

Guidance for GPwER Clinical Supervisors:

Introduction:

Clinical supervisors (CS) are required to support the training of GPwER candidates and to assess relevant competencies. It is preferable, although not always possible, to have more than one clinical supervisor for any given candidate.

Definitions:

- A clinical supervisor (CS) is a pre-accreditation supervising peer, who may be a specialist in the relevant extended role or another health professional supervising within their sphere of competence.
- A senior clinical supervisor (SCS) is a senior health care professional who is required to complete the clinical supervisors report as part of the accreditation process. A SCS can also act as a CS. It is expected that a SCS would be a consultant or RCGP accredited GPwER working in the same scope of practice as the candidate. In exceptional circumstances (for example, there is no recognised local SCS) a candidate may suggest a different individual to take on the role of the SCS, this must be proposed by the candidate in the pre-accreditation phase and then considered by the GPwER accreditation team. If the proposal is accepted, then the candidate can proceed with training and accreditation.

Guidelines:

A CS needs to be familiar with the relevant guidelines:

- The generic RCGP framework to support the governance of [General Practitioners with Extended Roles](#)
- Guidance and competences for GPs with Extended Roles (GPwERs) – [GP with extended role \(GPwER\) framework - BSACI](#)

Candidate training:

At the start of the training process a CS needs to meet with the candidate to identify learning requirements and how these can best be achieved – it may be helpful to do an ‘interim’ clinical supervisor’s report to aid in this assessment.

Assessment tools:

The Assessor marking information for clinical supervisors shows the marking scheme that GPwER assessors use.

A CS needs to:

- Be familiar with the assessment tools required for accreditation. These include a log diary used for case-based discussion and continuous professional development.
- Discuss the results of a patient survey and any audit undertaken with the candidate.
- Provide a clinical supervisor's report towards the end of the training/assessment period (this must be undertaken by a SCS)
- All the relevant tools and other supporting documents used by the candidates can be found on the GPwER accreditation section of the BSACI website.

Assessment notes:

The following notes are intended to support the effective use of the assessment tools (and other supporting documents):

- The assessments should be performed by suitably trained CSs, having experience of the use of the appropriate assessment tool.
- The CS should be regularly undertaking the activity/skill being assessed and be appropriate to the assessment, wherever possible more than one CS should be involved in the assessment process.
- It is strongly recommended that a series of appropriate clinical assessments (where appropriate) take place at reasonable time intervals until competency has been demonstrated during the training period prior to accreditation.
- The CS is expected to be present throughout the session and to make assessments, covering different clinical domains, from several patient interactions.
- While the gold standard should be assessments performed while a patient is in clinic, there may be occasions when it is acceptable to use photographs of a patient or other images (for example, from the internet) for case discussion – in the former this scenario could arise if a candidate has seen a relevant case in a different clinical setting, in the latter this scenario could arise if the condition assessed is seen infrequently in the clinical setting in which the candidate is based. All relevant images must be treated as sensitive personal data and therefore appropriately redacted as well as stored and transmitted securely.
- For most of the assessments the outcome will be 'satisfactory' or 'unsatisfactory'. Time will be allocated for feedback. If a candidate is marked as unsatisfactory a relevant comment should be provided, similarly if a candidate is marked as satisfactory but performs well this should also be commented on
- It is recommended that one of the assessments should include a review of case notes.
- Learning diary – candidates will keep a learning diary, which is an ongoing process that can be used for case-based discussion (including MDT meetings), CPD, and other competences that are not included but desirable.

- As a post evolves and develops into new clinical areas following accreditation for a particular role, further assessments may be required to demonstrate new competences appropriate to a changing role.

Resubmission

Once a candidate has submitted their documents to the BSACI accreditation office, they will be marked by two assessors, one a consultant allergist, and the other a GPwER in allergy. If the assessors mark any sections of the portfolio document as borderline or unacceptable then further information will be requested. The candidate will have three months to submit further evidence for a borderline (minor) issue and six months for an unacceptable (major) issue, the later may require a further period of training.

Panel assessment

The assessors will pass the marked portfolio of assessment and supporting documents to the BSACI accreditation panel to give a final decision on whether the candidate is suitable for accreditation. Successful candidates will be provided with a certificate. If the candidate is not successful there is an appeal process.

Post-accreditation

The GPwER will need ongoing support from a clinical guide, defined as a post-accreditation peer, usually the specialist (consultant or accredited GPwER) who undertakes the annual performance development review, which forms part of the whole scope annual appraisal. The clinical guide is likely to have been one of the CSs involved in the training and assessment during the accreditation process. The accredited GPwER is expected to work alongside the clinical guide at least once a month.