

POLICY CONTROL SHEET
(updated February 2012)

Policy Title and ID number:	BHNFT Supervision of Junior Doctors ID GEN 6.53			
Sponsoring Director:	Medical Director - Dr Mahajan			
Implementation Lead:	Dr Ng			
Impact:	(a) To patients	Yes		
	(b) To Staff	Yes		
	(c) Financial	Yes		
	(d) Equality Impact Assessment (EIA)	Completed: Yes		
	(e) Counter Fraud assessed	Completed: Yes		
(e) Other				
Training implications:	To be incorporated into induction: No			
Date of consultation:	Approval Process	Date	Local Consultation	Date
	Executive Team		Joint Partnership Forum	
	Board Committee:		Local Negotiating Committee	
	• Clinical Governance	13/1/12	Infection Control Committee:	
	• Non Clinical Governance & Risk		Health & Safety Committee	
	• Audit Committee		Quality Safety Improvements & Effectiveness Board	
	• Finance Committee			
	• RATS		Investment Board	
	Trust Board Approval / Ratification		Patients Experience Board	
	Other:		Other:	
Approval/Ratification at Trust Board:	February 2012	Version Number:	2	
Date on Policy Warehouse:	February 2012	Team Brief Date:		
Circulation Date:		Date of next review:	January 2014	

For completion by ET for <i>new</i> policies only:				
Additional Costs			Budget Code:	Revenue or Non Revenue
	(a) Training	£		
	(b) Implementation	£		
	(c) Capital	£		
	(d) Other	£		

SUPERVISION OF JUNIOR DOCTORS
POLICY

DOCUMENT ID: GOV 6.53

SPONSORING DIRECTOR: MEDICAL DIRECTOR

AUGUST 2011

SUPERVISION OF JUNIOR DOCTORS POLICY

CONTENTS

POLICY

1. Statement of Intent	Page 4
2. Definition	Page 5
3. Roles & Responsibilities	Page 5
3.1 Human Resources – Medical Personnel	Page 5
3.2 Medical Education Department	Page 5
3.3 Post Graduate Medical Education Director	Page 6
3.4 College Tutors & Foundation Programme Director	Page 6
3.5 Educational Supervisors	Page 7
3.6 Clinical Supervisors	Page 7
3.7 Junior Doctors	Page 8
4. References	Page 8
5. Monitoring	Page 8
6. Trainees in Difficulty	Page 9
7. Glossary of Terms	Page 9
8. Documents	Page 9
9. Equality Impact Assessment	Page 11

ABBREVIATION AND ACRONYMS USED IN POLICY

PGME	-	Post Graduate Medical Education
PMETB	-	Post Graduate Medical Education Training Board
GMC	-	General Medical Council

BARNSELY HOSPITAL NHS FOUNDATION TRUST

SUPERVISION OF JUNIOR MEDICAL STAFF POLICY

Effective Date: October 2010

Review Date: August 2013

1. Statement of Intent

The Barnsley Hospital NHS Foundation Trust (BHNFT) 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 staff. This system for supervision must conform to The New Doctor, Postgraduate Medical Education and Training Board (PMETB), Royal Colleges, Department of Health, Yorkshire and Humber Deanery and Quality Care Commission requirements.

When a junior doctor (see Glossary of Terms) commences employment in the Trust, it is essential that he/she is allocated a named Educational Supervisor and a named Clinical Supervisor who will ensure educational and clinical supervision are relevant to the doctor's experience. This experience will be determined by the junior doctor completing a 'Self Assessment of Competency' Form listing clinical and technical skills required for the post in which he/she will be working; this list must be completed on day 1 in any new specialty/department. If a doctor commences in the Trust on a training programme that rotates with different specialities, it may be appropriate for the doctor to keep the same Educational Supervisor for the length of his/her employment to ensure continuity of educational supervision between posts. However, a new Clinical Supervisor must be allocated for each new speciality or sub-speciality in order to ensure maximum clinical supervision, and to ascertain the doctor's level of competence against relevant clinical and technical skills.

As determined by the Yorkshire and Humber Deanery guidance, all Educational Supervisors must be appropriately trained for this role; this requirement is supported by PMETB document 'Generic Standards for Training' which also stipulates that 'resources and time must be available for this task to be carried out, and are included in their (Educational Supervisors) job and personal development plans.

