

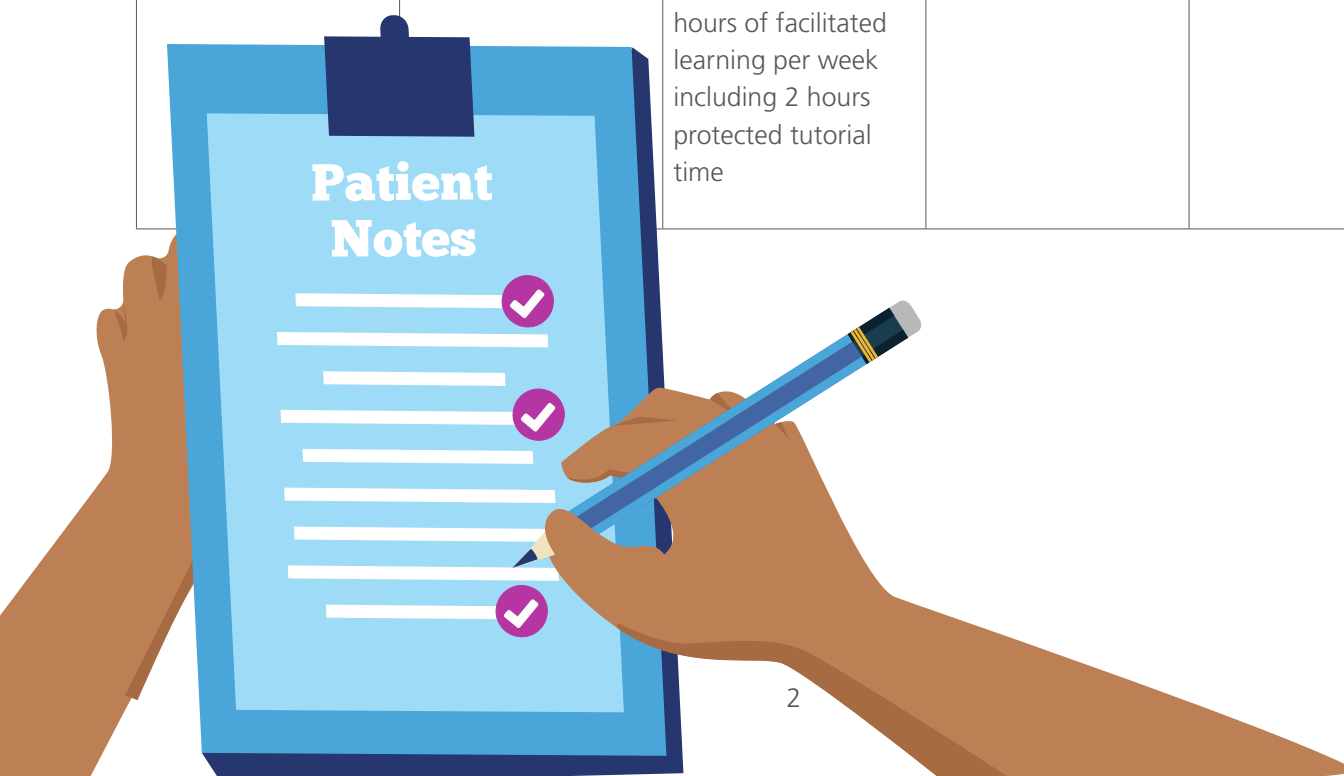
Standards in Supervision

This tool has been created for internal use by organisations and departments, to benchmark their supervision against national standards (HEE, GMC and NACT standards have been incorporated here).

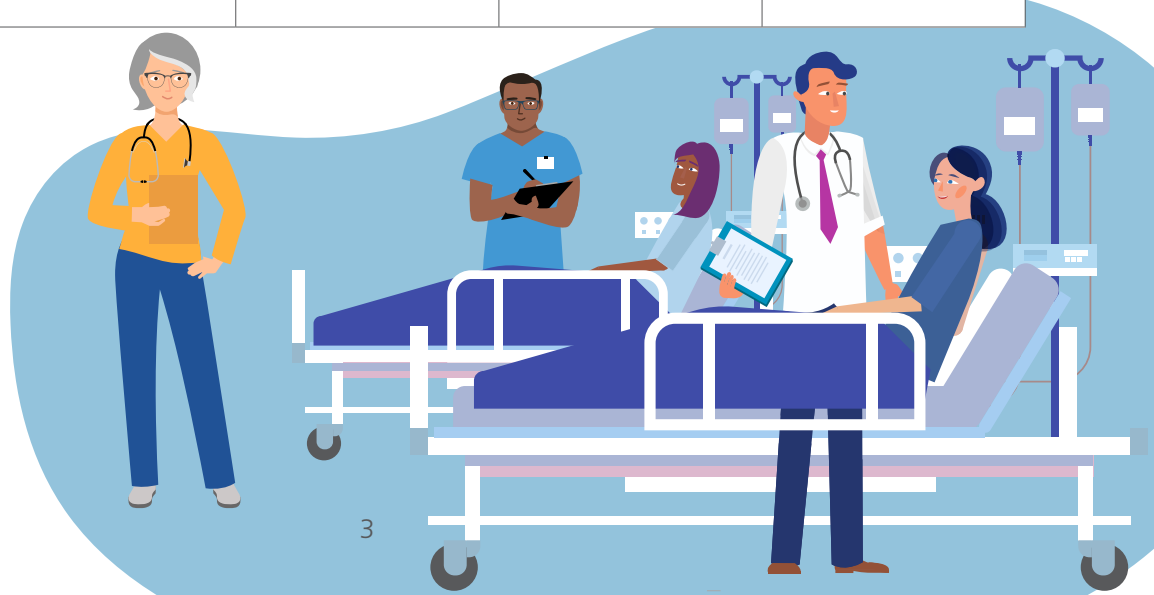
This tool does not map to CQC ratings and is a guide for Trusts.

