



Clinical Supervision Policy (including supervision during training)

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The Trust will not tolerate unlawful discrimination on the grounds of the protected characteristics of: age, disability, gender reassignment, race, religion/belief, gender, sexual orientation, marriage/civil partnership, pregnancy/maternity. The Trust will not tolerate unfair discrimination on the basis of spent criminal convictions, Trade Union membership or non-membership. In addition, the Trust will have due regard to advancing equality of opportunity between people from different groups and foster good relations between people from different groups.

Clinical Supervision Policy (including supervision during training)

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1.0 Policy Statement

Definition of Clinical Supervision

Clinical supervision is the term used to describe a formal process of professional support and learning which enables practitioners to develop knowledge and competence, assume responsibility for their own practice and enhance consumer protection and safety in complex clinical situations (Department of Health: 1993).

The East of England Ambulance Service NHS Trust (EEAST) considers supervision to be a professional activity that contributes to a high quality patient service, supporting staff and encouraging their professional development. The Trust considers supervision to be a relationship that supports accountability and personal responsibility forming an integral part of clinical governance and an essential part of the learning and development activity of staff in training.

EEAST considers effective clinical supervision during training to be a fundamental feature that ensures good healthcare provision and forms an integral part of good governance. The provision of clinical supervision to staff in training is determined by the role the member of staff is being trained to undertake and is described in detail in Section 8.0.

Clinical supervision provided by the Trust to its staff is in accordance with best practice guidance, for the particular needs of the clinician's role e.g. the Health Professions Council (HPC), College of Paramedics (CoP), the Nursing and Midwifery Council (NMC), Royal College of Nursing (RCN), General Medical Council (GMC), etc and in relation to the requirement of stakeholders ie Universities.

Clinical supervision should not replace or negate the interactions involved with managerial supervision or other activities associated with the provision of professional support. It is seen as an adjunct to these and is regarded by this Trust as a core activity within the clinical governance agenda. This policy relates specifically to professional practice and supervision during training which is clinically focused and recognises the particular importance of the relationship between staff and their line managers in ensuring effective performance.

This policy is designed to be read in conjunction with other Trust policies, strategies and national guidelines which are relevant to the provision of clinical supervision, including:-

- Learning and Development Policy
- Personal Development Review Policy
- HPC National Guidelines
- NMC Guidelines
- Professional Registration Policy
- Disciplinary Policy (Managing Conduct and Performance)
- Variation in Clinical Practice and Clinical Competence Policy

2.0 Objectives

The key objectives of the policy are:-

- To acknowledge the Trust's obligation as a responsible employer to provide high quality clinical supervision and support to its staff in training, appropriate to their role and individual needs.
- To ensure that clinical staff in training are following the accepted professional and regulatory guidance, e.g. HPC, NMC etc, the guidance contained in the Joint Royal Colleges Ambulance Service Liaison Committee (JRCALC) pre hospital clinical practice guidelines and the National Service Frameworks (NSF) standards as appropriate to their roles, and all other appropriate national and professional standards and guidelines to which the Trust must adhere.
- To clearly identify clinical supervision as being an integral element of effective clinical governance.
- To ensure that when staff complete their training they are competent and skilled in the role they undertake.

3.0 Scope

This policy provides a framework with regard to clinical supervision for all staff in training, holding honorary contracts and / or working for the Trust in clinical roles.

This policy promotes the importance and value to staff in training of the opportunity to reflect on their clinical interactions as a means of ensuring they practice effectively, safely, improve their practice and as a means of identifying their own learning and development needs.

4.0 Duties

4.1 Chief Executive

The Chief Executive has overall accountability for the quality of clinical care delivered in EEAST and also having an effective risk management system in place within the Trust and for meeting all statutory requirements and adhering to guidance issued from the Department of Health, governing and assessment bodies.

4.2 Medical Director

The Clinical Director has overall responsibility for the implementation of this policy and for ensuring that the clinical supervision of learners is provided and delivered in accordance with this policy.

It is the responsibility of the Medical Director in conjunction with the Clinical General Managers to ensure that provision is made for clinical staff in training to have access to clinical supervision and receive the necessary support to enable them to undertake their roles effectively as appropriate to their particular need; providing sufficient protected time to enable them to access appropriate supervision.

4.3 Consultant Paramedic

The Consultant Paramedic has a responsibility to develop and implement changes in education, in line with Higher Education strategies and Allied Health Profession development. The Consultant Paramedic demonstrates substantial leadership and mentorship and works with the Medical Director to develop a sustainable programme for supervision within the Trust.