The PMETB document also states as mandatory that 'those supervising the clinical care provided by trainees must be clearly identified, competent to do so, accessible and approachable by day and by night, with time for these responsibilities clearly identified within their job plan and with regard to trainers, including clinical supervisors, adequate time for training must be identified in their job plans

2. DEFINITIONS

By making allowance for different working pattern and training requirements in different Departments/Specialties, it has been agreed that each Specialty will produce its own Clinical Supervision Procedure; the procedure however should encompass and reflect the key requirements for clinical and educational supervision of trainees. The College Tutor for each Specialty is responsible for producing and monitoring (supported by the Medical Education Department) the Clinical Supervision Procedure on behalf of the respective Department/Specialty. Likewise, the Foundation Programme Director is responsible for monitoring supervision in Foundation Training.

This document refers to junior doctors working in the Trust in PMETB approved training posts. However, the policy may be adopted to cover junior doctors working in non-training grade posts

3. ROLES AND RESPONSIBILITIES

3.1 Human Resources

- To ensure that the Medical Education Department is informed of new doctors starting in the Trust at the earliest opportunity, so that allocation of supervisors can be finalised prior to the doctors' start date in the Trust and giving the following information:
 - full name and contact details of the trainee
 - the speciality (or programme details) in which he/she will be working
- Ensure that the Medical Education Department is informed of all junior doctors who will rotate internally between Specialities/Departments and externally to other Trusts.
- Regularly update the Medical Education Department of all new starters in the Trust, so that medical staff supervision issues can be taken forward.
- Send new starter information to new trainees including the date for induction training
- Inform the Medical Education Department of all trainees who have and those who have not attended the Trust Induction.
- Ensure that new trainees who are unable to attend junior doctor induction receive information to enable them to access the Trust corporate induction training relevant to them.

3.2 Medical Education Department

- Will liaise with the Foundation Programme Director or the appropriate College Tutor to allocate Educational and Clinical Supervisors for each junior doctor
- Keep a clear data base of all Educational Supervisors
- Ensure all Junior Medical staff receive an appropriate Trust Induction

- Arrange and disseminate educational information to trainees
- Maintain accurate records and monitor doctors study leave and expenses in line with the Yorkshire & Humber Deanery requirements
- Keep appropriate records relating to training and supervision
- Work with the Deanery to monitor Educational Supervisor training
- With the support of the Medical Director and Post Graduate Medical Education Director provide professional and personal support to junior doctors
- Work with and support PGME Director, Foundation programme Director, College Tutors, Educational Supervisors and Clinical Supervisors to ensure curriculum requirements are adhered to
- Be responsible for the operational side of the monitoring process; whenever and wherever the agreed procedure is not taking place, they will inform the Foundation Programme Director (for Foundation Trainees) or the appropriate College Tutor who will decide if there are grounds for referral to the appropriate Clinical Director/Divisional Director and PGME Director and subsequently to the Medical Director for appropriate action.

3.3 Post Graduate Medical Education Director

The Post Graduate Medical Director has the responsibility for ensuring appropriate supervision of Junior Doctors and carry this out by working with the Foundation Programme Director and College Tutors, Educational Supervisors, Clinical Supervisors and the Medical Education Department in the implementation of the processes outlined in this policy.

3.4 College Tutors and the Foundation Programme Director (supported by Medical Education Department)

- Only allocate appropriately trained clinicians as Educational Supervisors (as determined by Yorkshire and Humber Deanery)
- Ensure each junior doctor has a named Educational and Clinical Supervisor (as determined in The New Doctor 2009)
- Keep a central database of Educational Supervisors working in his/her Specialty/Department
- Relay clear timescales of meetings to the Supervisors and junior doctors
- Ensure all junior medical staff receive a Departmental Induction (in addition to Trust Induction)
- Regularly monitor, review and audit the Supervision procedures reflected in the Specialty/Departmental Clinical Supervision Procedure.
- Keep records of all completed supervision paperwork.

