

The Newcastle upon Tyne NHS Hospitals Foundation Trust

Supervision of Junior Medical and Dental Staff Policy

Effective from: January 2011

Review Date: January 2014

1. Introduction

Appropriate supervision of Junior Medical and Dental Staff 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.

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 and assurance of competency 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 (see Glossary of Terms) commences employment 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 4 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 subspecialty 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. Definitions

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 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. Roles and responsibilities

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

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 Foundation Tutors, Clinical Tutors and Educational Leads in the implementation of the processes outlined in this policy.

Foundation Tutors

The Foundation 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.

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.

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 trainees 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.

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.

Clinical Supervisors

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

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 trainee and provide effective and timely appraisal, assessment, advice and support, liaising with the Trust Education team as required.

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.

HR Junior Doctors Team will:

- Ensure the Trust Education team is informed of new doctors and dentists starting in the Trust, at the earliest opportunity
- Ensure the Trust Education team is informed of all junior doctors and dentists who will rotate internally between Departments/Directorates
- Regularly update the Trust Education team of all changes in Junior Medical and Dental Staff (including locums), so that supervision issues can be addressed

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 'Educational Induction Meeting' forms
- 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

Clinical Directorates/Departments will:

- Ensure there is a named individual to act as educational leads 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
- Ensure all locums have a named supervisor for the duration of their locum post
- Ensure a local departmental induction takes place within the agreed format and timescale as stated in the Induction Policy

- Ensure an Educational Induction Meeting form is completed within 2 weeks of a junior doctor or dentist commencing work in the Directorate, and discussed with the relevant supervisor. This also applies to all locums.
- Act upon information received from the Trust Education team if regular supervisory meetings or the Educational Induction Meeting form is not completed and returned

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 complete the Educational Induction Meeting form
- 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

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 an Educational Induction Meeting form is completed for each rotation they hold in the Trust
- 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 Centre within the necessary timescales
- Ensure that all mandatory training is completed

5. References

- 5.1** Postgraduate Education & Training Roles document – Newcastle upon Tyne Hospitals NHS Foundation Trust

- 5.2 Induction Policy – Newcastle Upon Tyne Hospitals NHS Foundation Trust.
- 5.3 The New Doctor – General Medical Council
- 5.4 NHSLA Risk Management Standards for Acute Trusts – NHS Litigation Authority
- 5.5 Letter from Acting Postgraduate Dean in relation to the Untoward Death following Surgery at Southampton General Hospital (July 06)
- 5.6 Generic Standards for Training – GMC
- 5.7 Unfinished Business Proposals for Reform of SHO Grade. A Report by Liam Donaldson, CMO, England
- 5.8 Principles of Good Medical Education and Training. GMC and PMETB (no date)
- 5.9 Good Medical Practice. GMC 1998
- 5.10 A Doctors and Dentists Tale. Audit Commission 1995
- 5.11 Who Operates When. NCEPPOD 1997
- 5.12 A Core Curriculum for Senior House Officers in General (Internal) Medicine and the Medical specialities. Royal College of Physicians 1997
- 5.13 A Guide to Postgraduate Specialty Training in the UK (The Gold Guide). DoH 2007
- 5.14 Response to the GMC Determination on the Bristol Case. The Senate of Surgery 1997
- 5.15 Curriculum for UK Foundation Programme Training. Committee of Postgraduate Dental Deans and Directors, 2006.

6. Review and Revision Arrangements

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

7. Monitoring

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

As the educational progress of an SpR, 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 forms and self assessment competency forms will be provided on a quarterly basis to the Trust Medical & Dental Education Group on a quarterly basis and the Group will establish any action plans to improve practice including monitoring action plans all actions have been completed

8. Glossary of Terms

Junior Medical & Dental Staff	<p>Foundation Year 1 doctors (F1)</p> <p>Foundation Year 2 doctors (F2)</p> <p>Dental Foundation/General Professional Trainee (Years 1 & 2)</p> <p>Speciality Registrars (StR)</p> <p>Senior House Officers (SHOs) & Dental (Career Development) SHOs</p> <p>Specialist Registrars (SpR)</p> <p>Specialty Trainee (ST)</p> <p>Trust grade doctors and dentists</p> <p>Clinical, Teaching & Research Fellows</p>
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 of	Time in a particular sub-speciality of an agreed programme 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

Educational Induction Meeting Record	
Trainee name	GMC Number
Grade	Department / Hospital Site
Start date	Expected finish date
Clinical Supervisor	Educational Supervisor (if different)

E Induction completed Yes / No Date/...../.....

Departmental Induction completed Yes / No Date/...../.....

I confirm that:

- I have completed e induction and reviewed the topic list (Appendix).
- I have completed Departmental induction and reviewed the topic list (Appendix).
- I will not use any medical device until I have demonstrated competence to do so.
- I have completed all mandatory training (Appendix) and will complete updates as required.

Trainee signature

Print name

Date /...../.....

