**Clinical Supervision Policy**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Version:** | **Review date:** | **Edited by:** | **Approved by:** | **Comments:** |
| v1.3 | 30/06/2022 | Sultan Mohamed | Munira Mohamed |  |
| v1.3-- | 04/03/2024 | Sultan Mohamed | Munira Mohamed | editorial changes |
|  | September 2025 |  |  | Next review |
|  |  |  |  |  |

**Table of contents**

[1 Introduction 3](#_Toc61341887)

[1.1 Policy statement 3](#_Toc61341888)

[1.2 Status 3](#_Toc61341889)

[1.3 KLOE 3](#_Toc61341890)

[1.4 Training and support 5](#_Toc61341891)

[2 Scope 5](#_Toc61341892)

[2.1 Who it applies to 5](#_Toc61341893)

[2.2 Why and how it applies to them 6](#_Toc61341894)

[2.3 What this policy is not for 6](#_Toc61341895)

[3 Definition of terms 6](#_Toc61341896)

[3.1 Clinical supervision 6](#_Toc61341897)

[3.2 Responsible officer 7](#_Toc61341898)

[3.3 Undertakings 7](#_Toc61341899)

[3.4 National Performers List 7](#_Toc61341900)

[4 Policy 8](#_Toc61341901)

[4.1 Aims 8](#_Toc61341902)

[4.2 Responsibility 8](#_Toc61341903)

[5 Supervision requirements 9](#_Toc61341904)

[5.1 Requirement 9](#_Toc61341905)

[5.2 Responsibilities of the supervisor 9](#_Toc61341906)

[5.3 Responsibilities of the supervisee 9](#_Toc61341907)

[5.4 Structure 10](#_Toc61341908)

[5.5 Outcome of effective clinical supervision 10](#_Toc61341909)

[5.6 Characteristics of good supervision 11](#_Toc61341910)

[5.7 Documentation and reporting 11](#_Toc61341911)

[6 Ongoing support 12](#_Toc61341912)

[6.1 Requirement 12](#_Toc61341913)

[6.2 Supervisors and supervisees 12](#_Toc61341914)

[7 Standards, competency, performance and concerns 13](#_Toc61341915)

[7.1 Clinical staff competency 13](#_Toc61341916)

[7.2 Raising a concern 13](#_Toc61341917)

[7.3 Performance and whistleblowing 13](#_Toc61341918)

[7.4 Non-GP performance 16](#_Toc61341919)

[7.5 Use of technology 16](#_Toc61341920)

[8 Competency requirements and undertakings 17](#_Toc61341921)

[8.1 Progress feedback 17](#_Toc61341922)

[8.2 Undertakings 17](#_Toc61341923)

[9 GP training and regional requirements 18](#_Toc61341924)

[10 Summary 18](#_Toc61341925)

[Annex A – Required clinical supervision for ARRS Roles 19](#_Toc61341926)

[Annex B – Standards and professional bodies 22](#_Toc61341928)

# Introduction

## Policy statement

The purpose of this document is to detail the principles of clinical supervision in order to facilitate the effective supervision of all clinical staff employed by and/or working at Sheerwater Health Centre.

Individual responsibilities and associated expectations are detailed to ensure that an adequate level of support and supervision is afforded to staff in the clinical environment.

This policy covers the four areas that encompass clinical supervision:

1. Supervision of a newly qualified GP or a new clinician who has joined the practice such as a locum who may not be fully aware of all of the processes involved. This section is at [Chapter 5](#_Supervision_requirements).
2. Ongoing support for a non-GP, such as advanced nurse practitioners or other allied healthcare professionals, can be sought at [Chapter 6](#_Ongoing_support).
3. Standards, performance, concerns and whistleblowing are detailed at [Chapter 7](#_Training_and_regional).
4. Supervision performed by a named clinical supervisor who is required to give regular feedback to the General Medical Council (GMC). This can be for the following reasons:
5. In regard to a doctor’s progress as a result of a decision made by the GMC in relation to a GP’s competency
6. Performed by a responsible officer in the role of their undertakings but it should be noted that, although this feedback could be in relation to a competency issue, in this instance it cannot be truly classified as ‘clinical supervision’

This section is further detailed at [Chapter 8](#_Competency_requirements_and).

For details of what this policy does not cover with regard to clinical supervision, refer to [Section 2.3](#_What_this_policy).

