1 Introduction

Appropriate supervision of Junior Medical and Dental Staff (see Definitions – section 5) aims to develop demonstrably competent doctors and dentists who are skilled at communicating and working as effective members of a team. As training and education are central to the work of doctors and dentists and their role in delivering patient care, educational supervision will also help to ensure the development of qualified doctors and dentists who are able to meet the needs of patients.

Revalidation is now required by the General Medical Council (GMC) for all doctors following enactment of the relevant legislation in December 2012. Revalidation will be achieved through appraisal which will feed into a process whereby the Responsible Officer will make a recommendation to the GMC to revalidate a doctor.

The mechanism for revalidation for trainees employed by the Lead Employer Trust (LET) who hold a National Training Number (NTN) has been laid down by the Deanery and the Postgraduate Dean who will be the Responsible Officer for this group of doctors.

The mechanism for revalidation for trainees and equivalent trust grade doctors employed by The Newcastle upon Tyne Hospitals NHS Foundation Trust (The Trust) will follow a similar process but with some defined differences.

The Trust is committed to fulfil its responsibility in the delivery of safe patient care, by ensuring that there is an effective system of supervision, assurance of competency and revalidation in place for all Junior Medical and Dental Staff. This system for supervision must conform to GMC/GDC requirements.

When a junior doctor or dentist commences employment or a placement in the Trust it is essential that they are given a named Educational Supervisor and a named Clinical Supervisor who will ensure educational and clinical supervision is relevant to their experience. An educational induction meeting should take place early and ideally within 2 weeks of the trainee starting in the Trust. At this meeting the supervisor will ensure the trainee has completed induction and mandatory training satisfactorily. They should then discuss the specific learning needs and develop a suitable learning plan. The educational meeting record provides a guide to the structure for this meeting (see appendix 1).
If a doctor or dentist commences in the Trust on a programme of training in different specialities, they may keep the same Educational Supervisor for the length of their rotation to ensure continuity between posts. However, a new Clinical Supervisor must be allocated for each new speciality or subspeciality in order to ensure maximum supervision, and to ascertain their level of competence against relevant technical skills.

As determined by the GMC ‘Generic Standards for Training’, all Educational Supervisors must be appropriately trained for this role, and also indicate that ‘resources and time must be available for this task to be carried out, and included in their job and personal development plans’ (6.22).

2 Scope

This document will apply to ALL junior doctors and dentists employed in the Trust irrespective of whether they are in recognised training posts or Trust Grade posts.

3 Aims of the Policy

This policy clarifies the system adopted in the Trust to supervise junior doctors and dentists and will determine timescales, roles and responsibilities of the key people required to ensure the system is effective.

This policy should be read in conjunction with the Postgraduate Education and Training Roles document.

4 Duties (Roles and responsibilities)

4.1 Assistant Medical Director

The Assistant Medical Director (Education) has responsibility for ensuring appropriate supervision of Junior Medical and Dental Staff and does this by supporting the Assistant Directors of Medical Education, Medical Education Tutors, and Educational Leads in the implementation of the processes outlined in this policy.

4.2 Medical Education Tutors

The Medical Education Tutors and Dental General Professional Training Tutor are responsible for ensuring the Trust has a system to deliver effective clinical training and supervision for all Foundation Doctors and Dentists in line with Deanery and GMC/GDC guidance. This will be delivered in partnership with the Northern Deanery Foundation School (doctors), Directorate of Multi-professional Dental Education (dentists) and relevant staff from the Trust to ensure delivery, compliance and monitoring.
4.3 **Assistant Directors of Medical Education (ADME)**

The ADMEs are responsible for ensuring the Trust has a system to deliver effective clinical training and supervision for all other Junior Medical and Dental Staff in line with Deanery and GMC/GDC guidance. This will be delivered in partnership with the Northern Deanery Specialty Schools (doctors), Directorate of Multi-professional Dental Education (dentists) and relevant staff from the Trust to ensure delivery, compliance and monitoring.

4.4 **Educational Leads or College Tutors**

Education Leads in each specialty are responsible for ensuring that a process for assigning Educational and Clinical supervisors is in place and all Junior Medical and Dental Staff based in their specialty have an educational induction meeting. They will achieve this in discussion with specialty colleagues and the Clinical Director and will provide evidence of the processes to the Trust Education team. In some specialties this role is delivered by the College Tutor.

4.5 **Clinical Directors**

Clinical Directors are responsible for ensuring that all Junior Medical and Dental Staff have a designated Educational Supervisor and Clinical Supervisor and that this is recognised in job planning.

