

Roles & Responsibilities of a Named Clinical Supervisor

April 2018

Accountable to: Clinical/Specialty Director, Foundation/Specialty School

Reports to: Director of Medical Education (DME) via College/Specialty Tutor. Director of Education may have the DME responsibilities

Tenure: **3 years**, to be reviewed annually

A doctor in training must have a named Clinical Supervisor for each placement and should be informed in writing of this. In some posts / programmes the role of the Clinical Supervisor is done by the named Educational Supervisor.

The Clinical Supervisor role is assigned, usually by the Specialty Tutor, to a named senior doctor who has undertaken the required training to be recognised by the GMC. The role will be discussed and formalised at job planning with the Clinical Director and designated SPA time provided (the 0.25 SPA per trainee is often shared between educational & clinical supervisor; dependent on model of supervision/programme and local arrangements).

The Clinical Supervisor should oversee the acquisition of the required clinical competencies for their named trainee during the placement. They should be informed of the name and contact details of the trainee's Educational Supervisor.

Key Responsibilities:

1. Understand their Clinical Supervisor role

- Be familiar with the curriculum requirements of their assigned trainee and the relevant learning opportunities available locally and regionally.
- Have access to and be familiar with the trainee's eportfolio
- Responsible for informing the Educational Supervisor of any concerns
- Be aware of local policies for supporting the performance of trainees
- Understand their responsibilities with the junior doctor contract, work schedules, exception reports and the name & role of the Guardian of Safe Working.

2. Ensure the trainee receives specialty induction, prior to clinical duties, to include:-

- Introduction to the clinical department and any other department where has out-of-hours duties - *duties of the post, roles & responsibilities, departmental meetings and senior cover.*
- Role of the educators and multidisciplinary team that provide supervision out of hours to ensure safe and effective clinical care at night and weekends - *cross-specialty induction when cross-cover required, bleep policies, managed hand-over, clear team understanding of individual competencies and safe supervision etc.*
- Relevant departmental policies eg. escalation pathways for in hours and out of hours care, local bullying & harassment procedures, role of the specialty tutor etc
- Encourage trainee's attendance at formal training and education sessions

3. Meet the trainee, in protected time, within two weeks of starting the placement to

- a) establish a supportive relationship
- b) discuss the generic work schedule and ensure the trainee has the necessary competence and capabilities to perform required tasks. (Supervisor to arrange any required additional training.) Trainees should only perform tasks without direct supervision when the Supervisor is satisfied regarding their competence; both trainee and supervisor should at all times be aware of their direct responsibilities for the safety of patients in their care.
- c) ensure a suitable timetable to allow completion of all requirements of the specific curriculum

- d) agree a learning plan. To include:-
- any reasonable requests for variations to work patterns (within constraint of service delivery) or significant caring responsibilities (where relevant)
 - agree specific and realistic specialty learning objectives appropriate to the level of the individual trainee
4. Support the educators (members of the multi-professional team involved in providing clinical supervision) in conjunction with the Specialty Tutor.
 - Ensure they understand their role in observing practice, giving feedback & WPBA
 - Collate feedback from them via Local Faculty Group, multi-consultant report (MCR) or similar to inform the Clinical Supervisor's end-of-placement report.
 5. Meet with trainee regularly to
 - review progress with the personal learning plan & update as necessary
 - ensure the trainee is obtaining the required experience and to give feedback on performance
 - identify areas of strength and specific areas requiring development
 - work with the trainee to address any issues that arise
 - encourage feedback from trainee on their training, learning opportunities and the support that is being provided. Address any problems identified.
 6. Provide honest and constructive feedback – *positive and developmental*
 - By creating a learning environment in the workplace which encourages frequent feedback from the multiprofessional team.
 - From personal experience of talking and working with the trainee
 - Obtain information from the educators involved in the day to day supervision of the trainee. There should be a process, known to the trainees, as to how this occurs. This may be a multi-consultant report (MCR) or a written statement from the Specialty Tutor after discussion of the trainee at the Local Faculty Group.
 7. Complete the end-of-placement Supervisor's Report
 - provide summary of progress detailing strengths and achievements as well as areas for future development
 - in a timely manner to inform the Educational Supervisor's report for the ARCP.
 8. Provide specific additional support as necessary
 - If the trainee is involved in a Serious Incidents (SIs) and/or complaint and any ensuing investigation. The issue should be discussed and the learning identified and documented in the portfolio. It may be necessary to arrange to debrief at the conclusion of the investigation. Any SIs / complaints should be noted on the Supervisors Report.
 - If a trainee's clinical performance and/or professionalism is not reaching the required standard or if some personal issue is impacting on their ability to work /progress discuss with the trainee, agree a way forward and document the meeting in the portfolio
 - any concern with a trainee's clinical competence, conduct or health which may pose a potential risk to patient care or themselves must be escalated immediately to the Clinical Director and Director of Medical Education. This should be followed by a written report and agreed action plan

9. Comply with the requirements of the junior doctor contract

Action exception reports. *(Although the responsibility of the Educational Supervisor this may be delegated to the named clinical supervisor).*

- Using the designated electronic system. This will involve a discussion of the circumstances with the trainee and agreeing an action in accordance with local policies.
- Reports will be actioned within 2 weeks and within 24 hours where there is an immediate and substantive risk to patient or trainee safety
- Escalate to GoSW and undertake an immediate work schedule review where an exception report highlights an immediate patient concern and ensure appropriate remedial action is taken

Request work schedule review

- The named supervisor has the authority to request a work schedule review for one of their trainees at any time
- They should carry out the work schedule review in conjunction with their trainee
- The review needs to be undertaken in a timely manner and within 7 working days if it involves an immediate risk to patient and/or doctor safety
- The supervisor is responsible for communicating the outcome of the review to their trainee in writing

10. The Clinical Supervisor is expected to:

- develop in their educational role, collate supporting information to comply with GMC requirements and discuss the role during their Annual Appraisal
- attend Local Education Faculty Group meetings
- identify time to carry out role effectively

11. The Clinical Supervisor is supported by the

- Trainee's Educational Supervisor and other Supervisors in their department
- Foundation Programme Director - updated with developments from Foundation Programme
- Specialty Tutor - updated with developments from the GP & Specialty Training
- Specialty Tutor will provide individual support as required particularly when there is a trainee requiring additional support / remediation

Person Specification for Clinical Supervisor

Attributes	Essential	Desirable
Qualifications	<p>GMC full registration</p> <p>Completed necessary training and be a recognised Supervisor by GMC</p>	<p>Postgraduate qualification in education Specialist or General Practitioner registration Coaching qualification</p>
Knowledge & Skills	<p>Knowledge of management and governance structures in medical education and training and awareness of current processes in the delivery of medical education and training nationally and locally.</p> <p>Enthusiasm for delivering training</p> <p>Evidence of current training in:</p> <ul style="list-style-type: none"> • Supervision • Workplace-based assessments & giving feedback • Supporting a doctor in difficulty • 2016 Junior doctor contract • Relevant eportfolio • Equality and diversity <p>Effective communications skills, motivating and developing others, approachability, good interpersonal skills.</p>	<p>Evidence of supporting trainees and trainers.</p> <p>Experience of coaching or mentoring</p> <p>Understanding of uses of IT in education.</p> <p>Evidence of personal development in medical education</p> <p>Evidence of delivering well evaluated teaching sessions/tutorials or simulation scenarios</p>