see below

If the RGP’s performance is of concern:

1. This should be discussed with the RGP as soon as identified
2. Written record of the meeting kept
3. Remedial measures should be put in place as soon as possible with clearly defined written objectives
4. RGP’s must have an opportunity to correct any deficiencies identified
5. The HEE lead / NHSE RO should be informed of any significant problem

***References:***

*1. GP retention scheme* [*https://www.england.nhs.uk/publication/gp-retention-scheme/*](https://www.england.nhs.uk/publication/gp-retention-scheme/)

*2. GMC: Roles and responsibilities of an Educational Supervisor:* [*http://www.gmc-uk.org/Final\_Appendix\_2\_\_\_Roles\_of\_Supervisors.pdf\_53817452.pdf*](http://www.gmc-uk.org/Final_Appendix_2___Roles_of_Supervisors.pdf_53817452.pdf)

*3. The Gold guide for postgraduate speciality training.* [*https://www.copmed.org.uk/publications/the-gold-guide*](https://www.copmed.org.uk/publications/the-gold-guide)

**For Completion by the RGP’s Education Supervisor:**

**To be completed in full and returned with the RGP’s application form**

|  |  |
| --- | --- |
| Name |  |
| GMC number |  |
| Email address |  |
| Date of last NHS appraisal: |  |
| Date of latest Equality and Diversity training (every 3 years) |  |
| Date of last Information Governance training (annual) |  |
| Latest practice CQC report date and outcome: |  |
| Latest date the practice discussed and agreed to support this doctor in the scheme (annual): | |
| |  |  | | --- | --- | | **Scope of work** Details | Duration in role | | 1 |  | | 2 |  | | 3 |  | | |
|  | |
| **Relevant training for this role:** | |
| |  |  |  | | --- | --- | --- | |  | Date of completion of initial training | Date of (re) approval | | Trainer |  |  | | Associate trainer |  |  | | OOH supervisor |  |  | | Supervision - please specify |  |  | | Other – please specify |  |  | | |
|  | |
| **How do you keep up to date for this role, for example attendance at meetings?** | |
| |  |  |  | | --- | --- | --- | | Date | Nature/ reflection ( brief) | Hours | |  |  |  | |  |  |  | | |

|  |  |  |
| --- | --- | --- |
| **How have your CPD activities in (in the last year) supported you for this role?** Commentary: | | |
| **Quality improvement activity** – have you participated in, reflected and acted on over last year for this role: Commentary: | | |
| **Feedback about your role since last appraisal / review**  Include any complaints, significant events, performance concerns, compliments, MSF etc. in relation to this role | | |
| Date | Method | Key learning / reflection |
|  |  |  |
|  | | |
| **Exceptional circumstances to be considered?** | | |
| **Aspirations for coming year**   |  |  |  |  | | --- | --- | --- | --- | | **Proposed PDP for this role Need** | **Method** | **Outcomes planned** | **Date planned to achieve** | |  |  |  |  | |  |  |  |  | | | |

|  |  |  |
| --- | --- | --- |
| **Probity:** ‘I have nothing to declare; that might impact on my role within HEE | Yes: date disclosed to HEE | No |
| **Concerns: ‘**Have you recommended to bring any information to the attention of HEE’ | Yes: date disclosed to HEE | No |
| **Health: ‘**I have health issues that might impact on my role as ES ‘ | Yes: date disclosed to HEE | No |
| **Conflicts of interest:** | Yes: date disclosed to HEE | No |

|  |  |  |
| --- | --- | --- |
| Signed: ES | Name | Date |
|  |  |  |

**Referees (ES):** New applications should be supported by names of 2 referees who are able to comment on current / recent roles

|  |  |
| --- | --- |
| Name | Contact details |
| 1. |  |
| 2. |  |