4.4 Senior Training and Education Manager

The Senior Training and Education Manager (STE Manager), who reports to the Associate Director of Training, Education and Organisational Development (AD of E, T and OD) has the responsibility for the delivery of pre-registration training and education within the Trust. The STE Manager helps to ensure that the provision of some of the Trust's training and education supports the needs of staff and that this meets the requirements of the national guidelines and the needs of stakeholders, when appropriate.

The STE Manager has responsibility for implementing this policy in relation to Pre-registration training and education. The AD of E, T and OD is a member of the Clinical Quality & Safety Group (CQ&SG) and provides regular reports on education and training which include issues related to the clinical supervision of trainees.

4.5 The Clinical Education Specialist

The Clinical Education Specialist is responsible for identifying the most appropriate education programme for clinical mentors across the trust and in partnership with the Senior Training and Education Manager will identify any gaps in trained mentor provision to ensure students in training are supported. Any mentor training requirements and associated costs will be provided annually to the Learning and Development Unit (LDU) using the process included within the Learning and Development Policy

The Clinical Education Specialist is also responsible for providing the LDU with employee names of those registering on any mentorship programme

The LDU is responsible for ensuring that any identified clinical mentor training requirements, are included within the annual Learning and Development plan The LDU will also record mentor training/education activity onto the OLM system and provide activity reports as required.

4.6 Duties of staff working in a clinical supervisory capacity

4.6.1 Clinical General Manager

The Clinical General Manager (CGM) is the direct clinical supervisor of the Clinical Operations Manager; the CGM reports to the Trust's Medical Director. The CGM is responsible for ensuring the monitoring and assurance standards of this Policy.

4.6.2 Clinical Lead for Primary Care Services

Primary care services will identify the senior clinical lead for the service who reports to the Associate Director of Primary Care services. The lead clinician is responsible for ensuring that they work in partnership with the Clinical General Managers for those staff who bridge Emergency Operations and

Primary Care. The lead clinician is responsible for ensuring the monitoring and assurance standards of this policy.

4.6.3 Clinical Operations Manager (Lead Mentor)

The Clinical Operations Manager (COM) is a registered paramedic with appropriate training and experience who is able to provide clinical supervision in the training centre and in the workplace, including constructive written and verbal feedback and will support the role of the mentors. The role also requires the post holder to retrospectively audit clinical documentation and Patient Care Records (PCRs), to provide clinical instruction, manage clinical investigations and devise action plans following clinical incidents often in conjunction with the local operational management teams. The COM will, in most cases, be the lead mentor in an area.

4.6.4 Mentor

A Clinical Mentor is a mentor who is a designated, experienced member of staff, registered where appropriate, who is able to provide work-based learning and support and elementary feedback. They work under the guidance and support of the Clinical Operations Managers (COMs) and the Duty Operations Managers (DOMs) and receive the Trust approved level of training. The mentor should be responsible for a limited group of students at any one time. A mentor will receive, or have received, nationally accredited training from an external body.

4.6.5 Associate mentor

An associate, or developing, mentor will be an experience member of staff who has not received nationally accredited mentoring development but internal Trust development. The associate, or developing, mentor may be currently undertaking nationally accredited learner support development.

4.6.6 Clinical Field Operations Trainer (CFOT)

A member of staff who had successfully completed the Trust-approved Instructional Methods course and is able to deliver the Professional Update (PU) programme to the Trust staff. They are also able to deliver the work based learning element of the PU programme which includes a supernumerary shift with staff to assess their clinical practice in real time.

4.6.7 All staff

All staff who have patient contact which includes clinical supervisory responsibility in line with HPC Standards of Proficiency must adhere to this policy.

4.6.8 General Practitioners providing services to the Trust in Primary Care

The Trust through its primary care services employs General Practitioners for sessional work in the Out of Hours Services. Their supervision as required will be managed by the Clinical Advisor within the scope of this policy.

5.0 Practical implementation of Clinical Supervision of Trainees by the Trust

The Trust will make certain that the clinical supervision provided to trainees in all localities and in all roles ensures the following:

- It champions the importance of clinical supervision at all levels – especially during training.
- It ensures that an effective system of clinical supervision is in place for all clinical staff in training appropriate to the needs and requirements of the roles they undertake.

