The Royal Wolverhampton NHS Trust

Policy Number

CP54

Title of Policy

Supervision

Contents

1.0 Policy Statement (Purpose / Objectives of the policy)

In modern healthcare settings, there is an expectation that as part of line management arrangements and/or professional arrangements that any staff who require it as part of their job role have access to some form of appropriate supervision. This can vary depending on the role and requirements. For example, a clinical professional may need to access a variety of forms of supervision relating to their practice and personal health and wellbeing.

In some clinical professions, clinical supervision is the term used to refer to the process of reflecting on practice with another person or persons. Clinical Supervision enables individual practitioners to reflect on their practice in order to develop knowledge, skills, competence and responsibility for their own practice to enhance patient safety.
In some professions and functions, management supervision is provided where there is no professional or clinical requirement in the role.

Within Nursing and Midwifery, the model used is restorative supervision, delivered by qualified Professional Nurse/Midwifery Advocates (PNA/PMA) where the supervision is focused on the health and wellbeing, professional and/or personal development, and/or other areas requiring some form of external facilitation or reflection (appendix 1). This policy sets out the principles of the various forms of supervision available and applied in different professional and job roles. The appendices provide more detailed information regarding implementation in practice.

2.0 Definitions

2.1 The groups of staff covered by this policy potentially includes any staff requiring some form of supervision.

2.2 **As referred to in section 1, there are a variety of forms of supervision as defined within the applicable appendices depending on any person and their work role. For example, some clinical professions may require access to a form of** clinical supervision as a practice-focused professional relationship involving a practitioner reflecting on practice guided by a skilled supervisor. The purpose of this form of supervision is to encourage reflection from the practitioner and to improve practice in a safe, confidential and non-punitive environment. This may be facilitated individually or as part of a group.

2.3 A supervisor is an appropriate person with the skills necessary to provide the form of supervision required.

2.4 A supervisee is the member of staff requiring the form of supervision who meets with the supervisor for that purpose with the overall aim of improving practice, knowledge, skills, competence, health and wellbeing.

3.0 Accountabilities

3.1 Director of Nursing – responsible for oversight of this policy and the appropriate appendices

3.2 Professional and managerial leaders – responsible for identifying and facilitating access to the appropriate supervision for the appropriate staff.

3.3 Director of Education – responsible for ensuring the access to and provision of appropriate training in any of the required supervision modalities. Also responsible for liaising with the appropriate professional leads e.g., Head of Nursing Education, regarding the supervision training needs for the professions that fall within their portfolio.

3.4 Managers, Matrons, and professional leaders support implementation in practice.

3.5 Senior Sisters/Charge Nurses, service, and team managers, AHP Team Leaders and any other team managers et al

- Ensure staff are aware and have access to appropriate supervision.
- Ensure eligible staff have access to appropriate supervision training.
- Maintain a list of supervisors in their area.

3.6 Eligible staff: To be sited on this policy and comply with its contents.

4.0 Policy Detail

4.1 The practice principles outline in general terms the role and purpose of supervision in the workplace to evaluate and improve their contribution to the care of people and to develop their skills and knowledge to help them improve their own practice, health and wellbeing.

4.2 All staff have a responsibility to deliver safe and effective care based on professional regulation, current evidence, best practice and where applicable, validated research.

4.3 Supervision enables practitioners to:

- Reflect on practice/work.
- Identify solutions to problems.
- Improve standards of care/work
- Increase understanding of (professional) issues
- Enhance understanding of own practice/work and the practice/work of others
- Further develop their skills, knowledge personally and professionally

4.4 Time Commitment

4.4.1 As per mode of supervision defined in the appendices.

4.5 Record Keeping

4.5.1 A contract between the supervisor and supervisee(s) must be established at the initial meeting and signed by the supervisor and supervisee(s). (As per applicable appendix**)**

4.5.2 The contract if appropriate must include ground rules which are agreed by both the supervisor and supervisee(s). Confidentiality must be included in line with Trust Policy (HR16 Raising concerns at work and OP13 Information Governance), job descriptions and Professional Codes.

