



## Proposed best practice guidance for supervision of safe clinical care

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The Royal College of Anaesthetist (RCoA) and the Association of Anaesthetist are the professional bodies for anaesthetists in the UK and Ireland who are responsible for the development and promotion of standards in Anaesthesia. The RCoA and the Association of Anaesthetists jointly recognise the importance of good clinical supervision in the workplace as an approach to the achievement of safe clinical care.

This document proposes guidance on best practice for Trusts in setting out a policy for ongoing supervision of safe clinical care by trainees<sup>1</sup>.

**Definition:** 'Supervision of safe clinical care' is supervision of the trainee throughout their clinical work, during both daytime and out-of-hours duties.

['Supervision of safe clinical care' is by contrast with the role of the 'Named Clinical Supervisor', as defined by the GMC<sup>2</sup>.]

The GMC (2012) defines a trainer as one who: "provides supervision appropriate to the competence and experience of the student or trainee and training environment. He or she is involved in and contributes to the learning culture and environment, provides feedback for learning and may have specific responsibility for appraisal and/or assessment."

Thus 'Clinical supervision relates to day-to-day oversight of trainees in the workplace and is an activity that involves all clinicians who come into contact with trainees. Clinical supervision involves being available, looking over the shoulder of the trainee, teaching on the job with developmental conversations, regular feedback and the provision of a rapid response to issues as they arise. All trainees should have access to supervision at all times,

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<sup>1</sup> Whilst trainees are the initial focus of the guidance, the principles throughout are applicable for good supervision for any healthcare professional

<sup>2</sup> The General Medical Council. 2012. Recognising and approving trainers: the implementation plan. [ONLINE] Available at: <https://www.gmc-uk.org/-/media/documents/approving-trainers-implementation-plan-aug-12-v2.pdf-66144233.pdf>. [Accessed 17 April 2019]

with the degree of supervision tailored to their competence, confidence and experience. Within a given training placement, and for each trainee, such arrangements may be the responsibility of a named 'clinical supervisor'.

The GMC (2012) defines a named clinical supervisor as '...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<sup>3</sup>

**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 raised quality of patient care and reduced clinical risk.

**Supervision of safe clinical care in practice - principles:** Medical care in the NHS is Consultant directed. All trainees work under supervision. This supervision may be immediate (supervisor in the room), local (supervisor in the hospital) or distant (supervisor at a remote location). 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 of their clinical care depending on seniority, experience and individual circumstances.
- Trainees have a duty to seek appropriate ongoing clinical supervision, especially when they approach the limits of their clinical skills and competence.
- The level of clinical supervision is ultimately decided by the Consultant and not the trainee.
- Trainees and trainers should work within the parameters, which relate to these activities outlined in the [GMC's Good Medical Practice](#). Trainees will have increasing autonomy as they advance through training, from full clinical supervision of all practice at entry to foundation training, up to independent practice at completion of training. However, it is a fundamental principle that all trainees working in all situations will receive supervision from a consultant or specifically approved SAS doctor
- The profile of 'safe supervision of clinical care' will change from close and proximate supervision (e.g. of core trainees), through clinical supervision by staff within the same hospital (e.g. for specialty trainees), to remote clinical supervision by staff outside the Trust (e.g. consultants elsewhere, for more senior trainees).

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<sup>3</sup> Recognising and approving Trainers: Implementation plan (2012): [https://www.gmc-uk.org/-/media/documents/approving-trainers-implementation-plan-aug-12-v2\\_pdf-66144233.pdf](https://www.gmc-uk.org/-/media/documents/approving-trainers-implementation-plan-aug-12-v2_pdf-66144233.pdf)

- For trainees, clinical supervision arrangements may vary from specialty to specialty. Supervising staff must be available as specified to ensure safe, timely and comprehensive management of all patients seen by trainees.

**Standards:**

- Trainees must always work with safe supervision of their clinical care available at all times.
- Departments are expected to promote a culture of trainees seeking and receiving help within the relevant timescale.
- Each department must have, and maintain, a written allocation of Educational Supervisor and Named Clinical Supervisor roles for all trainees.
- Each department will ensure there is a clear, written agreement amongst all senior medical staff about ongoing clinical supervision of all trainees.
- Within each department, there must be policy about:
  - Who provides clinical supervision to trainees;
  - Whom trainees report to in the course of their clinical work;
  - Explicit guidelines for the supervision of trainees by Consultants during the day and night;
  - What information can and cannot be shared about patients;
  - Clear descriptions of how trainees can access clinical supervision when they need advice or practical help;
  - An escalation policy when immediate clinical supervision is not available;
  - A clear protocol or rota for how trainees can contact more experienced colleagues in an emergency;
  - Handover arrangements.
- These policies and any associated guidance should be shared with trainees at induction and reviewed regularly;
- There should be transparent and agreed system of feedback for trainers and trainees.