- It identifies any gaps in the availability or provision of clinical supervision, reports this to the Learning and Development Unit (LDU) and takes appropriate remedial action to rectify any omissions.
- It ensures that appropriate and relevant records are kept of supervisory activities and arrangements.
- It ensures that clinical supervision is actively supported within the Trust and that clinical staff in training are provided with sufficient and appropriate protected time to enable them to access appropriate supervision.
- It provides relevant and appropriate education and development to clinical supervisory staff to enable them to perform their duties in an effective and supportive way.
- It encourages staff to share learning outside their teams or working groups.
- It links systems of clinical supervision to governance and CPD.
- All staff who are undertaking mentorship

5.1 Clinical staff in training will support clinical supervision by:-

- Actively engaging in clinical supervision activities in accordance with their Code of Professional Conduct and their contract of employment.
- Ensuring that they access clinical supervision when offered.
- Undertaking regular personal reflective practice and develop and maintain their portfolio in accordance with their Code of Professional Conduct. The portfolio should demonstrate evidence of having accessed clinical supervision.
- Highlighting key issues to their supervisor (or other identified person) areas of practice where they feel they are in need of support, guidance or assistance.
- Indicating during the Personal Development Review (PDR) process, the areas that require additional clinical training.
- Sharing with colleagues appropriate learning activities they have undertaken to facilitate wider learning.
- Maintaining a personal record of their supervised activities undertaken during their period of training.

6.0 Trust Responsibility for Provision of Clinical Supervision during Training

The Trust will ensure clinical supervision is embedded into training at all levels to ensure that the relevant skills and knowledge are applied to support staff.

The Trust views clinical supervision during training as a means by which it supports staff in their duties and practice and provides them with a mechanism to identify learning and development needs. The Trust promotes access to support or guidance as necessary to ensure patient safety, adherence to national guidance and to enhance the patient experience.

Clinical supervision can take many different forms but primarily it is seen as providing the member of staff with the opportunity, during their period of training to:

- reflect on their clinical interactions
- ensure that they are practicing effectively and safely
- improve their clinical practice
- identify their personal learning and development needs.

The Trust will ensure that all personal information discussed or reported during clinical supervision is confidential, with the following exceptions:-

- All professionals must continue to act in accordance with their professional Code of Conduct or Standards of Conduct, Performance and Ethics and Trust policies that relate to confidentiality,

- The member of staff under clinical supervision during training must be advised of any unsafe or negligent practice. Immediate guidance will be given to enable the member of staff to address the situation. However, if the trainee is unable or unwilling to address the situation themselves the supervisor then has a duty of care to inform the appropriate professional manager, practice placement educator etc., informing the member of staff that such action has been taken.

7.0 Personal Responsibility of Staff in relation to Clinical Supervision

Clinical staff in training are encouraged to embrace clinical supervision in all its aspects, and will be supported by the Trust to do so. Non-compliance with this policy by the personal action of the trainee, as identified by the clinical supervisor, will be monitored and reported via the relevant local management team.

All staff recruited to a clinical position in the Trust, which requires the assessing, diagnosing and treatment of patients will be expected to work towards achieving the qualifications which fulfil the minimum standards required of their job role. During the development period they are expected to access any clinical supervision provided in accordance with the requirements of the job role they undertake.

Compliance with this policy in regard to clinical supervision will also be monitored through the annual PDR system. Employees need to be aware that failure on their own part to complete the relevant training/learning without reasonable grounds may lead to action either internally under the Trust's Disciplinary Policy (Managing Conduct and Performance) or externally with the appropriate registration bodies.

8.0 Minimum Standard of Supervision and Mentorship provided by this Trust

The Trust requires that all members of staff in training in clinical roles undertake a minimum period training, supervision and probation. The minimum standards vary for grades of staff and must meet the minimum requirements as laid down by professional and regulatory bodies where appropriate. For academic courses the minimum standard will be an explicit part of the course design and will be followed by the Trust.

Specific details of the minimum standards can be found in the clinical supervision procedures document. The guidance contains the minimum standards for each grade of staff and will be updated as academic courses, or national standards change.

- 8.1 Existing clinical staff should receive a one day, supernumerary clinical quality assurance assessment as part of the Trust PU programme. This will follow the Trust-approved format and will only be undertaken by staff who are contained within this Policy.

The outcome of this assessment will determine if a staff member is deemed competent to practice and will address any individual learning needs of each member of staff. The flow chart in **Appendix 1** will be followed by the assessor and the sector team to address both good practice and any areas where further development may be required. The assessor will use a minimum of a QA2 and QA10 document for each member of staff, but may use any other QA form that is relevant to areas of clinical practice, as appropriate.