4.5.3 The contract will be kept in the supervisee's personal file along with records of when the meetings take place and topics discussed.

4.5.4. Records of the discussion are the property of the supervisee and supervisors may keep a copy of the discussion, and may not be used, without permission, unless there is breach of Trust Policy or Professional Codes.

4.6 Roles and Responsibilities

4.6.1 A supervisor will:

- Be competent to provide the mode of supervision accessed.
- Have attended the required training.
- Understand the mode, role, responsibilities and authority of the supervisor.
- Understand the roles and responsibilities of their supervisee(s).
- Accept their supervisory responsibility to staff who have approached them for guidance and support irrespective of seniority.
- Have a shared responsibility for good care and for patient safety with those whom they supervise.
- Ensure completion of a supervision contract if relevant to the type of supervision. Note, for clinical and restorative supervision it is mandatory for a contract to be established.
- Document and date topics of discussion.
- Ensure that practitioners under their supervision complete and maintain records of supervision / reflective practice including evaluation. The documentation of the discussion is the property of the supervisee and must be stored confidentially and not used without the permission of the supervisee (see 4.5).
- Understand that confidentiality must be respected in all supervision sessions, unless there are breaches to Trust Policy / Professional Code which must be disclosed.
- Inform the appropriate line manager should there be any serious breach of Trust Policy/ Professional Code by any supervisee. The supervisee must be informed of this. Document conversations.
- Work within their level of competency.
- Be a role model and advocate for their supervisees.
- Be aware of the policy for Raising Concerns at Work (HR16)
- Ensure the supervisee completes an evaluation at the end of the supervision period and/or

every 12 months.

4.6.2 A supervisee will:

- Understand the role, responsibilities and authority of the supervisor.
- Understand the roles and responsibilities of a supervisee.
- Have a responsibility to seek help and advice as needed.
- Have an active part in selecting their supervisor.
- Identify mode of supervision and topics for discussion.
- Adequately prepare for the supervisory sessions.
- Develop skills appropriate to the mode of supervision e.g., reflective practice.
- Respect confidentiality in all supervised sessions, unless there are breaches to Trust Policy / Professional Codes which must be disclosed.
- Maintain good records of supervision.

They can if they wish to, record the contents of the discussions, for their own benefit (all patient and staff details must be removed to maintain confidentiality)

4.7 Supervision Process:

4.7.1 Essential elements of supervision.

- The mode of supervision used must be appropriate to the individual and their work role.
- All staff have a responsibility to evaluate and improve their contribution to patient care.
- A non-judgmental, non-threatening partnership must be developed between the supervisor and their supervisee.
- The ground rules to facilitate this process must be set at the beginning of the supervisory relationship and agreed by both supervisee and supervisor.
- Any supervision contract if being used must be reviewed at least every 12 months.

4.7.2 Supervision termination / changes.

Reasons for ending or changing the supervisor may include:

- A change of job role.
- Becoming aware of a mismatch between supervisor and supervisee.
- Reaching a new stage of professional or personal development.
- A supervisor cannot meet the changing needs of a supervisee; they must disclose this and help the supervisee choose a new supervisor.

5.0 Financial Risk Assessment

1	Does the implementation of this policy require any additional Capital resources	No
2	Does the implementation revenue resources of this policy require additional	No
3	Does the implementation of this policy require additional manpower	No
4	Does the implementation of this policy release any manpower costs through a change in practice	No
5	Are there additional staff training costs associated with implementing this policy which cannot be delivered through current training programmes or allocated training times for staff	No
	Other comments	

6.0 Equality Impact Assessment

An equality analysis has been carried out and it indicates that:

Tick	Options
x	A. There is no impact in relation to Personal Protected Characteristics as defined by the Equality Act 2010.
	B. There is some likely impact as identified in the equality analysis. Examples of issues identified, and the proposed actions include: • • •

7.0 Maintenance

This practice will be ratified and reviewed triennially by the Trust Policy Group

8.0 Communication and Training

Training for the PNA role is established via the National and Regional PNA groups at HEE and this will be coordinated by the Lead PNA and their administrator.

