

A guide for supervisors of Advanced Clinical Practitioners within East Kent Hospitals University NHS Foundation Trust

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Ollie Phipps & Ian Setchfield

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Introduction

This guide is designed as a point of reference for those acting as supervisors for trainee and trained ACPs within East Kent Hospitals University Foundation NHS trust (EKHUFT). It will include the role of the clinical and educational supervisor, how to manage the trainee in difficulty and also guidance on the level of expectation and numbers of work place based assessments of the trainee ACP at years 1-3. You will also find links to useful documents and key contacts. For some ACPs the educational and clinical supervisor will be the same person, for those who have a rotational training programme they will be allocated a clinical supervisor for each rotation.

Clinical supervision has been defined as: ‘an exchange between practicing professionals to enable the development of professional skills’ (White 2001). The Gold Guide defines it as: ‘a trainer selected and appropriately trained to be responsible for overseeing a specified trainee’s clinical work and providing constructive feedback during a training placement.’

Educational supervision has been defined as: ‘The provision of guidance and feedback on matters of personal, professional and educational development in the context of a trainee’s experience of providing safe and appropriate patient care’ (Kilminster 2007). The Gold Guide defines it as: ‘a trainer who is selected and appropriately trained to be responsible for the overall supervision and management of a specified trainee’s progress during a placement or series of placements.’ For ACPs in EKHUFT this should be either a Consultant working within the ACPs base specialty, or a Faculty of Advanced Practice approved ACP. The exception to this is non-medical prescribing where the supervisor has to as per guidance by professional regulator

It is felt that as the ACP works alongside the medical team, often sitting within the medical rota then those deemed appropriate as documented below to supervise junior doctors are also able to meet the needs of the ACP.

The GMC has stipulated a seven-domain competency framework for postgraduate medical supervisors which you can find here: <http://www.gmc-uk.org/education/10264.asp> . These are:

1. Ensuring safe and effective patient care through training
2. Establishing and maintaining an environment for learning
3. Teaching and facilitating learning
4. Enhancing learning through assessment
5. Supporting and monitoring educational progress
6. Guiding personal and professional development
7. Continuing professional development as an educator

Educational supervisors are required to meet all criteria and clinical supervisors all but 5 and 6.

General outline of ACP training within EKHUFT

All trainee ACPs within EKHUFT are required to evidence clinical capability for all core competencies as per EKHUFT ACP core competency framework (2018) as well as completion of a full Masters

award. For those whom are employed having already completed an MSc the course curriculum is reviewed and these trainees will proceed in completing any core modules identified that had not been undertaken within their first MSc. Following the introduction of the higher level integrated ACP apprenticeship there is a requirement for a minimum of one year's study if the levy is too be accessed. If less than 1 year study is required alternative sources of funding or delivery of knowledge and skills would be required.

The trainee ACPs at EKHUFT study the MSc pathway at Canterbury Christ Church University (CCCU) and for those commencing with no previous study the following is common pathway:

Year One

- Advanced practice skills and clinical reasoning 1& 2
- Pathophysiology, Diagnostics and Decision Making for Advanced Practice

Year Two

- Leadership
- Non-medical prescribing or alternative for those not able to access prescribing modules.

Year Three

- Research methodologies
- Quality improvement project

EKHUFT require the completion of all clinical competencies as set out within the EKHUFT Advanced Practice Competency document **as well as** the full Masters award. The exception to this would be where a trainee was following an area specific competency document to allow credentialing to a medical college, for example the Royal College of Emergency Medicine (RCEM). This RCEM curriculum (2017) has been reviewed and broadly reflects the EKHUFT Advanced Practice requirements for competence. Any deviation from the EKHUFT Advanced Practice Competency document should first be discussed and agreed with the Lead for Advanced Practice to ensure that training meets the required standards of the ACP working within EKHUFT.

It is expected that the trainee will take responsibility for the maintenance of mandatory and essential to role training as per Trust passport. These will be reviewed annually at appraisal by the appraiser, usually a senior ACP and the trainees Educational Supervisor.

Training posts within the ACP programme should provide **15 hours per week** for trainees to study/attend University modules when working towards MSc and completion of the competency document. Trained ACPs are given **7.5 hours per week (pro rota)** for educational, audit, service development purposes and to maintain mandatory training requirements. Evidence of utilisation of these 7.5 hours should be within a portfolio which should be reviewed by educational supervisor at review meetings and also during appraisal. Clinical supervisors who may be liaising with trained ACPs

and jointly supporting projects may also request to review work completed in these 7.5 hours during placements / rotations.

Throughout the trainee ACP programme, trainees are being prepared for, and judged against, the standard expected of a trained ACP within EKHUFT and a specific clinical area. Training posts should provide the necessary experience but also the required supervision and assessments.