- 8.2 If a member of staff is on a return to work programme, Appendix 1 may also be followed to ensure a consistency across all areas of clinical practice. This will exclude mandatory elements such as Moving and Handling, Fire Safety, etc., which will be dealt with via the Training Needs Analysis and the Training and Education Centre.

9.0 Determination of Competence to practice

The ability of an individual to fulfil the clinical requirements of the role for which they have been trained will depend on the requirements of the job role to which they are aspiring. When appropriate, national clinical competences will form the minimum requirement against which trainees are assessed. Where no national competency is available (eg Emergency Care Assistants (ECA)), then the standard described by the Trust in the Code of Conduct, job description for that role and the education support documentation for the training provided will determine the level of competence expected.

All members of staff in training will be assessed against the national or local criteria as appropriate. Records of training, supervision and competence achieved will be maintained via the Training and Education Manager, and personal supervision records kept by individual trainees. Trainees will be assessed for their competence and skills against the set standard by appropriately trained staff, e.g. mentors, associate mentors, etc.

No member of staff can work independently until they have satisfied the Trust that they are competent to do so and relevant paperwork completed and/or electronic record is updated.

10.0 Review

This policy will be reviewed on a bi-annual basis or sooner in the light of any changes in the guidance from the HPC, NMC, GMC, etc., and NSF standards and all other appropriate national and professional standards and guidelines to which the Trust must adhere.

11.0 Equality Impact Assessment

As part of this policy development, an Equality Impact Assessment has been completed to minimise and if possible remove any disproportionate impact on Trust employees and/or on the patient population served.

12.0 Process for Compliance with and the Review of the Effectiveness of this Policy

Trust Board assurance is provided through the Quality and Risk Assurance Committee (QRAC) and through performance monitoring at Board level, as part of key performance indicators.

The Director of Business Transformation will provide assurance and report any relevant exceptions to the Trust Board.

All Duty Operation and Clinical Operation Managers will submit a monthly key performance indicator (KPI) form to both the Assistant General Managers (AGMs) and the Clinical General Manager (CGMs) for their relevant locality.

The KPIs are discussed at the Clinical Quality and Safety Group (CQSG), which reports to the Trust Board via the QRAC, as well as quantitative data related to the number of staff who have received supervisory training on a quarterly basis. Where areas of improvement are identified, the COMs and DOMs will work with their relevant locality to implement any action plans.

Clinical supervision in the form of supervisory meetings will be completed for every member of available staff (excluding staff on long term sickness) on an annual basis. This will be completed around operational pressures throughout the year.

All clinical supervisor/mentor training will be recorded through the Oracle Learning Management (OLM) system in line with the Trust's Learning and Development Policy.

13.0 Monitoring Compliance and Audit of the Policy

The monitoring of this policy in its entirety will be through the Quality and Risk Assurance Committee (QRAC).

The Associate Director of Operations in conjunction with the General Managers will review this policy bi-annually and provide a full report to the QARC including an audit of compliance, which will include:-

- Attendance of key managers at relevant meetings and groups throughout the year which report on issues of clinical supervision
- Evidence of compliance with national guidelines and standards
- Evidence of clinical supervision was undertaken in accordance with this policy
- Evidence that the required documentation has been completed prior to working independently

Any identified areas for improvement will be noted and a trust - wide action plan developed to address issues. Such plans will be monitored by the QRAC.

14.0 Process for checking that effective supervision is in place for all clinical ambulance staff throughout all areas of the organisation.

For each annual PU programme, the Clinical Field Operations Trainers (CFOT) will complete the classroom-based education on day one. This will be followed with a second day in which the learning based assessments will be completed. Every member of staff will be given a date for the second day to be completed with a named CFOT/COM/CGM. This will included the elements that will be assessed, along with an opportunity for staff to identify any of their own learning needs. Once these assessments have been carried out, the information will be sent to the LDU and entered onto the OLM system. These figures will be collated and reported to CQSG.