**Monitoring:** A mechanism to monitor these standards should be developed and maintained by all departments. Lapses or failures in clinical supervision should be identified and addressed promptly and clearly. Records should be kept.

Monitoring of departmental performance, including adherence to the principles and practice of clinical supervision should occur (approximately) monthly. Feedback on problems should be given to trainees and trainers.

Each Trust should audit and report on practice in clinical supervision of trainees year-on-year and address any issues, especially where recurrent. The use of audit tools or frameworks can be used to support this monitoring and quality improvement.

*The Cappuccini test – An audit of supervision*

The RCoA has produced an [audit tool](#) to pick up issues in relation to the supervision of trainees and non-consultant career grade doctors (NASG) who do not fit the description in [Guidelines for the Provision of Anaesthesia Services](#) (GPAS) of 'SAS anaesthetists that local governance arrangements have agreed in advance are able to work in those circumstances without consultant supervision.

### **A Template for Supervision:**

*Inpatient Work:* The first 'phase' of supervision is presentation by the trainee to the nominated Consultant of the activity scheduled for work, relevant patient factors and the proposed management plan. The named clinical supervisor should discuss the proposed plans and approve an appropriate level of supervision. The name of the named clinical supervisor should be present on anaesthetic record.

The second necessary phase of clinical supervision for a solo trainee is identifying at the time of procedure which Consultant will provide assistance in the timescale required. This may be the named Consultant but may be another Consultant providing clinical supervision. Whomsoever it is must be aware that they are providing clinical supervision and must be appropriately trained, qualified and able to do so. The other healthcare staff should be told which Consultant is supervising and where they are, so that they may be contacted quickly if they are required.

*Outpatient work:* (i.e. clinical supervision of trainees in outpatient clinics during the day).

Clinics should be designated as training clinics or service clinics. Training clinics may have fewer patients templated and service clinics will not be for training to attain clarity. Clinic templates should be set accordingly.

Trainees should present all cases to the clinical supervising consultant, in this way all patients will be seen by the Consultant who is running that clinic.

When the consultant is away on annual or study leave the clinic should be cancelled or moved. Trainees should not run clinics without a consultant present or readily available.

### **Understanding the local medical education and clinical governance landscape**

Guys and St Thomas' have developed a simple overview to support the department in understanding and recognising important role holders within the educational governance landscape. The visual overview can be published and displayed on in departments as a reminder of who to contact in specific areas.

Who's who of local educational governance – Guy's and St Thomas' -



publication whos  
who.pdf



## References and further reading

### Job roles: Education and Clinical Supervisor

- Job description: Educational Supervisor<sup>4</sup>. NACT
- Recognition and approval of Trainers<sup>5</sup>. GMC
- Named Clinical Supervisor Job description<sup>6i</sup>. NACT

### Further guidance

- Proposed Best Practice Guidance for Supervision of Safe Clinical Care<sup>7</sup>. NACT
- Recognition and Approval of Trainers: Implementation plan<sup>8</sup>. GMC
- Multisource feedback for Educational Supervisors<sup>9</sup>. London Deanery

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<sup>4</sup> NACT. 2012. Job description for Educational Supervisor. [ONLINE] Available at: <http://www.nact.org.uk/documents/job-descriptions/>. [Accessed 17 April 2019].

<sup>5</sup> The General Medical Council. 2012. Recognition and approval of trainers. [ONLINE] Available at: <https://www.gmc-uk.org/education/how-we-quality-assure/postgraduate-bodies/recognition-and-approval-of-trainers>. [Accessed 1 May 2019].

<sup>6</sup> NACT. 2019. Roles & Responsibilities of a Named Clinical Supervisor. [ONLINE] Available at: <https://www.guysandstthomaseducation.com/wp-content/uploads/2018/06/Named-Clinical-Supervisor-JD-April2018.pdf>. [Accessed 1 May 2019].

<sup>7</sup> NACT. 2012. Proposed Best Practice Guidance for Ongoing Clinical Supervision. [ONLINE] Available at: <http://www.nact.org.uk/getfile/2840/>. [Accessed 17 April 2019].

<sup>8</sup> The General Medical Council. 2012. Recognising and approving trainers: the implementation plan. [ONLINE] Available at: [https://www.gmc-uk.org/-/media/documents/approving-trainers-implementation-plan-aug-12\\_pdf-56452109\\_pdf-72592887.pdf](https://www.gmc-uk.org/-/media/documents/approving-trainers-implementation-plan-aug-12_pdf-56452109_pdf-72592887.pdf). [Accessed 1 May 2019].

<sup>9</sup> The London Deanery. 2012. Multisource Feedback for Supervisors. [ONLINE] Available at: <https://faculty.londondeanery.ac.uk/supervisor-MSE>. [Accessed 17 April 2019].