Process of training for PNA/PMA is completion of Expression of Interest forms and sign off by line manager. Form submitted to regional group who identify and inform Lead PNA once allocated funded place at identified University.

Upon Completion Qualified PNA is supported and expected to undertake 8 hours a month undertaking elements of the role.

No funding for training identified for the Trust as it is Nationally funded.

Availability of places communicated via Trust Comms

9.0 Audit Process

Criterion	Lead	Monitoring method	Frequency	Committee
Quarterly monitoring for activity and numbers trained	PNA Lead	Routine / Review Data	Quarterly to Divisional Leads/ Directors of Nursing	ASG

10.0 References -

- NHS England and NHS Improvement. (2021). A-EQUIP: Professional nurse advocate A-EQUIP model: A model of clinical supervision for nurses. Retrieved 21st December, 2021, from https://www.england.nhs.uk/publication/professional-nurse-advocate-a-equip-model-a-model-of-clinical-supervision-for-nurses/

- NHS England. (2017). A-EQUIP: A model of clinical midwifery supervision. Retrieved 5th November, 2020, from https://www.england.nhs.uk/wp-content/uploads/2017/04/a-equip-midwifery-supervision-model.pdf

Part A - Document Control

Policy number and Policy version: CP54 Version 4.1	**Policy Title** **Supervision Policy**	**Status:** Final		**Author: Nurse Education** **Chief Officer Sponsor: Director of Nursing**
Version / Amendment History	Version	Date	Author	Reason
	1	July 2010	Lead Nurse Education and Professional Development	New Policy
	2	Oct 2014	Practice Education Facilitator-Clinical Leadership	Scheduled review and update
	3	June 18	Practice Education Facilitator-Clinical Leadership	Scheduled review and update
	3.1	January 2021	Practice Education Facilitator-Clinical Leadership	Extension until October 2021
	3.2	July 2021	Practice Education Facilitator-Clinical Leadership	Extension until November 2021
	3.3	October 2021	Practice Education Facilitator-Clinical Leadership	Extension until January 2022
	3.4	May 2022	Practice Education Facilitator-Clinical Leadership	Extension until July 2022
	3.5	August 2022	Practice Education Facilitator-Clinical Leadership	Extension until October 2022

	3.6	October 2022	Practice Education Facilitator-Clinical Leadership	Extension until January 2023
	3.7	December 2022	Practice Education Facilitator-Clinical Leadership	Extension to April 2023
	3.8	May 2023	Practice Education Facilitator-Clinical Leadership	Extension to July 2023
	4.0	April 2023	Nurse Education	Review of Supervision policies due to change of approach to EQUIP framework in National Nursing and Midwifery framework. Align to overarching process and profession specific as required
	4.1	Sept. 2023	Nurse Education	Inclusion of Appendix 2: Supervision of all non-consultant medical staff SOP

Intended Recipients: all staff	
Consultation Group / Role Titles and Date: Nurse Education. Education	
Name and date of Trust level group where reviewed	Trust Policy Group – July 2023 Virtual Approval – Trust Policy Group – Version 4.1 – September 2023
Name and date of final approval committee	Trust Management Committee – July 2023
Date of Policy issue	September 2023
Review Date and Frequency (standard review frequency is 3 yearly unless otherwise indicated – see section 3.8.1 of Attachment 1)	July 2027 (4 Yearly review)
Training and Dissemination:	
To be read in conjunction with:	
Initial Equality Impact Assessment (all policies): Completed No Full Equality Impact assessment (as required): Completed NA If you require this document in an alternative format e.g., larger print please contact Policy Management Officer	
Monitoring arrangements and Committee	PNA Steering Group/ ASG