3.5 Educational Supervisors*

- Oversee the education of the trainee, act as mentor and ensure trainees are making the necessary clinical and educational progress.
- Meet the trainee in the first week of the programme (or delegate to a colleague if on leave), ensure the structure of the programme, curriculum, portfolio and system of assessment are understood and establish a support relationship.
- Ensure the trainee receives appropriate career guidance and planning.
- Provide the trainee with opportunities to discuss their training, any problems and on the support provided.
- Hold review meetings with the trainee that the trainee arranges. These occur in protected time and a private environment to review the learning objectives, give feedback, monitor the delivery of the Educational Agreement, review assessments and portfolio evidence of learning.
- Conduct an end of year appraisal with the trainee, reviewing all the assessments, portfolio of evidence of learning and ensuring that all learning objectives of the programme have been satisfied.
- If a trainees performance is not reaching the required standard this should be discussed with the trainee as soon as identified and a written record kept. Remedial measures should be put in place with clearly defined written objectives.

3.6 Clinical Supervisors*

- Offer a level of supervision of clinical activity appropriate to the competence and experience of the individual trainee.
- Be involved with the teaching and training of the trainee in the workplace and will help with professional and personal development.
- Ensure specialty induction occurs and includes an introduction to the department and role of the multidisciplinary team.
- Meet the trainee before or within 1 week of starting a placement to establish a supportive relationship, agree a learning plan, agree specific and realistic specialty learning objectives appropriate to the individual trainee.
- Provide a regular review during the placement both formally and informally to ensure the necessary experience, including experience in practical procedures, give constructive feedback on performance.
- Ensure the trainees attendance at formal education sessions, completion of audit project and other requirements of the programme.

* Some training schemes appoint an educational supervisor for each placement. The roles of clinical and educational supervisor may then be merged.”

3.7 The Junior Doctor

- Will instigate meetings with his/her Educational and Clinical Supervisors, within the agreed timescales, ensuring the necessary paperwork (including the self assessment of competency forms to be completed on day 1 in post) is forwarded to Medical Education Department for monitoring purposes
- Sign and return an Educational Agreement, which agrees with the pre-determined supervision process in the Specialty/Department
- Complete a Self Assessment of Competency Form for each post/placement he/she holds in the Trust
- Complete the on-line Deanery End of Placement Feedback Questionnaire for each post/placement he/she holds in the Trust
- Contact the respective Educational and Clinical Supervisors to arrange review/appraisal meetings within the agreed timescales which the trainee must attend
- Ensure the signed educational paperwork is completed and returned to Medical Education Department

4 REFERENCES

- 4.1 Educational Supervisors Training. SYSH Postgraduate Deanery www.syshdeanery.com
- 4.2 Induction Policy – BHNFT
- 4.3 The New Doctor: Recommendations on General Clinical Training; GMC, September 2009
- 4.4 NHSLA Risk Management Standards for Acute Trusts – NHS Litigation Authority
- 4.5 Generic Standards for Training – PMETB April 2006
- 4.6 Principles of Good Medical Education and Training. GMC and PMETB 2005
- 4.7 Good Medical Practice. GMC 2006
- 4.8 A Guide to Postgraduate Specialty Training in the UK. The Gold Guide. DoH 2010
- 4.9 BHNFT PGME Clinical Supervision Protocol Version 3 July 2010

5. MONITORING

- 5.1 The Medical Education Department will work with College Tutors/Foundation Programme Director to monitor the supervision process; Meeting Return Slips will be signed by the junior doctor and the supervisor and returned to Medical education Department for monitoring purposes. Where issues of documentation are highlighted, the junior doctor and supervisor will be contacted for explanation and action.
- 5.2 The Medical Education Department will receive, record and store all completed self–assessment of competency forms.

- 5.3 Clinical Management Teams will be expected to develop action plans to address any failure to comply with their Clinical Supervision Procedure.
- 5.4 Areas of concern will be highlighted to the College Tutors and Foundation Programme Director who will decide if the appropriate Clinical Directors, PCME Director and Medical Director should be informed.

6. TRAINEES IN DIFFICULTY

It is very important to identify trainees who are not coping (including e.g. workload, stress, interpersonal skills, etc) or who are not progressing satisfactorily at a very early stage. Clinical Supervisors will need to liaise with the trainee's educational supervisor initially to evaluate any concerns and see if they can be addressed satisfactorily. If further escalation is required, the appropriate College Tutor, Foundation Programme Director (for Foundation Trainees) and the PGME Director will need to be informed in the first instance. It is essential that the trainee is fully involved and engaged at every step of the process, with full written documentation and agreed action plans. Further guidance can be obtained from the Yorkshire and Humber Deanery Trainees in Difficulty Policy.