Educational/Clinical Supervisor signature

Print name

Date /...../.....

Suggested structure of Educational Induction Meeting

Many supervisors will have a personal style that they employ for meetings with trainees. The following is merely a suggested format which may act as an aide-memoir.

- Introductions
- Confirm trainee has received induction:
 - Trust
 - Departmental
- Consider previous experience
- Explore career progression / intentions
- Outline duties of post
- What training needs were identified at completion of the last post (if applicable)
- What are the key competencies required for unsupervised practice in this post
- What are the trainee's perceived gaps in competencies (has the trainee completed a self assessment)
- What are the learning opportunities within this post
- Develop trainee learning plan:
 - Key competencies for this post
 - Generic skills training requirement
 - Specialty specific training requirements
 - Procedural training requirements
 - Mandatory training update
- Is more detailed career advice required?
- Set date for review meeting
- Complete documentation for trainee portfolio
- Complete Educational Induction Meeting form and return to Education Centre

Trust mandatory training

New to Trust (in addition to e-induction)	Annual updates	Three yearly updates
Conflict resolution *	Fire *	Admin blood products ^
Equality & diversity *	Infection control 1& 2 *	Safeguarding children level 1 *
Resus e module *	BLS ^	Safeguarding adults *
Saving lives (once only) *	PLS ^	Conflict resolution *
BLS ^	Blood trans awareness ^	Equality & diversity
PLS ^	Safeguarding children core	Obtaining blood samples ^
Blood transfusion awareness ^		Manual handling (patients) ^

Blood transfusion training – if you are involved in blood transfusion process

PLS, safeguarding children core programme – if you are in frequent contact with children

Safeguarding children level 1 – for all staff **not** in frequent contact with children

* = Trust e learning ^ = face:face **Bold** = Transferable from other organisations if training adheres to national standards

Recommended departmental induction topics (# essential for NHSLA)

Absence reporting
 Accessing senior support
 Clinical record quality#
 Communication systems
 Consent#
 Do not resuscitate orders#
 Discharge of patients#
 Dress code
 Duties of post
 Elective admissions
 Emergency admissions
 Hand hygiene#
 Identification of patients#
 Laboratory requests
 Key clinical policies & guidelines
 MDT meetings
 Orientation to department
 On-line pathology results

PACS
Patient complaint process (formal & informal) #
Post resuscitation care#
Radiology requests
Sample labelling
Rotas
Timetables
Transfer of patients (if applicable)
Trust e-mail & IT policy
Waste disposal
Medical devices training

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

Frequency of supervision meeting	Who should undertake	Content of meeting	Outcome of meeting
1 st attachment within 2 weeks of commencing	Educational supervisor (who will also be clinical supervisor for first attachment)	<ul style="list-style-type: none"> • 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 	Return completed Education Meeting Induction Record to Education Centre and completion of structured form as part of trainee portfolio
midpoint	Educational supervisor	<ul style="list-style-type: none"> • Set objectives for time in post 	Completion of structured form as part of trainee portfolio
completion of attachment	Educational supervisor	<ul style="list-style-type: none"> • 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 	Completion of structured form as part of trainee portfolio

Frequency of supervision meeting	Who should undertake	Content of meeting	Outcome of meeting
Subsequent attachments (4-6 month attachment) within 2 weeks of commencing	Clinical supervisor	<ul style="list-style-type: none"> • 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 	Completion of structured form as part of trainee portfolio
midpoint	Clinical supervisor	<ul style="list-style-type: none"> • Set objectives for time in post • Review of progress towards objectives 	Completion of structured form as part of trainee portfolio
completion of attachment	Educational supervisor	<ul style="list-style-type: none"> • 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 	Completion of structured form as part of trainee portfolio

8 – 12 month rotation

Frequency of supervision meeting	Who should undertake	Content of meeting	Outcome of meeting
Within 2 weeks of commencing	Educational supervisor	<ul style="list-style-type: none"> • 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)	<ul style="list-style-type: none"> • Review of logbook/portfolio • Identify areas what's going well and not so well • Plan study leave and agree plan for year 	Completion of structured form as part of trainee portfolio
After 8 months	Educational supervisor (can be delegated to clinical supervisor)	<ul style="list-style-type: none"> • Agree audit project • Review attendance at mandatory training • Review progress towards exam objectives 	Completion of structured form as part of trainee portfolio
12 months	Educational supervisor	<ul style="list-style-type: none"> • 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 	Details of meeting in portfolio Information to Programme Director to inform ARCP process

Frequency of supervision meeting	Who should undertake	Content of meeting	Outcome of meeting
		needing development <ul style="list-style-type: none">• Review progress against objectives• Provide summative assessment and report for RITA panel	

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.

Policy Title:	Supervision of Junior Medical & Dental Staff	Policy Author:	Education Services Manager
		Yes/No?	You must provide evidence to support your response:
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)	No	Policy applies to all Junior Medical & Dental Staff without exception
	• 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
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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.