Document summary/key issues covered. Clinical Supervision Frameworks overarching principles and processes	
Key words for intranet searching purposes	Clinical Supervision Professional Nurse Advocate PNA

Appendix 1:
Professional Nurse / Midwifery Advocate Procedure for Nursing and Midwifery

By using Use the Advocating for Education and Quality Improvement (A-EQUIP) model to support the supervision of Registered Nurses and Health Visitors. This model allows qualified PNA/PMA to:

- Act as a role model promoting safe and effective evidence-based care for patients and their families.
- Support RNs to identify how personal actions can improve the quality of care provided to patients and their families.
- Use a process known as “Restorative Clinical Supervision” (RCS) to support RNs to focus and develop professional and career aspirations.
- Support RNs in emotionally difficult and challenging situations.
- Provide visible leadership in the workplace.

Roles and responsibilities

- Commit to 8 Hours per month to undertake the role.
- Record all activity and report on a monthly basis to the Trust PNA Lead
- Participate an attend group supervision session for themselves with other PNAs/ PMAs to maintain own support and networks.
- Signpost supervisees according following contact
- An annual in-house education event will take place to facilitate the continuing education of positive psychologies, CQI and development of the role. There may also be access to PMA annual events as the role evolves.
- Access a range of links to useful educational resources will be available via the trusts social media platforms and Learning and Development System (when available).

Process for referrals
Staff/ managers can complete referral form for a PNA/PMA session via PNA webpage**.** Upon completion and submission PNA will make contact to arrange meeting
Referrals can be made for:

- Restorative Supervision session
- Careers Conversation
- Quality Improvement Projects

CP54 – Appendix 2
Supervision of all non-consultant medical staff

1.0 Procedure Statement (Purpose / Objectives of the Procedure)

1.1 To define a formal process of professional support for learning which enables individuals to develop knowledge, skills, and competence and to assume responsibility for their own practice within their level of competence in a way that does not prejudice patient care, protection and safety.

1.2 To describe a systematic approach to the supervisory process for doctors and dentists below consultant grade.

1.3 To ensure the organisation can demonstrate implementation of the supervisory process.

1.4 To ensure effective supervision in all areas of the organisation for doctors and dentists below consultant grade.

1.5 To ensure doctors and dentists below consultant grade have the basic clinical skills required before working independently.

1.6 In adhering to this Procedure, all applicable aspects of the Conflicts of Interest Policy must be considered and addressed. In the case of any inconsistency, the Conflict of Interest Policy is to be considered the primary and overriding Policy.

2.0 Accountabilities

2.1 The **Clinical Tutor** will be accountable for the revision of this procedure which will be necessary from time to time as a result of changes in GMC legislation. All revisions will be agreed through the Postgraduate Medical Education Committee.

2.2 The **Chief Medical Officer, Clinical Tutor, College Tutors and Educational Leads** will be responsible for ensuring that this procedure is fairly and consistently applied within their area of responsibility in the Trust.

2.3 The **Medical Education Manager** will be responsible for ensuring consultants are made aware of necessary training updates as a result of this procedure.

2.4 The **Clinical and Educational Supervisors** are to refer any doctor (below consultant grade) about whom they have a concern to the appropriate lead consultant as identified in the flow chart (Appendix 2A).

3.0 Procedure/Guidelines Detail / Actions

3.1 Doctors below consultant grade will do the following.

3.1.1 Have an obligation to work within their level of competency.

3.1.2 Be responsible for the safety of patients in their care, ensuring that they do not undertake activities beyond their competence.

3.1.3 Understand the role, responsibilities and authority of the supervisor.

3.1.4 Consider themselves under supervision at all times.

3.1.5 Know who is supervising them at all times, understanding that this is a necessary process for doctors in training (foundation doctors, core trainees and specialist training grades), clinical teaching fellows, clinical fellows, SAS doctors, GPSIs, and other non-consultant, non-training grade doctors.