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What	Who	How	Frequency	Evidence	Reporting arrangements	Acting on recommendations	Change in practice and lessons to be shared
What key element that need monitoring	Role or group who will lead on this aspect of monitoring?	What tool will be used to monitor/ check/ observe/ asses/ inspect/ authenticate that everything is working according to this key element	How often is monitoring needed How often should a report be completed? How should a report be shared?	What type of evidence will be presented	Who or what committee will the completed report go to and how will this be monitored. How will each report be interrogated to identify the required actions and how thoroughly should this be documented in e.g. meeting minutes	Which committee, department or lead will undertake subsequent recommendations and action planning for any or all deficiencies and recommendations within reasonable timeframes?	How will system or practice changes be implemented lessons learned and how will these be shared.
Duties	Line managers including Trust Board Level	Monitored through PDRs As a result of concerns raised by investigations or complaints	Annually	PDR forms OLM entries Attendance data as part of HR Board reports	The report will be provided by the LDU and submitted at regular intervals to the CQSG and to the Training and Education Group HR Board Report is submitted monthly	CQSG and Training and Education will lead on any action plans – areas of concern would be escalated to the QRAC for monitoring purposes	Trends resulting from incidents, Claims, Complaints, PALS and Clinical Audit are identified by the Clinical Audit and Patient Experience Group. Any lessons learnt are shared with staff via staff bulletins, other organisations (where appropriate)
			As required	Datix Risk Management System (which includes PALS, complaints and claims)	Risk Management Group Quality and Risk Assurance Committee (CLIP report) Also included within the Quarterly Quality Report		
process for checking that effective supervision is in place for all clinical ambulance staff throughout all areas of the organisation	Managers with the relevant training (including COMs, CFOTs, Mentors, IHCD Tutors, CGMs, Training and Education Managers, Nurse Supervisors)	Annual work based assessment (PU Programme) or individual work based assessment (following Clinical incident)	Annually As required	Quality Assurance paperwork PU Clinical ride-out paperwork OLM records	The report will be provided by the LDU and submitted at regular intervals to the CQSG and to the Training and Education Group	CQSG and Training and Education will lead on any action plans – areas of concern would be escalated to the QRAC for monitoring purposes	Through Training and Education Group, Clinical Development and Effectiveness Group Trust Bulletins, Clinical Quality Matters Any changes relating to training will be considered when reviewing PU programmes
requirements in relation to the frequency and timing of supervisory meetings	Managers with the relevant training (including COMs, CFOTs, Mentors, IHCD Tutors, CGMs, Training	Annual work based assessment (PU Programme) or individual	Annually As required	Quality Assurance paperwork PU Clinical ride-out paperwork	The report will be provided by the LDU and submitted at regular intervals to the CQSG and to the Training and Education Group	CQSG and Training and Education will lead on any action plans – areas of concern would be escalated to the QRAC for monitoring purposes	Through Training and Education Group, Clinical Development and Effectiveness Group Trust Bulletins, Clinical

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What	Who	How	Frequency	Evidence	Reporting arrangements	Acting on recommendations	Change in practice and lessons to be shared
	and Education Managers, Nurse Supervisors)	work based assessment (following Clinical incident)		OLM records			Quality Matters Any changes relating to training will be considered when reviewing PU programmes
process for checking that all clinical ambulance staff in training have the basic skills required before they work independently	Senior Training and Education Manager AD Training, Education and OD UEA	Via OLM and training records	As required following training courses	OLM and training records	Training and Education Group CQSG Reports to HR for operational purposes	Training and Education will lead on any action plans – areas of concern would be escalated to the QRAC for monitoring purposes	Proposed changes reviewed with other organisation such as UEA or other HEIs

Under Review

15. References

- EEAST Learning and Development Policy
- JRCALC (2006) UK Ambulance Service Clinical Practice Guidelines. The Ambulance Service Association
- NMC Guidelines
- NHSLA Risk Management Standard for the Provision of Pre Hospital Care in the Ambulance Service
- College of Paramedics (2008) Paramedic Curriculum Guidance and Competence Framework
- Health Professions Council (2005), Standards of Proficiency
- Institute of Health and Care Development Paramedic Syllabus (2005)
- Department of Health (June 2007) The Competence and Curriculum Framework for
- Emergency Care Practitioner, Skills for Health
- Delivering the NHS Plan (2002) Department of Health
- Improving Working Lives (2002) Department of Health
- Managing for Excellence (2002) Department of Health
- Bishop, V. (1998) Clinical Supervision in Practice, *Macmillan Press*
- Driscoll, J. (2000) Practicing Clinical Supervision, A Reflective Approach, *Bailliere Tindall*
- Fox, N. (1999) Clinical Governance in Practice, *Pfizer Pharmaceuticals Ltd*
- Winstanley, J and White, E. (2002) Clinical Supervision: models, measures and best practice. *Nurse Researcher* 10.4. 7-38

Appendix 1

Clinical Supervision Procedures

1.0 General Statement

The Trust Board recognises and accepts its responsibilities as an employer for learning based culture where employees are entitled to work-based learning, development and guidance.

