

Supervision of Doctors in Training Policy

V3.0

May 2019

Summary

The *Supervision of Doctors in Training Policy* sets out a clear structure for the supervision of doctors in training within the Royal Cornwall Hospitals Trust.

This policy aims to ensure that training and supervision are of a standard not only to meet doctors' educational needs but also to develop the medical workforce of the future whilst providing safe and competent care for patients.

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Data Protection Act 2018 (General Data Protection Regulation – GDPR) Legislation

The Trust has a duty under the DPA18 to ensure that there is a valid legal basis to process personal and sensitive data. The legal basis for processing must be identified and documented before the processing begins. In many cases we may need consent; this must be explicit, informed and documented. We cannot rely on opt out, it must be opt in.

DPA18 is applicable to all staff; this includes those working as contractors and providers of services.

For more information about your obligations under the DPA18 please see the *Information Use Framework Policy* or contact the Information Governance Team rch-tr.infogov@nhs.net

1. Introduction

1.1. The purpose of this document is to establish a clear structure for the supervision of doctors in training within the Royal Cornwall Hospitals Trust. This policy, available on the intranet and the Postgraduate Medical Education website, will ensure that training and supervision are of a standard to meet doctors' educational needs and to develop the medical workforce of the future whilst providing safe and competent care for patients.

1.2. The education and training of junior doctors is contracted to the Royal Cornwall Hospitals Trust (RCHT) by *Health Education South Postgraduate Education* (HES). According to the doctor's level of experience, different organisations are involved and varying levels of supervision are required. These arrangements are specified in this policy.

1.3. A number of regulatory and advisory bodies are involved in the training of junior doctors.

1.4. The GMC regulates the practice of doctors and has a statutory duty to promote high standards including the right to grant registration. The GMC sets standards and provides quality assurance for postgraduate medical education through inspection visits.

1.5. A number of prescriptive documents are produced. The documents that particularly relate to supervision of doctors in training include:

- *Good Medical Practice* – underpins all medical practice and sets out the standards of clinical and professional performance expected of a medical practitioner to ensure patients receive high standards of safe and effective healthcare
- *The New Doctor* – specifies the training experience and skills required to bridge the gap between undergraduate education and the achievement of full registration as a medical practitioner
- *The Early Years* – specifies the training experience and skills to be gained during the senior house officer grade now known as *core* and *basic specialist trainees*. The Specialty Schools are responsible for doctors in specialist training
- *Guide to Specialty Training in the UK: the Gold Guide* – sets standards for the management, quality assurance and supervision of specialist trainees. Royal Colleges and regional Specialty Schools should produce programmes of training and lists of competencies for doctors in training.

1.6. HES has overall responsibility for the provision of education for doctors in training, delegated through the Director of Medical Education within the Trust and supported through liaison and inspection visits.

1.7. This version supersedes any previous versions of this document.

2. Purpose of this Policy/Procedure

This policy outlines the process by which doctors in training at RCHT receive appropriate educational and clinical supervision.

3. Scope

This policy applies to doctors in training and the clinical staff responsible for their supervision.

4. Definitions / Glossary

All terms are defined within the text of the policy.

5. Ownership and Responsibilities

The Director of Medical Education (DME) is responsible for the delivery of educational and clinical supervision of all doctors in training in RCHT. All doctors in training have a nominated educational and clinical supervisor. Compliance with supervision is quality assured and managed by HES and the GMC.

There is a contract between HES and the Chief Executive of the Royal Cornwall Hospitals Trust to deliver appropriate training and facilities within the Trust for doctors in training.

5.1. Role of the Medical Director

The Medical Director is responsible for overall supervision of all medical staff employed by the Royal Cornwall Hospitals Trust.

For doctors in training this responsibility is delegated to the Director of Medical Education, educational and clinical supervisors as appropriate.

5.2. Role of the Director of Medical Education

The Director of Medical Education is responsible for the overall educational supervision of trainees, for support of educational supervisors and to ensure delivery of teaching and training. The Director of Medical Education is supported by the postgraduate education team that includes tutors for foundation, core and specialty training.

