

## **Best Practice Guidance for Ongoing Clinical Supervision**

**Purpose:** This document proposes guidance on best practice for Local Education Providers who wish to set out a policy for ‘ongoing clinical supervision’ of trainees.

**Definition:** ‘Ongoing clinical supervision’ is supervision of the trainee throughout their clinical work, during both daytime and out-of-hours duties.

[This is by contrast with the role of the ‘Named Clinical Supervisor’, as defined by the GMC\*.]

**Rationale:** To ensure patient safety, clinical work by trainees needs to be carefully supervised by experienced and competent clinical staff, who are trained for the role, and who recognise and discharge their responsibility to trainees. This should result in reduced clinical risk and raised quality of patient care.

### **Ongoing supervision in practice - principles:**

- Trainees and trainers should work within the parameters which relate to these activities outlined in the GMC’s Good Medical Practice.
- Trainers and experienced, competent clinical staff have a role in ensuring that patients are safe and treated according to best practice.
- Trainees will vary in their need for ongoing supervision depending on seniority, experience and individual circumstances.
- There is an onus on trainees to seek appropriate ongoing supervision, especially when they reach the borders of their clinical skills and competence.
- Trainees will have increasing autonomy as they advance through training, from full supervision of all practice at entry to foundation training, up to independent practice at completion of training.
- The profile of ‘ongoing clinical supervision’ will change from close and proximate supervision (e.g. of foundation trainees), through supervision by staff within the same hospital (e.g. for specialty trainees), to remote supervision by staff outside the Trust (e.g. consultants elsewhere, for more senior trainees).
  - For foundation trainees, supervising staff should be present in the same hospital.
  - For specialty trainees, supervision arrangements may vary from specialty to specialty. Supervising staff should be available as specified to ensure safe, timely and comprehensive management of all patients seen by trainees.

### **Standards:**

- In each department there should be written allocation of Educational Supervisor and Named Clinical Supervisor roles for all trainees;
- In each department there should also be a clear, written agreement amongst all senior medical staff about ongoing clinical supervision of all trainees;
- In each department, there should be written statements about:
  - Who provides ongoing clinical supervision to trainees;
  - Whom trainees report to in the course of their clinical work;
  - What information should be shared about patients;
  - How trainees can access ongoing clinical supervision when they need advice or practical help;
  - An escalation policy when immediate ongoing supervision is not available;
  - How trainees can contact more experienced colleagues in an emergency;
  - Handover arrangements.
- These statements should be shared with trainees at induction;
- There should be an agreed system of feedback for trainers and trainees.

### **Monitoring:**

- There should be a mechanism to monitor these standards.
- Lapses or failures in on-going clinical supervision should be identified and addressed promptly and clearly. Records should be kept.
- Serious incidents (SIs) need scrutiny for involvement of any trainee and whether there was a failure of clinical supervision – *see NACT UK Serious Incident Analysis*
- Monitoring of trainee performance, including adherence to the principles and practice of ongoing clinical supervision should occur (approximately) monthly. Feedback on problems should be given to trainees and trainers.
- Each Trust should monitor practice in ongoing clinical supervision of trainees year-on-year and address any issues, especially where recurrent.

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\* This reads: ‘A trainer who is responsible for overseeing a specified trainee’s clinical work for a placement in a clinical environment and is appropriately trained to do so. He or she will provide constructive feedback during that placement and inform the decision about whether the trainee should progress to the next stage of their training at the end of that placement and/or series of placements (GMC Consultation on ‘Recognising and Approving Trainers’ (January 2012)’.

Due to shift working in most specialties, the ‘Named Clinical Supervisor’ will not be present next to their named trainee at all times.