The Trust Board recognises and accepts its responsibilities as an organisation to provide a proactive learning environment and support and develop individuals who are seconded to the Trust for a work-based placement

2.0 Training and Education of Supervisors and Mentors

2.1 **Clinical Operations Managers (Lead Mentors)** will receive an annual professional update and other educational opportunities, either through University accredited courses or Trust-specific education, facilitated by the Training and Education Department, Clinical Education Specialist and/or the Learning and Development Unit. As a minimum, the COM (lead mentor) will be a state registered paramedic and hold a recognised nationally accredited learning support award (as per their job description) and will hold a Clinical Operations Manager post.

2.2 **Mentors** will be provided with an appropriate level of training in the work based support of others and will be supported in teams which are facilitated by Clinical Operations Managers. As a minimum they will be a state registered paramedic and hold a recognised nationally accredited learning support award. Examples of appropriate courses are: Open University 'K320' mentoring award, IHCD ambulance tutor award, Preparing to Teach in the Lifelong Learning Sector award, A1 assessor award (TAQA award). This list is not exhaustive and a clear and robust Recognition of Prior learning (RPL) process will be used. The lead mentor, under with supervision of the Clinical General Manager, and with the assistance of the Senior Training and Education Manager will be responsible for receiving and decisions made on RPL applications.

2.3 **Associate or Developing Mentors** will be undertaking an externally accredited qualification or have completed an internal qualification and will attend an annual professional update.

3.0 Support for Supervisors and Mentors

3.1 **Clinical Operations Managers (COMs)** will receive the full support of immediate operational line managers and guidance and support from the relevant Clinical General Manager and Training and Education Managers.

3.2 **Mentors** can access the support and guidance of the Clinical Operations Manager (lead mentor) and Training and Education Managers for guidance, support and to request formal support with the evaluation of learners.

3.3 **Associate Mentors** will receive support from the COMs and DOMs, Mentors and the Training and Education Managers.

4.0 Provision of Supervision and Mentorship

4.1 Staff undergoing training will receive supervision from an appropriate level of experienced personnel.

4.2 Portfolio evaluation and formal assessment will be carried out by:

COM	Clinical Operations Manager (Lead Mentor)
M	Mentor
CGM	Clinical General Manager
TEM	Training and Education Manager
STEM	Senior Training and Education Manager

4.3 Minimum Standard Supervision and Mentorship

Emergency Care Assistants	37.5 Hours Third Manning Orientation
Mentorship	Named Mentor
Formal Assessments	Full Shifts at 6 months
Final Assessment	PDR at 12 months
Progression	Portfolio evaluation by COM/M/CGM/TEM/STEM Ongoing monitoring Support with career development and accessing development pathways

Student Ambulance Paramedic (SAP)	37.5 Hours Third Manning Orientation
Mentorship	Named Mentor
Formal assessments	Full Operational Shifts at; 3 months, 6 months and 9 months
Final assessment	12 months Operational Assessment Driving Assessment Portfolio Assessment Final Assessment by COM/M/CGM/TEM/STEM
Probation period	12 months
Progression	Ongoing monitoring Support with career development and accessing development pathway Development as Mentor to ECA and SAP/EMT by recommendation

Emergency Care Technician (EMT)	No orientation required
Mentorship	Named Mentor
Formal assessments	None, as EMT's all substantiated within their role

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Final assessment	None, as EMT's all substantiated within their role
Progression	Ongoing monitoring Support with career development and accessing development pathway Development as Mentor to ECA and SAP/EMT by recommendation
Foundation Degree Student Paramedics Mentoring and Supervision	Supernumerary during first semester - first year of Full Time Course UoH Named Mentor Semesters 1 and 2 2 shifts per month with named Mentor Minimum of 20 Hours per month with named Mentor for duration of course
Formal Assessments	Additional shifts with appropriate mentor Modular Examinations and Completion of Competencies as designated by University
Final Assessment	University designated final assessments Evaluation of Portfolio Completion of Clinical Competence in order to Register with HPC
Probation Period	CPD Portfolio to maintain Registration with HPC
Progression	Eligible to apply for BSc Hons pathway after 12 month consolidation period
Registered Paramedics	Work-based learning within the PU programme – annually. Additionally, any paramedics on a return to work programme or remedial action plan should follow the flow chart in Appendix 1.