5.3. Role of the Educational Supervisor

The Educational Supervisor is responsible for planning and guiding trainees to optimise their educational opportunities and for signing them off as competent at the end of placements. This is achieved through regular planned meetings. They are responsible for notifying the Director of Medical Education (or Medical Director) if a trainee gives them cause for concern.

5.4. Role of the Clinical Supervisor

The Clinical Supervisor is responsible for the day to day clinical work of the trainees and remains responsible for the care of patients. They should be fully trained in the relevant area of clinical care, understand their responsibilities for patient safety and offer a level of supervision appropriate to the competence and experience of the trainee.

5.5. Role of the College Tutor

The College Tutor is responsible for overseeing the delivery and implementation of the education programme for all trainees in their specialty and ensuring that a departmental induction takes place. They ensure a specialty learning environment that is challenging, supportive and, where possible, multi-professional. They represent their specialty at training committees both internally and externally. They are normally appointed jointly by the Trust, HES and appropriate Royal College.

6. Standards and Practice

Supervision of doctors in training will be provided through the following mechanisms:

- induction (Trust, Department of Medical Education and specialty)
- a nominated and trained educational supervisor for each trainee
- a nominated clinical supervisor
- a portfolio of assessments and feedback, educational contract and personal learning plan
- regular appraisal
- support for doctors in training experiencing difficulties.

6.1. Induction

6.1.1. Induction is provided for all doctors in training on commencement with the Trust. Induction for Foundation year 1 doctors includes introduction to RCHT clinical policies and guidelines, an educational induction (outlining the educational support they will receive) and RCHT mandatory training. It provides teaching on specific aspects of clinical care that ensures the new doctors can practice safely. Induction for Foundation year 2 and more senior trainees provides a similar but more streamlined induction that includes mandatory training and policies and guidelines that ensure good patient care.

6.1.2. Induction should be compliant with HES. Mandatory requirements for induction by the Local Education Provider (LEP) for all doctors in training are detailed in the Learning and Development Agreement (LDA) between the employing trust and HES.

6.1.3. The Director of Medical Education provides a Trust and educational induction course for all doctors in training covered by this agreement. This takes place in the first week of employment, whether this be to the grade, to the hospital, to the specialty or to the NHS (for overseas or European Economic Area (EEA) doctors), in fully *protected time* as outlined in EL(94)1 and subsequent bulletins. Delivery of some aspects of the induction course is by e-learning. It includes:

- a clinical introduction to the NHS for non-United Kingdom graduates
- RCHT structure and organization
- health, safety and security
- Human Resources
- Occupational Health
- an introduction to the library and user interfaces
- an introduction to IT including systems used within RCHT and password access

- training in the management of potentially violent individuals
- training in child and adult protection
- cardio-pulmonary resuscitation as appropriate to the post
- a handbook containing RCHT information, useful telephone numbers and relevant treatment protocols and guidelines and how they may be accessed on the intranet
- RCHT mandatory training.

6.1.4. Trainees starting out of synch of rotations should also receive an induction of the same standard as other trainees.

6.1.5. Attendance at formal induction days by doctors in training is recorded and will be monitored by LEPs. Confirmation of attendance at these is provided to HES upon request.

6.1.6. Specialty or departmental induction is also a requirement stipulated by HES and policy should be that:

- an induction to each department at the start of the four-month post must be provided for each foundation doctor. This should include who the various members of the healthcare team are and their contact details; role and responsibilities in that setting; and the location of essential equipment including cloakroom, any secure areas, panic buttons, etc
- trainees be made aware of how safe and effective handover of patients takes place within the department and recognise this as a potentially valuable learning experience
- a formal patient handover takes place at the start of the first post and continuity of care is the responsibility of the whole healthcare team
- any policies and protocols specific to that area should be highlighted to the trainee
- the trainee should have the name and contact details of their clinical supervisor confirmed at this time, as well as the arrangements that will be in place for their supervision if their named supervisor is not present (for example, it might be that the consultant who is present automatically becomes the supervising clinician but this needs to be clarified during the induction process).