7. GLOSSARY OF TERMS

Junior Doctors/Trainee	Foundation Year 1 doctor (F1) Foundation Year 2 doctor (F2) Specialist Registrar (SpR) Speciality Training doctor (ST, from August 2007)
Clinical Supervision	'A term used to describe a formal process of professional support and learning which enables individual practitioners to develop knowledge and competence, assume responsibility for their own practice and enhance consumer protection and safety of care in complex clinical situations' – DoH 1993
Clinical Supervisor	The consultant (or other appropriate experienced staff) who is responsible to provide direct supervision on a day to day basis of more junior doctors; the supervisor is involved in 'hands-on or face to face' training of the junior doctor. A trainee may have several Clinical Supervisors during the course of his/her post as the latter may include rotation to several different units/departments (see Job Description)

PMETB Definition: "A trainer who is selected and appropriately trained to be responsible for overseeing a specified trainee's clinical work and providing constructive feedback during a training placement. Some training schemes appoint an educational supervisor for each placement. The roles of clinical and educational supervisor may then be merged."

Educational Supervisor Invariably a consultant, when referring to junior doctors, who acts as a mentor and is the appraiser for the individual trainee throughout the duration of the post, irrespective where the trainee rotates to during his/her post. The consultant is responsible to monitor the overall progress and achievements of the trainee (by interview, by referring to Training Records and by speaking with Clinical Supervisors), address conflicts and difficulties and seek support from other groups of professionals following appropriate consultation as necessary. To qualify and be indemnified (by the Deanery) as an Educational Supervisor, the consultant must have attended the appropriate Educational Supervisors Course (see Job Description)

PMETB Definition: “A trainer who is selected and appropriately trained to be responsible for the overall supervision and management of a specified trainee’s educational progress during a training placement or series of placements. The educational supervisor is responsible for the trainee’s educational agreement.”

It is accepted that in certain situation a consultant may have a dual role of Clinical Supervisor and Educational Supervisor for a particular trainee, e.g. posts of short duration i.e. 6 months or less. However, the requirements and function of the two roles are clearly different.

Post Whole length of the training programme in the Trust, which may involve rotation to different units/departments in the Trust

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

8. Documents

- (a) Job Descriptions:
 - (i) Clinical Supervisor
 - (ii) Educational Supervisor
 - (iii) College Tutor

(b) Trainee Feedback (Yorkshire and Humber Deanery website)

(c) Trainees in Difficulty Policy (Yorkshire and Humber Deanery website)

**Equality Impact Assessment (EQIA)
Pro-Forma**

The purpose of an Equality Impact Assessment (EQIA) is to ensure that the Trust does not unwittingly discriminate against groups belonging to any of the Protected characteristics (PC's) Age, Disability, Gender reassignment, Sexual Orientation, Race, Religion or Belief, sex, sexual orientation, marriage & civil partnership, pregnancy and maternity. An EqIA is a process which ensures we promote equality in the provision and take up of our services and employment practices at Barnsley NHS Foundation Trust.

Div/ Dept	Medical Education – Learning & Development
Policy/ Service	Supervision of Junior Doctors Policy
Is this policy/ service New/Existing	New
Name of Assessor(s)	Julie Petch
Date of EqIA.	2 nd September 2010
Aims/Objectives/Purpose Of Policy/Service	<p>The aim is to ensure junior doctors are supervised clinically and educationally in line with there training status and in line with Deanery curricula requirements.</p> <p>The objective is to ensure quality training experiences are provided to junior doctors whilst maintaining patient safety.</p> <p>The Purpose of the Policy is to maintain a standard of clinical care in line with best/current practice.</p>
Associated Objectives for this Service e.g. National frameworks, Equality Act.	<p>Trust policies relating to the procedures which are updated when necessary or every 3 years which ever is earlier.</p> <p>Deanery/PMETB Curricula requirements for junior doctors training</p>
Who Does this	Educational and Clinical Supervisor And Junior Doctors