5.0 Monitoring and Audit

- 5.1 The Trust Board recognises and accepts its responsibilities as an employer for the ongoing monitoring and audit of supervision and mentoring of personnel.
- 5.2 Audit and monitoring of the supervisory and mentoring process will be provided through:
- The Clinical General Managers
 - The Training and Education Department
 - The Quality and Risk Assurance Committee
 - Audit of the mentor training delivery/quality will be undertaken by the Clinical Education specialist
 - Reporting and monitoring mentor training activity will be undertaken by the LDU
- 5.3 Trust Education Facilitation personnel will seek structured formal feedback from the learners to monitor and evaluate the provision of clinical supervision.

- 5.4 The COMs will monitor and evaluate clinical placement environments offered to Trust personnel
- 5.5 Monitoring of the Professional update work-based learning element will be done by the LDU

6.0 Minimum Standards of Clinical Supervision

The Trust requires that all members of staff in training in clinical roles undertake a minimum period of training, supervision and probation. They are as follows:-

6.1 Emergency Care Assistant (ECA)

After a period of initial training, which includes emergency driving training, ECA's are required to undertake a minimum of 37.5 hours in a supernumerary capacity working on ambulances with qualified Paramedics /Ambulance Technicians or equivalent.

The practical assessment of continued competence is undertaken at 6 months working in their capacity on operational duties after which the ECA must submit a Professional Portfolio, in line with the expected Knowledge, skills Framework evidence for their banding, for evaluation by a named mentor/CFOT/COM. This is reviewed at 12 months as part of the PDR process.

If after a successful review of the practical assessment, competence of practice and submission of a portfolio the member of staff is considered to have met the required standard they are competent to continue to work as an Emergency Care Assistant..

6.2 Student Ambulance Paramedic (SAP)

After a period of initial training, which includes emergency driving training, SAPs are required to undertake a minimum of 37.5 hours in a supernumerary capacity working on an ambulance.

They must then complete a minimum period of 300 hours of operational practice crewed with a mentor.

Within their first year they must undertake 4 formal assessments of their practical skills and knowledge at 3 months, 6 months, 9 months and 12 months, (variances with regard to this timing is at the discretion of the Training and Education manager in association with the SAP's Line Manager and Lead Mentor).

A 12 month assessment of competence is undertaken after 12 months working in a training capacity on operational duties by either a Clinical Operations Manager, mentor, Clinical General Manager, Training and Education Manager or Senior Training and Education Manager; the SAP submits a Professional Portfolio for evaluation by a Clinical Operations Manager and undertakes a further driving assessment. This evidence is then submitted to the University of East Anglia Certificate in Emergency Medical Care Course Director and Training and Education Manager.

If after review of the practical assessments, competence of practice and portfolio the student is considered to have met the required standard they are deemed to be qualified to work as an unsupervised SAP.

6.3 Foundation Degree Student Paramedics (FDSP)

After their period of initial training at the University, which may include emergency driving training, the FDSP is required to work in a supernumerary capacity as determined by the University at which they are studying. They must also work with a mentor during Semesters 1 and 2 for at least 2 shifts per month. They must undertake a minimum of 20 hours per month with named Mentor/ for duration of course and should work additional shifts with an appropriate mentor when required.

FDSPs are required to undertake a period of supervised clinical placement in other healthcare establishments. These placements are arranged and overseen by the Trust or University. FDSPs undertake formal assessments and modular examinations and must undertake the completion of competencies as designated by University they are studying with.

They undertake a final assessment as determined by University, they must submit a Portfolio for evaluation and must undertake Completion of Clinical Competence in order to register with HPC.

6.4 Emergency Care Practitioner (ECP)

ECPs are required to attend an accredited university course and as part of this must undertake a minimum of one month working with a mentor or supervisor or other appropriately qualified clinician. They undertake formal assessments and modular examinations and must undertake the completion of competencies as designated by the University where they are studying.

ECPs undertake a final assessment as determined by the University; they must submit a portfolio for evaluation.

6.5 Critical Care Practitioner (CCP)

CCPs are required to attend an accredited university course and as part of this must undertake a minimum of six weeks working with a mentor or supervisor or other appropriately qualified clinician. They undertake formal assessments and modular examinations and must undertake the completion of competencies as designated by the University where they are studying. They must continue to maintain their skills and must undergo continuous field or simulation-based assessments to ensure competency. This will need sign-off by an appropriately qualified doctor.

CCPs undertake a final assessment as determined by the University; they must submit a portfolio for evaluation which will be reviewed by the Air Ambulance Manager/Charity Clinical Lead.

