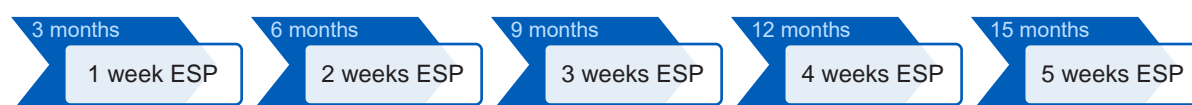


A guide to the Enhanced Supervision Period for GPSTs returning to training after a prolonged absence

Introduction

The enhanced supervision period (ESP) is recommended for GPSTs after time out of training to ease the transition back into the workplace and build up confidence before the training clock restarts.

It is recommended to have 1 week of enhanced supervision for each 3 months out of training, so for a full year out of training this would equate to a 4-week period of enhanced supervision. The ESP is pro-rata so would be extended for those returning on a LTFT basis. The ESP is **bespoke** to the needs of the returning doctor, therefore no two GPSTs would have the same enhanced supervision timetable. Individual needs should be discussed at the **pre-return meeting** and a plan agreed.



The ESP does not count towards training time (the CCT date is extended by the duration of the ESP), but it is fully paid. Towards the end of the ESP, GPSTs should have a **post-return meeting** with their Educational Supervisor (ES) or Training Programme Director (TPD) to review or extend the ESP depending on whether they are happy to return to training or have concerns requiring an extension. It is usually helpful to include some assessments (CEPS, COTs, CBDs) and reflective logs as part of the ESP to help with this review. It should be noted however, that these DO NOT count towards the mandatory number of assessments required for each of the training years.

Considerations

Things to consider when planning enhanced supervision include:

Courses to consider ahead of the ESP: If a GPST is due to return to a placement in Paediatrics then a Paediatric course could be helpful, if they are returning to Obstetrics and Gynaecology then a Women's Health course may be considered, if returning to a General Practice placement a course about managing blood results in primary care

may be relevant, and so on. Note: GPSTs can get an annual subscription to NB Medical or Red Whale as part of the SupportTT package.



Training to date: It is recommended to review training to date to see what placements have been undertaken and discuss any gaps in the curriculum. KIT/SPLIT/SRTT days can be utilised to spend time in specialist clinics or for knowledge boosters. In General Practice members of the MDT can also be shadowed as part of the ESP e.g. First Contact Physiotherapist (FCP), Mental Health Practitioners (MHP), Care Coordinators, practice pharmacist and the practice nurse which can help refresh skills and knowledge. In hospital placements it may be possible to arrange time observing/shadowing relevant clinics.

Type of placement: Is this a new placement or return to a previous placement?



If GPSTs are returning to a new **GP placement** or are near the start of their GP training, the ESP may look like a standard induction timetable for primary care, giving the doctor exposure to the different members of the team and allowing them time to get used to the IT systems etc. If they are returning to a GP post they were in previously, then the ESP can involve a shorter period of shadowing (with a focus on shadowing mainly GPs) followed by joint clinics or directly observed consulting. This can then be followed by independent consulting with longer appointment times and more breaks initially, building clinics up slowly over the next few weeks and ensuring regular debriefs. Tutorials can be utilised for feedback and assessments.



Doctors returning to **hospital placements** should initially shadow colleagues, work alongside peers and attend clinics where appropriate. There should be no on-call duties unless in a shadowing or directly observed capacity, and no out of hours on-calls unless specifically agreed e.g. for doctors wishing to shadow at night before doing on-calls independently.

In primary care the ESP could include **time with community teams**. There are lots of different community teams that you may not have full awareness/understanding of e.g. the community mental health team, physical health crisis team, pharmacy first, the

falls team, district nurses, health visitors. The ESP presents an opportunity to spend time with members of these teams to learn about their role and how referrals are made.

Areas of weakness: Time can be spent focusing on upskilling in these areas e.g. venepuncture – time in a phlebotomy clinic or with the HCA, speculum examinations – time on the Emergency Gynaecology Unit or with the practice nurse doing smear tests etc.

On-calls should not be included in the ESP unless in a shadowing or directly observed capacity.

Re-engaging with **Fourteenfish ePortfolio**. It is a good opportunity to re-engage with assessments and clinical case reviews during the ESP. For example, a goal could be set to complete 2 assessments (CEPS, mini-CEX, COTs, CBDs) and 2 clinical case reviews during the ESP. Please note that these will not be counted towards the mandatory training numbers.