3.1.6 Understand that the process of supervision is not confined solely to the more senior doctors and consultant that they are routinely responsible to in their day-to-day work. It can and must include other doctors and other multi-professional staff who offer advice and support to doctors below consultant grade who may be involved with the care of any individual patient, with the care and safety of that individual patient being the paramount interest.

3.1.7 Acknowledge that the consultant in charge of the patient (out of hours, this may be the on-call consultant) must always be contacted if there is a need for supervision or if additional advice, support and help is required.

3.1.8 Have an obligation to seek help and advice as needed.

3.1.9 Complete and maintain a record of all appraisal and assessment requirements of the Trust and of their training programmes.

3.1.10 Raise with the Clinical Tutor, Specialty College Tutor or Educational Supervisor any concerns regarding the level of clinical supervision provided.

3.2 **A clinical supervisor** will do the following.

3.2.1 Understand the roles and responsibilities of doctors under supervision.

3.2.2 Accept responsibility to supervise those doctors less senior than themselves.

3.2.3 Understand that they share responsibility for good clinical care and for patient safety for patients seen by those whom they supervise.

3.2.4 Understand that the process of supervision is not confined solely to the more junior doctors that they are routinely responsible for in their day-to-day work but can and must include those other more junior doctors who may be involved with the care of

any individual patient, with the care and safety of that individual patient being the paramount interest.

3.2.5 Be trained and competent in the area of clinical care to provide an appropriate level of supervision to their supervisees.

3.2.6 Tailor the appropriate level of supervision to the competence and experience of the trainee.

3.2.7 Understand that no doctor is required to assume responsibility for or to perform clinical, operative or other techniques in which they have insufficient experience and expertise.

3.2.8 Ensure that doctors may only perform tasks without direct supervision when the supervisor is satisfied that they are competent so to do.

3.2.9 Ensure that doctors under their supervision must complete and maintain a record of all appraisal and assessment requirements of the Trust and of their training programmes (nCS, nES or equivalent roles).

3.2.10 Inform the Clinical Tutor and Specialty College Tutor should the level of performance of any trainee give rise for concern (nCS, nES or equivalent roles).

3.2.11 Understand the GMC requirements of supervision as outlined in GMC Publication "Promoting excellence standards for medical education and training".

Promoting excellence: standards for medical education and training (gmc-uk.org)

3.3 The Trust Clinical Tutor ~~(~~or their named deputy~~)~~ will do the following.

3.3.1 Act as a liaison between the Trust and Health Education England and will ensure that there is an over-arching structure of supervision in the Trust which meet the requirements of regulatory and quality assurance authorities.

3.3.2 Ensure through the college tutors and educational leads that each trainee has an appropriate named clinical and educational supervisor.

3.3.3 Be available to discuss and act on any concerns of a supervisor regarding the competence of a trainee.

3.3.4 Be available to discuss and act on any concerns of a trainee regarding the level of supervision being provided.

3.3.5 Liaise with specialty College Tutors to ensure effective programmes of training are delivered and that clinical and education supervision is in place and effective.

3.3.6 Ensure and monitor the level of training amongst consultants in their role as trainers

and supervisors, reporting any concerns to the Chief Medical Officer.

3.3.7 Have the full support of the Trust in dealing with trainees who require enhanced support in conjunction with Health Education England (HEE).

3.3.8 Liaise with the HEE and its officers (Heads of School, Training Programme Directors) when issues of trainee competence cannot be resolved internally.

3.3.9 Maintain a system to ensure that 360° appraisal (multi-source feedback) occurs, and that all doctors about whom any form of concern is expressed will be reviewed and the issue of concern appropriately evaluated.