6.2. Educational supervision

6.2.1. All junior doctors will have an educational supervisor whose role is to ensure the overall progress of the trainee through training covering a number of placements.

6.2.2. The supervisor will:

- ensure that the programme is appropriate to the doctor's needs
- support the doctor by reviewing their learning needs in the light of achieved goals
- review the doctor's learning portfolio
- conduct appraisals

- support the doctor through any difficulty
- show principled professional practice
- produce, with the trainee, an appropriate report of their educational and professional progress (Personal Development Plan)
- give career advice and support as required.

6.2.3. The GMC and HES require that all educational supervisors have appropriate training as provided by HES and have protected time within their job plans to deliver educational supervision.

6.3. Clinical supervision

6.3.1. The aim of clinical supervision is to ensure that the trainee is safe to carry out the clinical work expected of them within the department. A clinical supervisor will usually be the consultant that a doctor is directly responsible to for their clinical work and there will be frequent contact with them. For some rotations the clinical supervisor and the educational supervisor will be the same person and it is important that he/she understands the different roles.

6.3.2. The clinical supervisor:

- is responsible for monitoring, supporting and assessing the trainee's day to day clinical and professional work
- must offer a level of supervision of clinical activity appropriate to the competence and experience of the individual trainee
- may delegate aspects of supervision to colleagues with appropriate training and experience
- remains responsible and accountable for the care of the patient and the actions of the doctor in training.

6.4. Portfolio

6.4.1. All trainees are required to maintain a portfolio of personal development. This may be paper based or electronic and the nature and content is determined by the Royal Colleges (specialty training) or Foundation Programme (foundation trainees).

6.4.2. All portfolios should include an educational agreement, personal development plan, evidence of assessment that includes multi-source feedback and clinical assessments, evidence of attendance at teaching and mapping to the curriculum and evidence of regular (at least four-monthly) meetings with the educational supervisor.

6.5. Appraisal

6.5.1. All trainees must have regular appraisal at least yearly.

6.5.2. For foundation trainees this will occur at four-monthly intervals or sooner if required. At the end of Foundation F1 year this will allow "sign-off" as having reached appropriate competence and granting of full GMC registration. At the end of Foundation F2 year this will allow granting of a certificate of completion of foundation training.

6.5.3. Specialty trainees will have regular departmental appraisal with the educational supervisor and/or college tutor. They will also undertake yearly assessment called Annual Review of Competence Progression (ARCP) by the HES and the Specialty School.

6.5.4. For both foundation and specialty trainees, they cannot progress through training without satisfactory demonstration of progress at ARCP.

6.6. Doctors in training experiencing difficulties

6.6.1. If concerns are raised regarding a doctor in training by the doctor, colleagues or patients then the issue will initially be raised with the doctor's educational supervisor and, if appropriate, escalated to the Director of Medical Education and/or the Medical Director. They will determine the nature of the problem and the most appropriate referral route depending upon the nature of the concerns.

6.6.2. The DME has a policy for support of doctors in difficulty with appropriate referral pathways. If these cannot be dealt with within RCHT then referral will be made to HES where there is a clear pathway for dealing with trainees who fall below expected standards. A "doctor in difficulty" will meet the appropriate committee and receive guidance, support and, where appropriate, targeted training to ensure that they are fit for purpose.

6.7. Risk

6.7.1. In order to remain registered with the General Medical Council, all doctors must keep their knowledge and skills up to date and take part in educational activities to maintain and develop their competence and performance. In order to maintain quality of care to their patients they must take part in clinical audits and respond to the results of audit, participate in appraisal and respond to it constructively and take part in adverse incident enquiries to reduce risk to patients.

6.7.2. All doctors have a duty to report their concerns where they suspect that another doctor or health care professional's performance may put patients at risk.

7. Dissemination and Implementation

7.1. This document will be distributed to all educational and clinical supervisors and doctors in training by e-mail. It will be published in the medical staffing section of the HR folder of the Trust's document library and a link to the policy will be made available on the Postgraduate Education website.