Non-medical ARCPs

ARCPs are faculty lead and will be held at times stipulated by the faculty of Advanced Practice, depending on when the trainee started on the training programme.

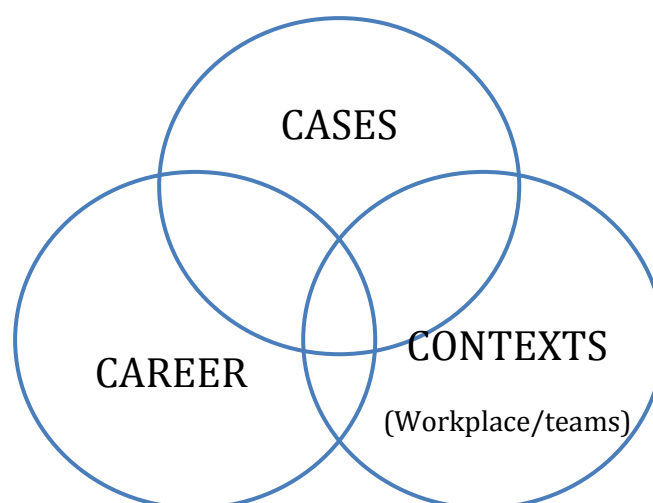
Trainees have been provided with an annual review of competency progress (ARCP) checklist which is located within the EKHUFT Advanced Practice document. The Educational Supervisor is expected to go through this checklist with their trainee in advance of ARCP to review progress and facilitate where any deficits may be evident

What does good supervision look like?

There is evidence that:

- Supervision has a positive effect on patient outcomes and lack of supervision is potentially harmful to patients
- Supervision helps trainees gain skills more rapidly
- Supervision has more effect when the trainee is less experienced
- Self-supervision is not effective; input from a supervisor is required
- The quality of the supervisory relationship is extremely important

Most supervision addresses 3 domains:



Supervision also includes ensuring a proper induction when starting in a new department.

Good clinical supervision is the opportunity to discuss cases and get feedback on your performance. The idea of regular clinical conversations is a key component of effective clinical supervision. For feedback to be most effective, the supervisor has to observe the trainee in action. There is good evidence that simply accepting what a trainee says about a case is not enough to assess their performance.

An example of a clinical conversation is illustrated here:

An ACP saw a 60-year-old man with a first episode of prolonged vertigo. The trainee explained they thought this was a case of 'viral labyrinthitis'. The Consultant clarified they meant 'vestibular neuritis' and then asked what evidence the trainee found in the history and physical examination that supported this diagnosis. It was apparent that the trainee had no idea what 'red flags' in the history to look for, nor what physical examination findings to expect.

The Consultant and trainee went to see the patient together, and the Consultant demonstrated key questions in the history, and how to examine the patient. The patient had in fact had 10 minutes of not being able to speak properly at the start of his vertigo and had eye signs consistent with a central cause. An urgent MRI scan was requested. Recommended reading on the assessment of vertigo was provided to the trainee.

In some specialties, e.g. General Practice and Psychiatry, formal clinical supervision conversations take place each week, using case notes in an office setting. In the ACP training programme, formal weekly meetings may not always be possible, but what is possible and what should be happening is that these kind of clinical conversations occur regularly and frequently.

Educational supervisors should meet with the trainee ACP within 2 weeks of commencing in role and a minimum of six monthly thereafter.

Clinical supervisors should meet within two weeks of commencing the placement, learning objectives set at this meeting, then at least twice for review of these objectives within a four month rotation.

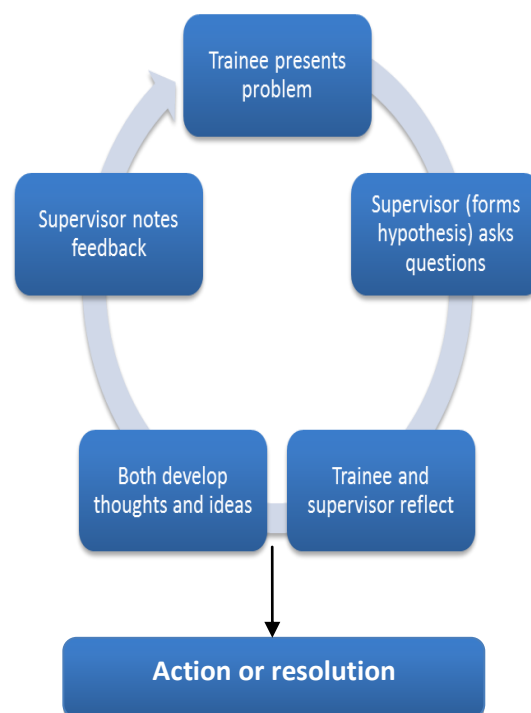
The trainee has overall responsibility for ensuring that his/her portfolio is maintained and developed and that all relevant documentation is completed at the appropriate time and signed off where necessary. Where the trainee experiences difficulty in getting documentation signed then the team lead for that area should be informed.

