1 Introduction

1.1 Appropriate supervision of Junior Medical and Dental Staff (this includes doctors and dentists in training and Trust Grade doctors and dentists - see Definitions in 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.

1.2 Revalidation is required by the General Medical Council (GMC) for all doctors following enactment of the Licence To Practise and Revalidation Regulations which commenced on 3rd December 2012. Revalidation will be achieved through annual appraisal which will feed into a process whereby the Responsible Officer will make a recommendation to the GMC to revalidate a doctor.

1.3 The mechanism for revalidation for doctors and dentists in approved training posts has been laid down by Health Education England North East (HEE NE) and the Postgraduate Dean who will be the Responsible Officer for this group of doctors.

1.4 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 as outlined in the guidance on revalidation for trust doctors.

1.5 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.

1.6 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. Depending on the nature of the appointment, one supervisor may hold both roles. 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. This will be recorded in the junior doctor’s portfolio using the relevant forms. A guide to the structure for this meeting is provided in appendix 1.

1.7 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.

1.8 As required by the GMC, all named Educational and named Clinical Supervisors must be appropriately trained for this role, have their educational role recognised in their job plan and scope of practice and include review of this role in their annual appraisal.

2 Scope

This document will apply to all junior doctors and dentists employed by 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 Director of Medical Education

The Director of Medical 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, Educational Leads and the Postgraduate Medical Education Team 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 HEE NE and GMC/GDC guidance. This will be delivered in partnership with the Northern Foundation and Specialty Training Schools (doctors), Directorate of Multi-professional Dental Education (dentists) and relevant staff from the Trust to ensure delivery, compliance and monitoring.
4.3 **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 and an individual Training Plan. 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 as part of the annual quality assurance report. In some specialties this role is delivered by the College Tutor.

4.4 **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.

4.5 **Clinical Supervisors**

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

4.6 **Educational Supervisor**

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

4.7 **Junior Medical and Dental Staff**

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

5 **Definitions**

- **Junior Medical & Dental Staff**
  - Foundation Year 1 doctor (F1)
  - Foundation Year 2 doctors (F2)

- **Core Trainees (CT)**
  - Dental Foundation/General Professional Trainee (Years 1&2)
  - Specialty Trainee (StR)
  - Trust grade doctors and dentists
  - Clinical, Teaching & Research Fellows
**Educational Supervisor** Any grade of senior medical or dental staff who meets the criteria for GMC trainer recognition

**Clinical Supervisor** Senior medical or dental staff who are clinically responsible to provide direct supervision on a day to day basis of junior doctors and dentists and meet the criteria for GMC trainer recognition

**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

### 6 Policy

#### 6.1 HR Medical & Dental Team will:
- Ensure Educational Leads and the Trust Medical Education team is informed of new doctors and dentists starting in the Trust, at the earliest opportunity
- Ensure Educational Leads and the Trust Medical Education team is informed of all junior doctors and dentists who will rotate internally between Departments/Directorates
- Regularly update Educational Leads and the Trust Medical 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 Medical Education team will:
- Liaise with specialty Educational Leads to ensure each junior doctor or dentist has a named Educational and Clinical Supervisor
- Maintain a current 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 to ensure accuracy and completeness
- Keep appropriate records relating to supervision and GMC trainer recognition requirements.
- Regularly monitor, review and audit this procedure in line with educational governance arrangements. The Senior Workforce Development Officer
(Postgraduate) 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 appropriate portfolio documentation is completed. This also applies to all locums.

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 recorded in their portfolio at the beginning of each placement.
- 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 1)
- Complete structured form as part of portfolio
- Highlight areas concern in the junior doctor’s and dentist’s 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 an Individual Training Plan in their portfolio, which agrees to the predetermined supervision process agreed in the Trust
- Ensure evidence of an Educational Induction Meeting is completed on a timely basis for each rotation they hold in their portfolio
Contact the respective Educational and Clinical Supervisors to arrange to meet within the agreed timescales
Ensure all the signed educational paperwork is completed in their portfolio within the necessary timescales
Ensure that all mandatory training is completed at the frequency determined by the Trust

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

<table>
<thead>
<tr>
<th>Standard / Process / Issue</th>
<th>Monitoring and Audit</th>
<th>Method</th>
<th>By</th>
<th>Committee</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Monitoring will include;</td>
<td>Quality Assurance</td>
<td></td>
<td></td>
<td>Medical and Dental Education Group</td>
<td>Annually</td>
</tr>
<tr>
<td>• A review of annual</td>
<td>Reports and ARCP</td>
<td></td>
<td></td>
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<tr>
<td>Quality returns from all</td>
<td>outcomes</td>
<td></td>
<td></td>
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<tr>
<td>departments which includes</td>
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<td></td>
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<tr>
<td>a list of GMC recognised</td>
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<td>trainers.</td>
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<td></td>
<td></td>
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<tr>
<td>• A review of issues</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>identified by ARCP panels in relation to completion of Supervision requirements</td>
<td>Quality Assurance Reports and ARCP outcomes</td>
<td>Trust Education Team</td>
<td>Medical and Dental Education Group</td>
<td>Annually</td>
<td></td>
</tr>
</tbody>
</table>

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.
• Terms and Conditions of Service for NHS Doctors and Dentists in Training 2016

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.