	Below expected standard	Baseline	Good	Excellent
First contact with Educational supervisor	First meeting takes place more than 6 weeks after starting post	First educational supervisor meeting within 6 weeks of starting post	First educational supervision meeting within 2 weeks of starting post	Supervisor makes personal contact with supervisee before start of post
Frequency of Educational Supervisor meetings	No evidence of meeting at start and/or end of post	Documented meetings only at start and end of post	Documented meetings at start, middle and end of post	Additional meetings as per trainee needs / request
Supervisor training	No evidence of having engaged with formal training in supervision Supervisor not aware of how to support a trainee who has been involved in a Serious Incident (SI) or complaint	Evidence of all supervisors within department attending an externally accredited Educational Supervision course Within General Practice all GP ES to have attended an externally accredited ES course	Additional / ongoing training and evidence of CPD in supervision for all supervisors (1 piece of CPD in one year; 3 different types of CPD in 5 years)	Actively providing developmental opportunities for senior registrars or GP specialty trainees in providing supervision. For senior registrars this would include developing their ES skills
Educational Supervisor (ES) role and Clinical Supervisor (CS) role	ES changes with every rotation	Trainee has a consistent ES over the course of one year of equivalent full time training (during which they may change posts more than once) CS changes with each clinical placement	Trainee retains same ES over the course of at least a year Supervisors participate in annual 360 degree appraisal from supervisees	Provision for ES / supervisee to maintain longer term supervision relationship (more than one year in duration)

	Below expected standard	Baseline	Good	Excellent
Educational Supervisor (ES) role and Clinical Supervisor (CS) role ... continued	<p>No evidence of supervisor having protected time for supervising trainees</p> <p>Supervisor allocated too many trainees to supervise adequately (more than 4 trainees)</p>	<p>Hospital based: Supervisor has 0.25PA (1 hour per week) allocated in job plan per week, per trainee for supervision</p> <p>Supervisor has 0.25PA (1 hour per week) allocated in job plan per week, per trainee for supervision</p> <p>NB: each trainee should have equivalent of 1 hour per week, or 4 hours per month, COMBINED EDUCATIONAL AND CLINICAL supervision time over the course of their placement. This allocation covers meetings, WPBAs, portfolio work, ARCPs etc.</p> <p>GP training: trainee should receive 4 hours of facilitated learning per week including 2 hours protected tutorial time</p>	Evidence that supervisor is receiving 0.25PA (1 hour per week) per trainee protected time for supervision	



	Below expected standard	Baseline	Good	Excellent
Educational vs Clinical supervision	Trainees / trainers not aware of the difference between Educational and Clinical supervision roles in terms of support and purpose	It is permitted for a single individual to carry out both Educational and Clinical supervision for the same trainee. However, it is preferable for the roles to be carried out by two separate individuals.	Where educational and clinical supervision is provided by same individual, trainees signposted to mechanisms by which they can access alternative support if they have concerns about raising an issue that could affect their training progression	Department / training program has a designated lead for wellbeing or pastoral support that any trainee can approach with concerns they feel unable to raise with their Clinical or Educational supervisor
Content of meetings (evidenced in trainee's eportfolio)	Bare minimum of documentation in eportfolio	Trainee's training needs documented For GP training: regular feedback to trainees through their portfolio on learning logs	Personal development plan created in first meeting, agreed and co-signed by supervisor and trainee Personal development plan referred back to over course of supervision relationship GP training: feedback on work submitted through the portfolio regularly provides developmental guidance	Holistic approach to trainee's needs – personal goals considered as well as educational and training needs



	Below expected standard	Baseline	Good	Excellent
Additional forms of supervision		NB: for GP trainees and trainees in mental health trusts, Balint groups or similar forms of group supervision are a baseline expectation	Foundation Program doctors allocated a Placement Supervision Group Group supervision models e.g. Balint Groups, Action Learning Sets used as an additional form of supervision	
Governance around supervision	No evidence of governance structure for supervision	Supervision discussed at Local Faculty Group	Mechanisms in place to escalate issues in supervision from Local Faculty Group to DME and Board level Supervisors participate in annual 360 degree appraisal from supervisees	
Escalation of Concerns	Trainees not clear who to contact immediately in the event of a clinical concern; trainees unable to identify which senior clinician is in supervisory role on each shift	Trainees have clearly identified senior clinician to escalate concerns to during a shift, GP surgery and (specifically for GP trainees) a home visit	Clear, regularly updated and accessible departmental guidance on how to contact senior responsible clinician Governance structures in place around escalation of concerns about patient safety AND about quality of supervision	

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