policy/service Affect?		
What outcomes do you want to achieve from this process?	Allowing junior doctors to gain adequate and necessary exposure to patients and clinical experiences which are pertinent to their role, and which will allow for enhanced patient care. This service will also allow staff to update their skills & knowledge to maintain patient safety and equip them for exams and qualification.	
What factors could contribute/detract from the effective delivery of this policy/service?	Contribute	Detract
	ensuring quality and adequate supervision of junior doctors is taking place.	Lack of time or adequate rota completion
Could this service/policy have a different impact on different groups protected characteristics (PC's)	<p>If Yes please circle which groups</p> <p>Race</p> <p>Age</p> <p>Disability</p> <p>Gender reassignment</p> <p>Religion/belief</p> <p>Sexual Orientation</p> <p>Pregnancy maternity</p> <p>Marriage Civil partnership</p> <p>Sex</p>	<p>Y/N</p> <p>N</p>
Explain any reasons/evidence to support the above question, relevant to this impact (e.g. language barriers, consultation, complaints, surveys, mystery shopper, evaluations)	<p>Details of everything regarding medical education is displayed in the education centre, emailed to trainees/consultants, is placed on the PGME website which is access from any trust computer. All members of the medical education team have received training in Equality and Diversity and all areas are covered as part of the appraisal system.</p> <p>RACE: The service is only available to qualified doctors where an adequate level of written and spoken English has already been attained during medical school. All literature is in English. Where clinical staff whose first language is not English they have already received support to attain a level by medical school before embarking on clinical skills training due to clinical risk.</p> <p>AGE: The service is accessible to anyone employed as a trainee doctor or consultant</p>	

	<p>employed by the trust. Training details can be found in the education centre, college tutors/educational/clinical supervisors, the hospital intranet and PGME website.</p> <p>DISABILITY: Dependant upon the type of disability may have an impact on the performance of the trainee; Full support is offered by the department in conjunction with the PGME Director, Medical Director and the Y&H Deanery and if necessary occupational health.</p> <p>GENDER: The service is open to both male and female staff and both can find the details of training and service by leaflets, intranet etc.</p> <p>RELIGION: The service is available to all religions. If required the Trust has a prayer room which is open to all staff whilst employed or training at the Trust. Information regarding this is given out at Induction.</p> <p>CLASS: the Medical Education Department is free to access by all trust staff.</p> <p>SEXUAL ORIENTATION: There is no reference in literature or photographs to gay, lesbian, heterosexual orientation as part of clinical skills training or assessments. Equality and Diversity training is a mandatory training session for all trust staff including doctors. This can be accessed through the L&D department as a taught face-to-face session or through e-learning</p>
<p>If you have answered yes to the above, please describe any planned actions, (SMART), work streams which will help mitigate your EqlA and ensure your policy/service will:</p> <ul style="list-style-type: none"> • Eliminate discrimination • Promote equal opportunities • Foster good relations between others. 	<p>S – There is individual support available for any candidate who has any disability. Support is given by the any member of the Medical Education Team, College Tutors, Education/Clinical Supervisors, PGME Director, Medical Director and the Y&H Deanery.</p> <p>M – Discussions are held with the candidate and appropriate members listed above. It is known if support of the candidate has been achieved by their ability to complete training outcomes and as part of their appraisal.</p> <p>A – A plan of education support is agreed with individual candidates, the Medical Education Team (including PGME and College Tutors etc) and the Deanery.</p> <p>R – A safe level and manual dexterity is required by doctors to be able to perform skills, as per Trust policy using the appropriate Trust equipment. Whilst doctors employed at the trust they are fully supported for the duration with advice from the above and the Deanery.</p> <p>T – Goals are set with the individual candidate for the duration of their placement. When the</p>

	placement ends trainee doctors rotate to another Trust.	
Following the above actions, will there be a need for a further Equality Impact Assessment? (EqIA)	<ul style="list-style-type: none"> • If yes please complete partial assessment. • If no this assessment needs to be completed, recorded and sent electronically to your Equality & Diversity Advisor 	No Yes/No
How will your EQIA be communicated/shared?	<ul style="list-style-type: none"> • Emailed to Trust Equality and Diversity Advisor for agreement and sign off. • Communicated to your direct Line Manager. • Communicated to Div/Dept team brief. 	Y .Y/N Y Y
When is the next review (Please note review should be immediate on any amendments to your policy etc.)	1 year 2 year 3 year	3 years August 2013