4.6 **Clinical Supervisors**

The Clinical Supervisors have clinical responsibility for the patients in the care of Junior Medical and Dental staff. They will facilitate the doctors acquisition of new knowledge and skills in accordance with a learning plan and contribute to feedback for the trainee.

4.7 **Educational Supervisor**

The Educational Supervisor has overall educational responsibility for an individual trainee in a given post or rotation. The Educational Supervisor would ensure a personal learning and development plan was formulated for each doctor and provide effective and timely appraisal, assessment, advice and support, liaising with the Trust Education team as required.

4.8 **Junior Medical and Dental Staff**

All Junior Medical and Dental Staff are responsible for ensuring that they have the necessary skills and training before undertaking a skill or procedure and their mandatory training is up to date. They are also responsible for ensuring that they actively engage in the supervision and revalidation processes.
## Definitions

**Junior Medical & Dental Staff**
- Foundation Year 1 doctors (F1)
- Foundation Year 2 doctors (F2)
- Dental Foundation/General Professional Trainee (Years 1 & 2)
- Speciality Registrars (StR)
- Senior House Officers (SHOs) & Dental (Career Development) SHOs
- Specialist Registrars (SpR)
- Specialty Trainee (ST)
- Trust grade doctors and dentists
- Clinical, Teaching & Research Fellows

**Educational Supervisor**
Any grade of senior medical or dental staff who has undertaken a ‘Good Practice in Educational Supervision’ course

**Clinical Supervisor**
Senior medical or dental staff who are clinically responsible to provide direct supervision on a day to day basis of more junior doctors and dentists

**Placement**
Length of time in the Trust

**Rotation**
Time in a particular sub-speciality of an agreed programme of training

**Internal Transfer**
A junior doctor or dentist who finishes work in one speciality in the Trust and immediately commences work in either another speciality or in the same speciality but on the other site

## Policy

### 6.1 HR Junior Doctors Team will:
- Ensure Educational Leads and the Trust Education team is informed of new doctors and dentists starting in the Trust, at the earliest opportunity
- Ensure Educational Leads and the Trust Education team is informed of all junior doctors and dentists who will rotate internally between Departments/Directorates
- Regularly update Educational Leads and the Trust Education team of all changes in Junior Medical and Dental Staff (including locums), so that supervision issues can addressed
- Ensure that all junior doctors and dentists are aware of their responsibilities with regard to supervision and revalidation by communicating this as part of the new starters process
6.2 Trust Education team will:
- Liaise with specialty Educational Leads to ensure each junior doctor or dentist has a named Educational and Clinical Supervisor
- Keep a central database of Educational Supervisors and the training they have undertaken
- Relay clear timescales of meetings to the Supervisors and junior doctors and dentists
- Ensure all Junior Medical and Dental Staff receive an appropriate Trust Induction
- Monitor and collate evidence of local departmental induction
- Monitor and collate evidence of the educational Induction Meeting ideally by submitting the Educational Induction Meeting forms available from the Education Centre
- Keep appropriate records relating to supervision
- Regularly monitor, review and audit this procedure in line with the national implementation of MMC/MDC and educational governance. The Education Services Manager will monitor this process and highlight to Directorates where the agreed procedure is not taking place

6.3 Clinical Directorates/Departments will:
- Ensure there is a named individual to act as educational lead to liaise with the Trust Education team to agree the timely allocation of Educational and Clinical Supervisors for each junior doctor or dentist
- Ensure details of ‘internal’ rotations and transfers are communicated to Trust Education team and HR Junior Doctors team
- Ensure all locums have a named supervisor for the duration of their locum post and this is communicated to the Trust Education team
- Ensure a local departmental induction takes place within the agreed format and timescale as stated in the Induction Policy and a register is promptly returned to the Education team.
- Ensure an Educational Induction Meeting with the relevant supervisor is completed within 2 weeks of a junior doctor or dentist commencing work in the Directorate, and the Education team is notified of this. This also applies to all locums.
- Act upon information received from the Trust Education team if regular supervisory meetings or if evidence of the Educational Induction Meeting is not provided

6.4 Educational and Clinical Supervisors will:
- Check that the junior doctor or dentist has received both a Trust and local departmental Induction, their mandatory training is up to date and evidence of the Educational Induction Meeting has been returned to the Trust Education team
- Ensure that the junior doctor or dentist always has direct access to a senior colleague who can advise them about clinical management of a patient at all times of the day and night
• Provide adequate direction and supervision of junior doctors and dentists according to their level of seniority, competence and performance
• Ensure that there is a system for reporting of concerns about a patient’s clinical condition by trainees to more senior doctors and dentists to ensure that worsening of a patient’s clinical condition is always detected and acted upon appropriately
• Handover meetings are formally structured with clear guidance on who should attend and what should be discussed
• Ensure they are available to meet their supervisee at the agreed timescales (see Appendix 2)
• Complete the agreed educational paperwork, ensuring confirmation of this is sent to the Trust Education team for effective monitoring purposes
• Highlight areas of serious weakness in the junior doctors and dentists performance so that appropriate training and supervision can be arranged for their next rotation/placement
• Follow the Doctor or Dentist in Difficulty process as outlined on the Trust Education intranet pages should this situation arise