Advanced clinical practice consists of four underpinning pillars as stipulated within HEE Multi-professional framework for advanced clinical practice in England (HEE 2017). These include; clinical, leadership, education and research/ audit. **All ACPs** must demonstrate within the portfolio evidence of not only their clinical work but also participation in educational activities, leadership and audit/

research in order to meet the requirements of the role/ ARCP. It should be noted that these may not be separate activities and that often a clinical case presentation incorporates multiple pillars however it is the responsibility for the trainee to demonstrate how they have achieved these not a supervisor's responsibility to look for evidence

Good educational supervision is the opportunity for guidance and challenge within a safe space, and often includes personal and professional matters as well as educational ones. Like all of us, trainees may be juggling ill health, caring responsibilities, or workplace-related problems. It goes without saying that formal supervision meetings should be scheduled, allow enough time for unhurried conversation, and held in a confidential room without the risk of being interrupted. The portfolio should not be the focus of the meeting, apart from if the purpose of the meeting is to prepare it for the ARCP. Ideally the Educational Supervisor (ES) will have looked at the portfolio beforehand and made a note of any issues to be discussed, as well as asking the trainee what they would like to discuss. As such it is important the trainee recognises their responsibility to submit their portfolio in a timely way prior to an ES meeting

The supervision cycle on the next page illustrates what a typical educational supervision conversation looks like.



The supervision cycle (London Deanery, 2011).

What to do when a trainee is struggling

Please alert the Team Lead and Corporate Lead/ Deputy Corporate Lead ACPs about any performance and or behavioral issues. It is expected that minor concerns which can be resolved easily within a placement do not need to be escalated.

Likewise the team leads r corporate leads are responsible for ensuring that concerns raised about a trainee are communicated to the trainees ES. It is best practice that all concerns are discussed with the trainee as soon as an issue is identified and written records of meetings and discussions should be maintained within personal files. Trainees should be supported and given opportunity to improve on any development needs identified; this is usually via a personal improvement plan (PDP) which can be either formal or informal as per EKHUFT Capability and Performance policy.

Please do not hesitate to contact the EKHUFT ACP Lead for advice as they have experience in dealing with these issues and may need to alter the trainee's rotation to provide extra support or remediation. A structure of responsibility can be found within appendix 1 as a guide. As Educational and clinical supervisors you may be contacted by EKHUFT ACP Lead to help support trainees that have been identified as struggling within practice.

How to write a supervisor's report

A supervisor's report (e.g. MCR, clinical supervisor, educational supervisor) is usually the only report in which a global assessment of a trainee's clinical performance is provided. The contents of the report should be discussed with the trainee in advance – there should be 'no surprises' in a written report. Good trainee's value feedbacks that can help them improve their performance in certain areas.

Supervisor reports are particularly vital when dealing with struggling trainees, so it is important that if there **are** concerns around performance, these are documented clearly. Verbal or e-mail communication about trainees is not accepted as 'evidence' at an ARCP Panel, therefore it is vital that supervisor reports honestly document any concerns, supported by appropriate evidence.

Complaints/serious incidents involving trainees

All healthcare professionals are involved in complaints/serious incidents during their careers and involvement of a trainee does not necessarily reflect poor performance.

Trainees involved in complaints/incidents should be asked to write an anonymised reflection in their portfolio and discuss their reflection with their Team or Corporate Lead ACP and Educational Supervisor. In most cases, no further action is required.

If a trainee is involved in a serious untoward incident, Coroner's Inquest or Court case the Educational Supervisor and EKHUFT ACP Lead should ensure the trainee understands the process and is **fully supported** throughout by the relevant Trust departments and/or medical defence

organisation. Even when a trainee's performance is not in question, being involved in a serious incident can be extremely stressful, and many trainees have no idea what the process involves or what to expect.

Useful contacts

EKHUFT Advanced Practice Lead- Oliver Phipps
oliver.phipps@nhs.net Mobile 07964206721

EKHUFT Advanced Practice Lead- Ian Setchfield
isetchfield@mhs.net Mobile 07580331521

Chair of the Advanced Practice Assurance Group- Amanda Hallums (Chief Nurse)
amanda.hallums2@nhs.net

Deputy Chair of the Advanced Practice Assurance Group- Dr Jonathon Purday
jpurday@nhs.net

Useful resources

Health Education England (2017) Multiprofessional framework for advanced clinical practice can be accessed here

<https://hee.nhs.uk/sites/default/files/documents/HEE%20ACP%20Framework.pdf>