3.4 Supervision Process: Essential elements of supervision / appraisal

3.4.1 All formal appraisal meetings will be based around the portfolio of evidence held by the doctor.

3.4.2 The structures of training will include rigorous processes of assessment which can include the following:

- Systematic observation of clinical practice,
- Direct observational procedure,
- Video consultation,
- Judgement of multiple assessors,
- Consulting with simulated patients,
- Case review including OPD letters (mini-CEX),
- Case-based discussions,
- TAB (team assessment of behaviour),
- Patient feedback surveys,
- Audit/Quality Improvement Projects,
- Critical incident review, and
- Multi consultant report.

3.4.3 **The first meeting – Named Clinical Supervisor (NCS) (or equivalent)**

3.4.3.1 All newly appointed medical staff below consultant grade must meet with their named Clinical Supervisor (or equivalent) within 2 weeks of appointment for a preliminary appraisal.

3.4.3.2 At the first meeting the NCS will assure that the doctor has undertaken general induction, local induction and understands:

- Department specific information,
- Local induction checklist and limits of competency statement,
- Basic clinical procedures competency review,
- Medical equipment competency review,
- Work schedule and work intensity and how to contact the Trust's Guardian for Safe Working, and
- How to book annual leave and study leave.

3.4.3.3 The NCS will ensure that the newly appointed doctor has the appropriate level of clinical and procedural skills to work safely at their level in the proposed work area and has obtained (or knows how to obtain) the necessary IT passwords before engaging in clinical work

3.4.3.4 The NCS must discuss with the trainee the educational framework and support systems in the post and the respective responsibilities of trainee and trainer for learning. This discussion must include the setting of aims and objectives that the trainee is expected to achieve in the post according to the relevant curriculum for both training and out of training programme grades

3.4.4 **Subsequent meetings NCS (or equivalent)**

3.4.4.1 Subsequent meetings are clearly defined by the training programmes for various grades of doctors and will usually be at the mid-way stage, and then at the end of any particular limb of a rotation. The NCS must regularly:

- review the doctor's progress through the training programme, if applicable,
- adopt a constructive approach to giving feedback on performance,
- ensure the doctor below consultant grade's progress is recorded,
- identify their development needs,
- advise on career progression,
- discuss audits / and Quality Improvement Projects (QIPs) according to trainees' curriculum requirements, and
- understand the process for dealing with a doctor whose progress gives cause for concern.

3.4.5 **Careers** The supervisor or college tutor must offer up to date advice on a future career in their particular area of medicine and signpost available regional and national (including on-line) resources.

3.4.6 For doctors below consultant grade on long term contracts within one specialty formal meetings must be at least twice in the first year, and no less than annually thereafter.

3.4.7 **Meetings with Named Educational Supervisor (NES) (or equivalent)**

3.4.7.1 In some cases the NES will also be the NCS. However, if this is not the case, separate meetings should occur with the educational supervisor.

The educational supervisor will:

- Review the overall training,
- Ensure that the training is aligned with the curriculum requirements, and
- Ensure that the trainee is progressing satisfactorily to meet the ARCP requirements.

3.4.8 Doctors in Difficulty

3.4.8.1 If the NCS or NES the doctor may need further support, various options are

available for consideration. Please refer to Appendix 2 for guidance (Appendix 2).

4.0 Financial Risk Assessment

1	Does the implementation of this procedure require any additional Capital resources	No
2	Does the implementation revenue resources of this procedure require additional	No
3	Doe the implementation of this procedure require additional manpower	No
4	Does the implementation of this procedure release any manpower costs through a change in practice	No
5	Are there additional staff training costs associated with implementing this procedure which cannot be delivered through current training programmes or allocated training times for staff	No
	Other comments	

5.0 Equality Impact Assessment

An equality analysis has been carried out and it indicates that:

Tick	Options
✓	A. There is no impact in relation to Personal Protected Characteristics as defined by the Equality Act 2010.
	B. There is some likely impact as identified in the equality analysis. Examples of issues identified, and the proposed actions include: •

6.0 Maintenance

This procedure will be reviewed by the Post Graduate Education Committee (PGEC) and the Education and Training Committee to ensure it reflects the requirements of local and National Standards.