6.5 The Junior Doctor or Dentist will:
• Sign and return an Educational Agreement, which agrees to the pre-determined supervision process agreed in the Trust
• Ensure evidence of an Educational Induction Meeting is completed for each rotation they hold in the Trust and returned to the Trust Education team
• Contact the respective Educational and Clinical Supervisors to arrange to meet within the agreed timescales
• Ensure all the signed educational paperwork is completed and returned to the Education team within the necessary timescales
• Ensure that all mandatory training is completed

7 Equality and Diversity

The Trust is committed to ensuring that, as far as is reasonably practicable, the way we provide services to the public and the way we treat our staff reflects their individual needs and does not discriminate against individuals or groups on any grounds. This document has been appropriately assessed.

8 Monitoring

Compliance with this policy will be monitored by the Trust Education team who will review evidence of the Education Induction Meeting and where issues are highlighted contact the junior doctor / dentist and Supervisor to ascertain the reasons

As the educational progress of an trainee in a recognised training post, is monitored by the respective Royal Colleges, only the initial meeting with their Educational Supervisor will be monitored within the Trust, to ensure that all aspects of the initial meeting (induction) have been covered.
Data in relation to the review of Induction Meeting will be provided on a quarterly basis to the Trust Medical & Dental Education Group and the Group will establish any action plans to improve practice including monitoring action plans all actions have been completed.

9 Consultation and review

This policy will be reviewed every three years by the Education Services Manager.

10 References

- The New Doctor – General Medical Council
- NHSLA Risk Management Standards for Acute Trusts – NHS Litigation Authority
- Letter from Acting Postgraduate Dean in relation to the Untoward Death following Surgery at Southampton General Hospital (July 06)
- Generic Standards for Training – GMC
- Unfinished Business Proposals for Reform of SHO Grade. A Report by Liam Donaldson, CMO, England
- Good Medical Practice. GMC 1998
- A Doctors and Dentists Tale. Audit Commission 1995
- Who Operates When. NCEPPOD 1997
- Response to the GMC Determination on the Bristol Case. The Senate of Surgery 1997
- Curriculum for UK Foundation Programme Training. UKFPO 2012.

11 Associated Documents

- Postgraduate Education & Training Roles document – Newcastle upon Tyne Hospitals NHS Foundation Trust
- Induction Policy – Newcastle Upon Tyne Hospitals NHS Foundation Trust.
Supervision schedule for postgraduate medical trainees

This should be read in conjunction with the document on roles and responsibilities for teaching. Suggest instead of schedule by grade it should be by duration of rotation e.g. one for 4 month and 12 month rotation agree

4 – 6 month rotation

<table>
<thead>
<tr>
<th>Frequency of supervision meeting</th>
<th>Who should undertake</th>
<th>Content of meeting</th>
<th>Outcome of meeting</th>
</tr>
</thead>
</table>
| 1st attachment within 2 weeks of commencing | Educational supervisor (who will also be clinical supervisor for first attachment) | • Review of skills and competencies acquired to date using portfolio  
• Review of skills required for this post  
• Identification of areas which need supervision  
• Process by which progress to unsupervised practice can be made  
• Set objectives for time in post  
• Review of progress towards objectives  
• Identify areas which need development & /or attention  
• Identify areas of strength - using formal feedback tools  
• Review progress during attachment against objectives  
• Make clear statement of strengths and training needs for next attachment | Return completed Education Meeting Induction Record to Education Centre and completion of structured form as part of trainee portfolio |
<p>| midpoint | Educational supervisor | | Completion of structured form as part of trainee portfolio |
| completion of attachment | Educational supervisor | | Completion of structured form as part of trainee portfolio |</p>
<table>
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<th>Content of meeting</th>
<th>Outcome of meeting</th>
</tr>
</thead>
</table>
| **Subsequent attachments**      | Clinical supervisor  | • Review of skills and competencies acquired to date using portfolio  
   (4-6 month attachment)        | Completion of structured form as part of trainee portfolio  
   within 2 weeks of commencing  |                    |
| **midpoint**                     | Clinical supervisor  | • Review of progress towards objectives  
   completion of attachment      | Completion of structured form as part of trainee portfolio  
                                 | Educational supervisor      | • Identify areas which need development &/or attention  
                                 |                                   | • Identify areas of strength - using formal feedback tools  
                                 |                                   | • Review progress during attachment against objectives within attachment and overall training programme  
                                 |                                   | • Make clear statement of strengths and training needs for next attachment  |
                                 | Educational supervisor      |                    |                    |
                                 | Educational supervisor      |                    |                    |
## 8 – 12 month rotation