### 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>
| 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 | Complete f structured form as part of portfolio |
| midpoint | Educational / Clinical supervisor | • 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 | Complete structured form as part of portfolio |
| completion of attachment | Educational & Clinical supervisor |                      | Complete structured form as part of portfolio |
The Newcastle upon Tyne Hospitals NHS Foundation Trust

Equality Analysis Form A

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

PART 1

1. **Assessment Date:** 25 May 2016

2. **Name of policy / strategy / service:**
   Supervision and Revalidation of Junior Medical and Dental Staff Policy

3. **Name and designation of Author:**
   Karen Pearce

4. **Names & designations of those involved in the impact analysis screening process:**
   Senior HR Manager (Projects), EPPCG representatives

5. **Is this a:**
   Policy [x] Strategy [ ] Service [ ]
   **Is this:**
   New [ ] Revised [x]
   **Who is affected**
   Employees [x] Service Users [ ] Wider Community [ ]

6. **What are the main aims, objectives of the policy, strategy, or service and the intended outcomes?** (These can be cut and pasted from your policy)
   Appropriate supervision of Junior Medical and Dental Staff aims to develop demonstrability 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.

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

7. **Does this policy, strategy, or service have any equality implications?** Yes [ ] No [x]
If No, state reasons and the information used to make this decision, please refer to paragraph 2.3 of the Equality Analysis Guidance before providing reasons:

8. Summary of evidence related to protected characteristics

<table>
<thead>
<tr>
<th>Protected Characteristic</th>
<th>Evidence, i.e. What evidence do you have that the Trust is meeting the needs of people in various protected Groups</th>
<th>Does evidence/engagement highlight areas of direct or indirect discrimination? If yes describe steps to be taken to address (by whom, completion date and review date)</th>
<th>Does the evidence highlight any areas to advance opportunities or foster good relations. If yes what steps will be taken? (by whom, completion date and review date)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Race / Ethnic origin (including gypsies and travellers)</td>
<td>NUTH 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. Supervision &amp; Revalidation is required for all junior medical &amp; dental staff regardless of protected characteristic. The process of providing supervision is the same for all included within the scope of the policy. There is no internal evidence available that identifies ‘difference’. The Trust does not employ all of the trainees and therefore does not have access to their equality data.</td>
<td>No</td>
<td>The Trust has a BAME staff network – this is available to all ‘staff’ working within the Trust including junior doctors employed by the LET</td>
</tr>
<tr>
<td>Sex (male/ female)</td>
<td></td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>Religion and Belief</td>
<td></td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>Sexual orientation including lesbian, gay and bisexual people</td>
<td>The Trusts adoption policy currently mirrors the maternity provisions Where an employee is on a planned rotation of appointments with one or more NHS employers as part of an agreed programme of training, s/he shall have the right to return to work in the same post, or in the next planned post irrespective of whether the contract would otherwise have ended if pregnancy and childbirth had not occurred. In such circumstances, the employee's contract will be extended to enable the practitioner to complete the agreed programme of training.</td>
<td>No</td>
<td>The Trust has an LGBT staff network – this is available to all ‘staff’ working within the Trust including junior doctors employed by the LET</td>
</tr>
<tr>
<td>Age</td>
<td>No</td>
<td>Disability – learning difficulties, physical disability, sensory impairment and mental health. Consider the needs of carers in this section</td>
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</tr>
<tr>
<td>----------------------------------------------------------------------</td>
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<td></td>
</tr>
<tr>
<td>In circumstances where a disability was affecting supervision or the outcome of supervision, reasonable adjustments, where appropriate would be made.</td>
<td>No</td>
<td>The Trust has a disability staff network – this is available to all ‘staff’ working within the Trust including junior doctors employed by the LET</td>
<td></td>
</tr>
<tr>
<td>Gender Re-assignment</td>
<td>No</td>
<td>The Trust has a Gender Identity Group, which with the assistance of third party representation looks to ensure consideration is given to trans staff/patients</td>
<td></td>
</tr>
<tr>
<td>Maternity / Pregnancy</td>
<td>No</td>
<td>The Trusts adoption policy currently mirrors the maternity provisions</td>
<td></td>
</tr>
<tr>
<td>Where an employee is on a planned rotation of appointments with one or more NHS employers as part of an agreed programme of training, she shall have the right to return to work in the same post, or in the next planned post irrespective of whether the contract would otherwise have ended if pregnancy and childbirth had not occurred.</td>
<td>No</td>
<td></td>
<td></td>
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<tr>
<td>In such circumstances, the employee’s contract will be extended to enable the practitioner to complete the agreed programme of training.</td>
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<tr>
<td>The Trusts adoption policy currently mirrors the maternity provisions</td>
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</tbody>
</table>

9. Are there any gaps in the evidence outlined above? If ‘yes’ how will these be rectified?

Equality Data on employees not employed by the Trust

10. Engagement has taken place with people who have protected characteristics and will continue through the Equality Delivery System and the Equality Diversity and Human Rights Group. Please note you may require further engagement in respect of any significant changes to policies, new developments and or changes to service delivery. In such circumstances please contact the Equality and Diversity Lead or the Involvement and Equalities Officer.

Do you require further engagement?  Yes  [ ]  No  [x]
11. Could the policy, strategy or service have a negative impact on human rights? (E.g. the right to respect for private and family life, the right to a fair hearing and the right to education?)

No

PART 2

Name: Karen Pearce

Date of completion: 25 May 2016

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