7.2. Training of educational supervisors is provided by HES.

8. Monitoring compliance and effectiveness

Element to be monitored	The quality of training provision.
Lead	Director of Medical Education
Tool	Trainee questionnaires, specialty school visits, annual self-assessment and HES visits.
Frequency	Annually
Reporting arrangements	Results of visits and questionnaires are presented by HES to the Director of Medical Education, Medical Director, Director of People and OD and the Chief Executive. Response to reports will be delivered by the DME who will inform the Trust Management Group (TMG).
Acting on recommendations and Lead(s)	<p>The effectiveness of this policy will be monitored by the Director of Medical Education, HES and the GMC.</p> <p>There is a three-stage process for determining quality:</p> <ul style="list-style-type: none"> ▪ quality control – internal checking mechanisms undertaken by the education provider, usually the DME ▪ quality management – external monitoring and verification of quality undertaken by HES ▪ quality assurance – undertaken by the Education Regulator, General Medical Council. <p>At all three stages Royal Colleges and Specialty Schools have an important role to play in sharing best practice, supporting the ethos of continuous improvement but also to highlight areas requiring development so that these can be supported by all stakeholders.</p>
Change in practice and lessons to be shared	<p>The triangulation of evidence allows for maximum reassurance that the findings from these three elements are reflective of the experience of all trainees rather than just a minority.</p> <p>Training programmes are assessed against GMC and HES standards to ensure that they remain fit for purpose and detailed action plans are in place where these standards are not fully met.</p>

9. Updating and Review

This policy will be reviewed three-yearly but may be updated more frequently in response to external requirement for changes to delivery of supervision to doctors in training.

10. Equality and Diversity

10.1. General statement

Royal Cornwall Hospitals NHS Trust is committed to a Policy of Equal Opportunities in employment. The aim of this policy is to ensure that no job applicant or employee receives less favourable treatment because of their race, colour, nationality, ethnic or national origin, or on the grounds of their age, gender, gender reassignment, marital status, domestic circumstances, disability, HIV status, sexual orientation, religion, belief, political affiliation or trade union

membership, social or employment status or is disadvantaged by conditions or requirements which are not justified by the job to be done. This policy concerns all aspects of employment for existing staff and potential employees.

10.2. *Equality impact assessment*

The Initial Equality Impact Assessment Screening Form is at Appendix 2.

Appendix 1. Governance Information

Document Title	Supervision of Doctors in Training Policy V3.0		
Date Issued/Approved:	May 2019		
Date Valid From:	May 2019		
Date Valid To:	May 2022		
Directorate / Department responsible (author/owner):	Dr Chris Williams, Director of Medical Education Postgraduate Centre for Medical Education		
Contact details:	01872 252606		
Brief summary of contents	The structure for supervision of doctors in training in the Royal Cornwall Hospitals Trust.		
Suggested Keywords:	Supervision, supervision in teaching, staff supervision, clinical supervision, supervisors, induction training, professional education, teaching, education and training, in service training, postgraduate training, training programmes, training schools, postgraduate medical centres, Postgraduate Medical Education and Training Board, medical education, postgraduate education		
Target Audience	RCHT	CFT	KCCG
	✓		
Executive Director responsible for Policy:	Medical Director		
Date revised:	May 2019		
This document replaces (exact title of previous version):	Policy for the Supervision of Doctors in Training V2.0		
Approval route (names of committees)/consultation:	JLNC		
Divisional Manager confirming approval processes	Director of Medical Education		
Name and Post Title of additional signatories Jonathan Lord, (Chair of JLNC)	{Original Copy Signed}		
Signature of Executive Director giving approval	{Original Copy Signed}		
Publication Location (refer to Policy on Policies – Approvals and Ratification):	Internet & Intranet	✓	Intranet Only

Document Library Folder/Sub Folder	Human Resources/Medical Staffing
Links to key external standards	<ul style="list-style-type: none"> ▪ General Medical Council (2010). <i>Generic standards for specialty including GP training</i>. London: GMC. ▪ General Medical Council (2010). <i>Quality Framework for specialty including GP training</i>. London: GMC. ▪ General Medical Council (2010). <i>Quality Framework Operational Guide</i>. London: GMC. ▪ General Medical Council. <i>National Summary Reports</i>. GMC website page. London: GMC.
Related Documents:	<p>GMC:</p> <ul style="list-style-type: none"> ▪ <i>Guide to Specialty Training in the UK – the Gold Guide</i> ▪ <i>The Early Years</i> ▪ <i>The New Doctor</i>, and ▪ <i>Good Medical Practice</i>.
Training Need Identified?	Yes – all educational supervisors must complete educational supervisor training provided by HES.