7.0 Communication and Training

7.1 All consultant medical staff will be made aware of this procedure.
7.2 All newly appointed doctors below consultant grade will be informed of this procedure at local induction.

8.0 Audit Process

Implementation and Monitoring of this Procedure will be as in the table below and will be governed by the Education and Training Committee and its sub-committees, for example PGEC.

Criterion	Lead	Monitoring method	Frequency	Committee / Group
Educational Supervision Training	Clinical Tutor Educational Supervisors	Revalidation Data	Annually	Postgraduate Medical Education Committee
GMC Trainer and Trainee Survey	Clinical Tutor	On file Faculty of Postgraduate Medicine	Annually	Postgraduate Medical Education Committee

9.0 References - Legal, professional or national guidelines

GMC Publication "Promoting excellence standards for medical education and training":

Promoting excellence: standards for medical education and training (gmc-uk.org)

NACT (National Association of Clinical Tutors) Guidance for locally employed doctors across the UK

NACT Supporting LEDs.pdf

http://www.nact.org.uk/documents/nact-uk-documents/

Appendix 2A: Doctors requiring additional support flow chart

Appendix 2B: Support for doctors guidance

Part A - Document Control

Procedure/ Guidelines number and version 1.0	**Title of Procedure/Guidelines** Supervision of all non-consultant medical staff	**Status:** Final		**Author: Head of Medical Education** **For Trust-wide Procedures and Guidelines Chief Officer Sponsor: Chief Medical Officer**
Version / Amendment History	Version	Date	Author	Reason
	1.0	Sept. 2023	Head of Medical Education	Policy transferred to SOP and appended to CP54 (CP48 de-ratified)

Intended Recipients:

All consultants

All doctors below consultant grade

All non-medical staff involved in day-to-day supervision of doctors below consultant grade

Consultation Group / Role Titles and Date:

Medical Education Group: July 2021
Postgraduate Medical Education Committee: July 2021
Local Negotiating Committee: July 2021

Name and date of group where reviewed	Medical Education Group: July 2021 Postgraduate Medical Education Committee: July 2021 Local Negotiating Committee: July 2021 Trust Policy Group (Virtual Approval) – September 2023
Name and date of final approval committee (if trust-wide document)/ Directorate or other locally approved committee (if local document)	
Date of Procedure/Guidelines issue	September 2023
Review Date and Frequency (standard review frequency is 3 yearly unless otherwise indicated – see section 3.8.1 of Attachment 1)	July 2027

Training and Dissemination:
Dissemination will be through Postgraduate Medical Education Committee to all supervising consultants*. Supervisors will reflect on its relevance to their role in their annual educational appraisal. Trust communications channels will be used to make all doctors below consultant grade and all non-medical staff involved in day-to-day supervision of doctors below consultant grade aware of the procedure.

To be read in conjunction with:
To be read in conjunction with GMC Publication "Promoting excellence standards for medical education and training".

NACT (National Association of Clinical Tutors) Guidance for locally employed doctors across the UK

Initial Equality Impact Assessment: Completed: No Full Equality Impact assessment (as required): Completed: NA If you require this document in an alternative format e.g., larger print please contact Policy Management Officer 85887 for Trust- wide documents or your line manager or Divisional Management office for Local documents.

Contact for Review	Head of Medical Education
Monitoring arrangements	Medical Education Group Postgraduate Medical Education Committee

Document summary/key issues covered.

In response to GMC and CQC standards, this procedure outlines the Trust's approach to the supervision of medical staff below consultant grade (doctors in training, clinical teaching fellows, clinical fellows, SAS doctors, GPSIs, and other non-consultant, non-training grade doctors).

It is necessary for the Trust to have systems in place to ensure that these doctors are required not to assume responsibility for or perform clinical, operative or other techniques in which they have insufficient experience and expertise.