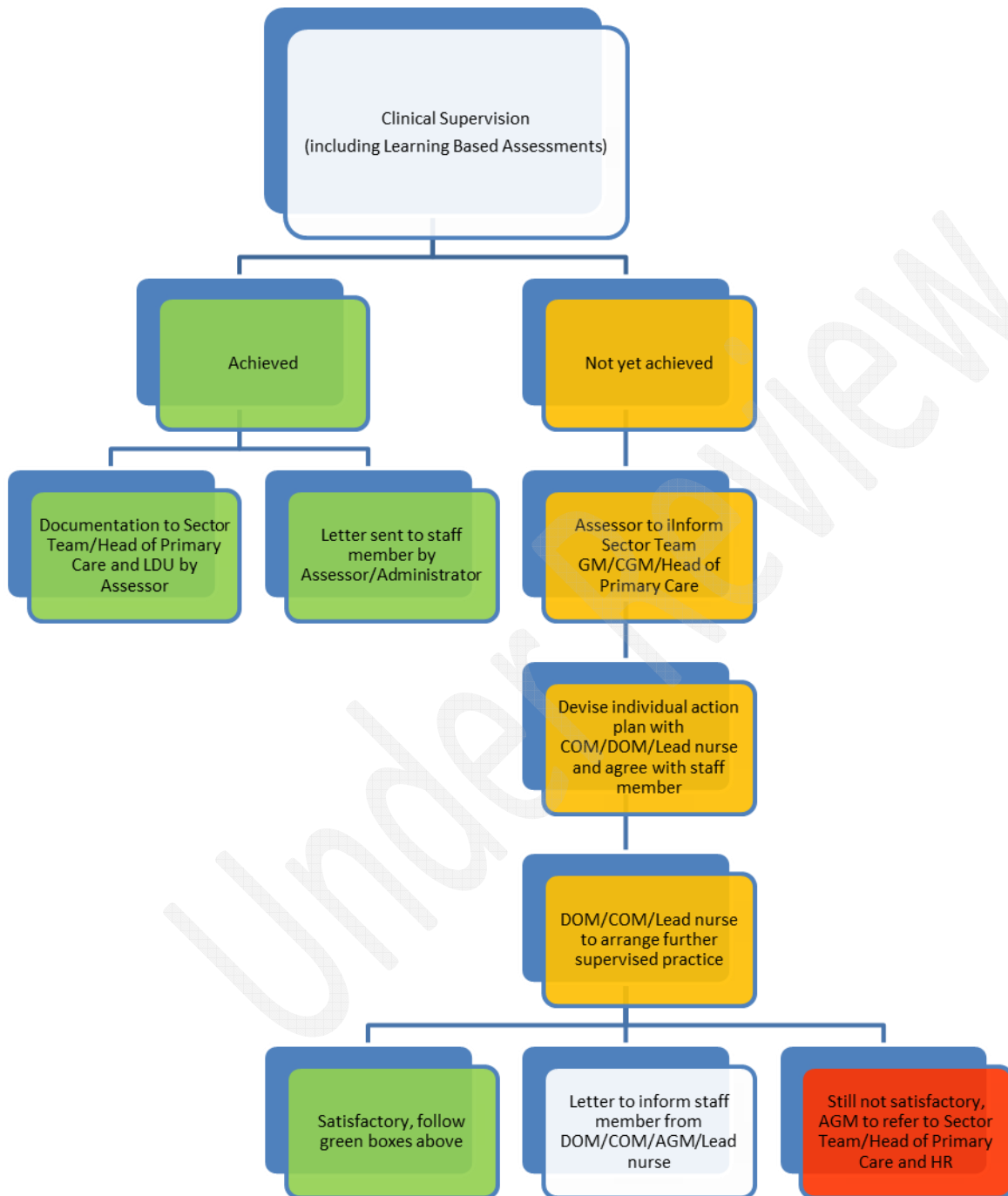
6.6 District Nurse (DN)

Community Nurses are expected to practice to their Code of Professional Conduct


6.7 General Practitioner (GP)

GP's are expected to practice to their Code of Professional Conduct

Clinical Supervision Policy (including supervision during training)



Appendix 2 Equality Impact Assessment Summary

Executive Summary Page for Equality Impact Assessment:	
Document Reference:	Document Title: Clinical Supervision Policy
Assessment Date: 11 th May 2011	Document Type: Policy
Responsible Director: Dr. Pam Chrispin, Medical Director	Lead Manager: John Martin
Conclusion of Equality Impact Assessment: No negative impact has been identified within this policy however it can be made available in other formats should individuals require.	
Recommendations for Action Plan: None	
Risks Identified: None	
Approved by a member of the executive team:	
YES	NO
Name: Dr Pamela Chrispin	Position:
Signature: 	Date: 9 August 2011