Version Control Table

Date	Version No	Summary of Changes	Changes Made by (Name and Job Title)
2 Mar 2011	1.0	Initial issue	Dr Cate Powell, Director of Medical Education
16 Feb 2014	2.0	<i>Southwest Peninsula Deanery now called Health Education South West Peninsula Postgraduate Medical Education</i>	Dr Cate Powell, Director of Medical Education
May 2019	3.0	Policy reviewed and updated for currency in respect of titles and reference to NHSLA	Dr Chris Williams, Director of Medical Education

All or part of this document can be released under the Freedom of Information Act 2000

This document is to be retained for 10 years from the date of expiry.
This document is only valid on the day of printing

Controlled Document

This document has been created following the Royal Cornwall Hospitals NHS Trust Policy on Document Production. It should not be altered in any way without the express permission of the author or their Line Manager.

Appendix 2. Initial Equality Impact Assessment Form

<i>Name of the strategy / policy / proposal / service function to be assessed</i> Supervision of Doctors in Training Policy V3.0						
Directorate and service area: Medical Education			Is this a new or existing Policy? Existing			
Name of individual completing assessment: Dr Chris Williams Director of Medical Education			Telephone: 01872 252606			
1. <i>Policy Aim*</i> <i>Who is the strategy / policy / proposal / service function aimed at?</i>		Ensure supervision of doctors in training.				
2. <i>Policy Objectives*</i>		Comply with GMC requirements.				
3. <i>Policy – intended Outcomes*</i>		Appropriate supervision of doctors in training.				
4. *How will you measure the outcome?		<ul style="list-style-type: none"> ▪ Internal audit by DME ▪ GMC trainer and trainee questionnaires ▪ Specialty school and HES visits 				
5. Who is intended to benefit from the <i>policy</i> ?		<ul style="list-style-type: none"> ▪ Doctors in training ▪ Patients 				
6a Who did you consult with		Workforce	Patients	Local groups	External organisations	Other
		x				
b). Please identify the groups who have been consulted about this procedure.		Please record specific names of groups Joint Local Negotiating Committee (JLNC) which includes junior doctor representatives.				
What was the outcome of the consultation?		Policy amendments approved.				

7. The Impact				
Please complete the following table. If you are unsure/don't know if there is a negative impact you need to repeat the consultation step.				
Are there concerns that the policy could have differential impact on:				
Equality Strands:	Yes	No	Unsure	Rationale for Assessment / Existing Evidence
Age		x		
Sex (male, female, trans-gender / gender reassignment)		x		
Race / Ethnic communities /groups		x		Special induction to the NHS is made for overseas doctors and those from EEA.
Disability - Learning disability, physical impairment, sensory impairment, mental health conditions and some long term health conditions.		x		
Religion / other beliefs		x		
Marriage and Civil partnership		x		
Pregnancy and maternity		x		
Sexual Orientation, Bisexual, Gay, heterosexual, Lesbian		x		
<p>You will need to continue to a full Equality Impact Assessment if the following have been highlighted:</p> <ul style="list-style-type: none"> You have ticked "Yes" in any column above and No consultation or evidence of there being consultation- this <u>excludes</u> any <i>policies</i> which have been identified as not requiring consultation. or Major this relates to service redesign or development 				
8. Please indicate if a full equality analysis is recommended.			Yes	No x
9. If you are not recommending a Full Impact assessment please explain why.				
No issues identified.				

Date of completion and submission	May 2019	Members approving screening assessment	Policy Review Group (PRG) APPROVED
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A summary of the results will be published on the Trust's web site.