<table>
<thead>
<tr>
<th>Frequency of supervision meeting</th>
<th>Who should undertake</th>
<th>Content of meeting</th>
<th>Outcome of meeting</th>
</tr>
</thead>
</table>
| Within 2 weeks of commencing    | Educational supervisor | • Review of logbook/portfolio  
  • Identification of any areas of concern  
  • Review of skills against post requirements especially out-of hours  
  • Set objectives for training time  
  • Clarification of how and when training objectives might be met and who will provide supervision | Return completed Education Meeting Induction Record to Education Centre and completion of structured form as part of trainee portfolio |
| After 4 months                   | Educational supervisor (can be delegated to clinical supervisor) | • Review of logbook/portfolio  
  • Identify areas what’s going well and not so well  
  • Plan study leave and agree plan for year  
  • Agree audit project  
  • Review attendance at mandatory training  
  • Review progress towards exam objectives | Completion of structured form as part of trainee portfolio |
| After 8 months                   | Educational supervisor (can be delegated to clinical supervisor) | • Review assessment tools as used in specialty  
  • Review progress against objectives set at beginning of post  
  • Provide formative feedback on progress in post using assessment tools and identify areas of strength and areas needing development | Completion of structured form as part of trainee portfolio |
| 12 months                        | Educational supervisor | • Review progress against objectives  
  • Provide summative assessment and report for RITA panel | Details of meeting in portfolio  
  Information to Programme Director to inform ARCP process |
THE NEWCASTLE UPON TYNE HOSPITALS NHS FOUNDATION TRUST
IMPACT ASSESSMENT – SCREENING FORM A

This form must be completed and attached to any procedural document when submitted to the appropriate committee for consideration and approval.

<table>
<thead>
<tr>
<th>Policy Title: Supervision of Junior Medical &amp; Dental Staff</th>
<th>Policy Author: Education Services Manager</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes/No? You must provide evidence to support your response:</td>
<td>No</td>
</tr>
</tbody>
</table>

1. Does the policy/guidance affect one group less or more favourably than another on the basis of the following: (* denotes protected characteristics under the Equality Act 2010)
   - Race * No
   - Ethnic origins (including gypsies and travellers) No
   - Nationality No
   - Gender * No
   - Culture No
   - Religion or belief * No
   - Sexual orientation including lesbian, gay and bisexual people * No
   - Age * No
   - Disability – learning difficulties, physical disability, sensory impairment and mental health problems * No
   - Gender reassignment * No
   - Marriage and civil partnership * No

2. Is there any evidence that some groups are affected differently? No

3. If you have identified potential discrimination which can include associative discrimination i.e. direct discrimination against someone because they associate with another person who possesses a protected characteristic, are any exceptions valid, legal and/or justifiable?

4(a). Is the impact of the policy/guidance likely to be negative? (If "yes", please answer sections 4(b) to 4(d)). No

4(b). If so can the impact be avoided?

4(c). What alternatives are there to achieving the policy/guidance without the impact?

4(d) Can we reduce the impact by taking different action?

Comments: Action Plan due (or Not Applicable): Not Applicable

Name and Designation of Person responsible for completion of this form: Mrs A Williamson Education Services Manager Date: 24.12.2010

Names & Designations of those involved in the impact assessment screening process: Dr Sheila MacPhail Assistant Medical Director and Director of Medical Education

(If any reader of this procedural document identifies a potential discriminatory impact that has not been identified on this form, please refer to the Policy Author identified above, together with any suggestions for the actions required to avoid/reduce this impact.)

For advice on answering the above questions please contact Frances Blackburn, Head of Nursing, Freeman/Walkergate, or, Christine Holland, Senior HR Manager. On completion this form must be forwarded electronically to Steven Stoker, Clinical Effectiveness Manager, (Ext. 24963) steven.stoker@nuth.nhs.uk together with the procedural document. If you have identified a potential discriminatory impact of this procedural document, please ensure that you arrange for a full consultation, with relevant stakeholders, to complete a Full Impact Assessment (Form B) and to develop an Action Plan to avoid/reduce this impact; both Form B and the Action Plan should also be sent electronically to Steven Stoker within six weeks of the completion of this form.

IMPACT ASSESSMENT FORM A October 2010