



## Acting as a supervisor for a doctor with conditions

This month our GP support team pose a challenge: Ask not what your LMC can do for you – ask what you can do for your professional colleagues.

### Background

GPs are facing ever-increasing pressures and may be performance managed by NHSE or come to the attention of the GMC. A doctor who has run into performance difficulties may have to accept voluntary undertakings or have conditions imposed on their practice, such as supervision. Many of our colleagues face enormous difficulty satisfying their conditions because of difficulty finding a supervisor.

Broadly, supervision falls into three groups: educational supervision, work-place reporting and/or clinical supervision. Acting as a supervisor can be hugely rewarding and is a very valuable way of helping to keep experienced colleagues in the profession.

So, what does this actually mean? The explanations below are intended to give an idea as to what is involved and what supervision means.

### The Educational Supervisor (ES)

The educational supervisor will develop a learning agreement specific to the doctor concerned and related to their specific needs. This involves forming a supportive relationship and reviewing and updating a doctor's PDP.

The ES will make assessments and decisions in conjunction with other appropriate colleagues and not in isolation. There is also a duty for the ES to report concerns about poor performance and fitness to practise. Generally, the ES will meet the doctor regularly at 2-4 weekly intervals and is usually expected to provide monthly reports for the duration of the supervision.

The ES does not need to work in the same practice and can meet at any convenient place. In practice most ESs find it helpful to meet at the GP's workplace to get a feel for working practices and organisational issues.

### The Workplace Supervisor (WS)

Sometimes called workplace reporter. This must be a GP who works in the same practice as the doctor who is being supervised.

The WS reports on details of complaints, verbal and written communication skills encompassing both patient and colleague interactions, medical record keeping and clinical correspondence. They are asked to comment on organisational skills, punctuality, managing workload, running on time, ability to prioritise and any health issues affecting work.

### The Clinical Supervisor (CS)

Clinical supervision is provided by a named clinical supervisor, who is responsible for overseeing a GP's clinical work on a day-to-day basis. They will give constructive feedback to the doctor and will lead on providing a review of their clinical or medical practice throughout the period of supervision. The CS will contribute to the educational supervisor's report. The CS must agree to give NHSE or the GMC regular feedback about the doctor's progress. This is usually the most demanding role of three described.

There are 3 levels of clinical supervision defined by the GMC: 1) supervision 2) close supervision and 3) direct supervision.

#### 1) Supervision

The clinical supervisor may be off site at a particular time but must be available to give advice and/or assistance. If the clinical supervisor is on leave, a named GP on the GP Register must clinically supervise the doctor under the same arrangements.

The clinical supervisor must:

be available to give advice and and/or assistance as required; and  
meet with the doctor formally, as agreed, normally at least once per fortnight for a case-based discussion.

#### 2) Close supervision

The clinical supervisor must be on site and available at all times. If the clinical supervisor is on leave, or off site, a named GP on the GP Register must clinically supervise the doctor under the same arrangements.

The clinical supervisor must:

be available to give advice and/or assistance as required;  
meet with the doctor formally at least once per fortnight for a case- based discussion; and

meet with the doctor at least once a week for a feedback session.

### 3) Direct supervision

This is the most demanding kind of supervision that the GMC may impose. The doctor must be directly supervised in person at all times.

The clinical supervisor:

must be on site and available at all times;  
may make arrangements for a suitable named deputy to directly supervise the doctor; and  
must take overall responsibility for the doctor's supervision.

The named deputy:

must be a GP on the GP Register; and  
must be informed of the doctor's conditions or undertakings. If the clinical supervisor is on leave, or off site, a named GP on the GP Register must clinically supervise the doctor and take overall responsibility for their supervision.

The clinical supervisor must:

scrutinise all aspects of the doctor's work at all times;  
check all the doctor's prescriptions;  
supervise all the doctor's patient contact;  
meet with the doctor at least once per fortnight for a case-based discussion; and  
meet with the doctor at least once a week for a feedback session.

Who can act as a supervisor?

NHS England London area teams are generally willing to be flexible about requirements for acting as a supervisor, however they expect the doctor in difficulty to take responsibility for identifying and funding a suitable supervisor.

To act as an ES or CS, generally a doctor must have experience of being an educationalist, which may be that they hold a formal training qualification, have acted in other capacities such as being a GP tutor, doing NCAS assessments, F2 supervision or GP appraisals. The local NHSE teams will check suitability and approve individuals on a case by case basis to act in the role of a supervisor.

The roles of clinical supervisor and workplace reporter may be merged. NHSE tends to mirror the GMC requirements and use the same terminology.

Will you be paid as a supervisor?

Yes indeed, it is expected that the doctor needing supervision will pay the supervisor the going rate for their time. We recommend this is done through a documented, signed agreement between doctor and supervisor.

How can you help?

We are looking for expressions of interest to act as supervisors for GP colleagues needing any kind of supervision. We would like to build up a database at Londonwide LMCs of doctors interested in this role so that we can direct colleagues to them to start a conversation about supervision.

This would be of great help to colleagues who are struggling to identify a suitable supervisor.

If you are interested, please e-mail [gpsupport@lmc.org.uk](mailto:gpsupport@lmc.org.uk) at Londonwide LMCs with your name and contact details and we will be very happy to discuss with you how you might be able to support a colleague. Please put "EOI in becoming a supervisor" in the subject line of your email.

NB: All GP colleagues who meet the criteria for these supervision roles (including those who have recently retired from their practice, but who are still on the GP Performers' List and engaging in annual appraisal and revalidation) are encouraged to send their EOI.