They must be under supervision from senior staff on an on-going day-to-day basis in their clinical practice, in addition to the other formal requirements of supervision relating to their education and training.

For the purposes of this procedure, supervision includes the formal roles of named clinical supervisor (nCS) and named educational supervisor (nES) (who have oversight of the formal e-portfolio of doctors in training) and the equivalent roles where assigned to support other medical staff below consultant grade. However, the day-to-day support and supervision of medical staff below consultant grade by more senior medical staff and experienced multi-professional staff are essential foundations for the formal supervision processes.

Key words for intranet searching purposes	Clinical Supervision

CP54: Appendix 2A

Education Academy
Faculty of Postgraduate Medicine
Education and Development inspiring excellent patient care

Doctors requiring additional/professional support

Concerns about doctors present in various ways and may be

a) Performance issues

b) Concerns about the individual themselves relating to isolation, emotional state etc.

The Clinical/Educational supervisors can refer the doctor (below consultant grade) to the appropriate lead consultant

Pastoral Leads – Doctors' Support
Dr Rajeev Ragavan :
rajeevraghavan@nhs.net
Dr Lisa Kehler:
Lisa.kehler@nhs.net

FPDs, HoS, TPD for information

SAS Doctors
Lead Consultant
Dr Mohammad Sawal
mohammad.sawal@nhs.net

Clinical Fellows
Lead Consultant
Dr Harit Buch
harit.buch@nhs.net

Clinical Teaching Fellows
Lead Consultant
Dr James Bateman
jamesbateman@nhs.net

College Tutors/Foundation Programme Directors

(Doctors in Training)

1. Lead consultant meets with the doctor
2. Explore the issues and give the opportunity for the referred doctor to talk outside the workplace
3. Escalate to Pastoral Lead – Doctors' Support if appropriate (if Pastoral Lead away refer to Clinical Tutor)
4. Pastoral Lead decides if referral is required to any of the following: (all referrals must be made with doctor's permission and a copy of the referral should be given to them)
   - Professional Support Unit (for doctors with training number only) HEE guidelines on trigger points which may indicate support is necessary: https://www.westmidlandsdeanery.nhs.uk/Portals/0/Professional%20Support%20Unit/PSU%20Guidance%20%20for%20HEWM%20NEW.PDF?ver=2017-10-27-092953-493
   - Occupational Health
   - General Practitioner
   - Accident & Emergency (for urgent psychiatric assessment); if this is option required, please advise the Clinical Tutor and Director of Education &Training.
5. If referral is not appropriate, make another appointment in 3-4 weeks for follow-up of the concerns and issues with the doctor.

Education Academy
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RWT

Support for Doctors Guidance

If an issue is identified there are a number of support functions available to doctors in training, issues include:

- Early Warning signs
- Health concerns
- Personal issues
- Professional issue; GMC, behavioural
- Trauma

First point of call

Clinical and Education supervisor - Many supervisors are highly experienced and capable of escalating to PSU, GP and OH with the individual's agreement.

Second point of call

Postgraduate team - Ext 86184/85320

Pastoral Lead

Training Programme Lead (TPD)

Champion of Flexible Working

Further support available

Professional Support and Wellbeing (PSU) - https://www.westmidlandsdeanery.nhs.uk/support/trainees/professional-support-and-wellbeing

The PSU offers a confidential, holistic and collaborative approach tailored to individual which can include:

- Psychological counselling (Drs in training can self-refer if they wish)
- Dyslexia screening
- Financial advice support
- Careers counselling
- Exam support
- Courses e.g. working in difficult environments

Occupational Health - http://trustnet.xrwh.nhs.uk/departments-services/o/occupational-health-and-wellbeing-service/

Mental Health First Aiders (MHFA) - http://trustnet.xrwh.nhs.uk/workplace-wellbeing/mental-health-first-aiders/

Employee Assistance Programme

GP