Review **mandatory requirements** e.g. safeguarding, BLS. These can be included in the ESP or as KIT/SPLIT/SRTT days.

Example GP timetables

The ESP timetable should be individually tailored taking into account the above considerations along with the doctor's wishes and training needs. As such there is no single recommended timetable for ESP and activities should be agreed between the GPST and Educational Supervisor. Below are some sample timetables intended as a guide to help plan the ESP.

New GP placement:

Week 1	Monday	Tuesday	Wednesday	Thursday	Friday
AM	Practice orientation	Induction Practice manager and shadow reception	GP Teaching	Shadow GP Doctor A	Shadow GP Doctor B
Lunch	Meet the team	Lunchtime meeting		Shadow home visit	
PM	Emis/IT training	Tutorial		Shadow pharmacist	Shadow referrals team

Week 2	Monday	Tuesday	Wednesday	Thursday	Friday
AM	Emis/IT training	Shadow practice nurse	GP Teaching	Shadow GP Doctor A	Shadow GP Doctor B
Lunch	Shadow home visit	Lunchtime meeting		Shadow home visit	
PM	Shadow GP Doctor A	Tutorial		Community falls team	Shadow first contact physio

Week 3	Monday	Tuesday	Wednesday	Thursday	Friday
AM	Time with practice manager	Shadow Doctor C	GP Teaching	Joint clinic GP Doctor A	Joint clinic GP Doctor B
Lunch		Lunchtime meeting		Shadow home visit	Shadow home visit
PM	Shadow HCA	Tutorial		Joint Clinic GP Doctor C	Shadow CMHT

Week 4	Monday	Tuesday	Wednesday	Thursday	Friday
AM	Online consults with duty doctor	Short mini surgery (30 min appts) with debrief	GP Teaching	Short mini surgery (30 min appts) with debrief	Short mini surgery (30 min appts) with debrief
Lunch		Lunchtime meeting		Shadow home visit	
PM	Short mini surgery (30 min appts) with debrief	Tutorial		Short mini surgery (30 min appts) with debrief	Short mini surgery (30 min appts) with debrief

Return to GP placement:

Week 1	Monday	Tuesday	Wednesday	Thursday	Friday
AM	Induction Practice Manager	Shadow GP Doctor A	GP Teaching	Emis/IT	Shadow GP Doctor B
Lunch		Lunchtime meeting		Shadow home visit	
PM	Emis/IT	Tutorial		Shadow pharmacist	Shadow GP Doctor C

Week 2	Monday	Tuesday	Wednesday	Thursday	Friday
AM	Shadow Doctor D	Joint Clinic Doctor A	GP Teaching	Joint clinic GP Doctor C	Joint Clinic Doctor B
Lunch	Shadow home visit	Lunchtime meeting		Shadow home visit	
PM	Shadow Doctor E	Tutorial		Joint clinic GP Doctor A	Short mini surgery (4 patients, 30 min appts) with debrief

Week 3	Monday	Tuesday	Wednesday	Thursday	Friday
AM	Short mini surgery (4 patients, 30 min appts) with debrief	Short mini surgery (4 patients, 30 min appts) with debrief	GP Teaching	Short mini surgery (4 patients, 30 min appts) with debrief	Joint Clinic Doctor B
Lunch		Lunchtime meeting		Shadow home visit	Shadow home visit
PM	Short mini surgery (4 patients, 30 min appts) with debrief	Tutorial		Short mini surgery (4 patients, 30 min appts) with debrief	Short mini surgery (4 patients, 30 min appts) with debrief

Week 4	Monday	Tuesday	Wednesday	Thursday	Friday
AM	Short mini surgery (5 patients, debrief)	Short mini surgery (5 patients, debrief)	GP Teaching	Short mini surgery (5 patients, debrief)	Short mini surgery (5 patients, debrief)
Lunch		Lunchtime meeting		Shadow home visit	
PM	Short mini surgery (5 patients, debrief)	Tutorial		Short mini surgery (6 patients, debrief)	Short mini surgery (6 patients, debrief)

Further Support & Guidance

For further information about SupportRTT:

Website: <https://nwpgmd.nhs.uk/supported-return-to-training>

Email: england.supportrtt.nw@nhs.net

If you have any questions about the SuppoRTT programme or ESP, please contact the team on the above email or your SuppoRTT Champion who can be found here: <https://nwpgmd.nhs.uk/supportt-contacts>.