## Status

This document and any procedures contained within it are non-contractual and may be modified or withdrawn at any time. For the avoidance of doubt, it does not form part of your contract of employment.

## KLOE

The Care Quality Commission would expect any primary care organisation to have a policy to support this process and this should be used as evidence of compliance against CQC Key Lines of Enquiry (KLOE)**1**.

Specifically, Sheerwater Health Centre will need to answer the CQC Key Questions on “Effective” and “Well-Led”

The following is the CQC definition of Effective:

*By effective, we mean that people’s care, treatment and support achieves good outcomes, promotes a good quality of life and is based on the best available evidence.*

|  |  |
| --- | --- |
| **CQC KLOE E3** | How does the service make sure that staff have the skills, knowledge and experience to deliver effective care, support and treatment? |
| **E3.1** | Do people have their assessed needs, preferences and choices met by staff with the right skills and knowledge? |
| **E3.2** | How are the learning needs of all staff identified?Do staff have appropriate training to meet their learning needs that covers the scope of their work and is there protected time for this training? |
| **E3.3** | Are staff encouraged and given opportunities to develop? |
| **E4.4** | What are the arrangements for supporting and managing staff to deliver effective care and treatment?(This includes one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and revalidation.) |
| **E3.5** | How is poor or variable staff performance identified and managed? How are staff supported to improve? |
| **CQC KLOE E4** | How well do staff, teams and services work together within and across organisations to deliver effective care and treatment? |
| **E4.1** | Are all necessary staff, including those in different teams, services and organisations, involved in assessing, planning and delivering care and treatment? |
| **E4.2** | How is care delivered and reviewed in a coordinated way when different teams, services or organisations are involved? |

The following is the CQC definition of Well-Led:

*By well-led, we mean that the leadership, management and governance of the organisation assures the delivery of high-quality and person-centred care, supports learning and innovation and promotes an open and fair culture.*

|  |  |
| --- | --- |
| **CQC KLOE W1** | Is there the leadership capacity and capability to deliver high-quality, sustainable care? |
| **W1.3** | Are leaders visible and approachable? |
| **CQC KLOE W3** | Is there a culture of high-quality, sustainable care? |
| **W3.2** | Is the culture centred on the needs and experience of people who use services? |
| **W3.4** | Is action taken to address behaviour and performance that is inconsistent with the vision and values, regardless of seniority? |
| **W3.6** | Are there mechanisms for providing all staff at every level with the development they need, including high-quality appraisal and career development conversations? |
| **CQC KLOE W6** | Is appropriate and accurate information being effectively processed, challenged and acted on? |
| **W6.3** | Are there clear and robust service performance measures, which are reported and monitored? |

## Training and support

The organisation will provide guidance and support to help those to whom it applies to understand their rights and responsibilities under this policy. Additional support will be provided to managers and supervisors to enable them to deal more effectively with matters arising from this policy.

# Scope

## Who it applies to

This document applies to all employees of the organisation and other individuals performing functions in relation to the organisation, such as agency workers, locums and contractors.

Furthermore, it also applies to clinicians who may or may not be employed by the organisation but who are working under the Additional Roles Reimbursement Scheme (ARRS).[[1]](#footnote-1)

## Why and how it applies to them

This document outlines the responsibilities of staff with additional supervisory responsibilities and should be read in conjunction with the referenced publications and professional codes of conduct.

The organisation aims to design and implement policies and procedures that meet the diverse needs of our service and workforce, ensuring that none are placed at a disadvantage over others, in accordance with the [Equality Act 2010](https://www.legislation.gov.uk/ukpga/2010/15/contents). Consideration has been given to the impact this policy might have with regard to the individual protected characteristics of those to whom it applies.

## What this policy is not for

Clinical supervision is an additional means of support and development and does not seek to replace managerial supervision. In the role of the line manager, providing supervision for staff is an important part of ensuring effective performance is maintained. Additionally, it is different from the appraisal process and is not to be a mechanism for the management of any disciplinary issues.

Whilst this policy should not be confused with the requirement to support members of the team who are undergoing any form of training, links to the professional bodies’ standards have been added at [Annex B](#_Annex_B_-).

It should be noted that this policy deliberately does not consider the training requirements as all guidance and process requirements are already available on the respective professional or governing bodies’ websites. This is further detailed at [Chapter 9](#_GP_training_and).

# Definition of terms

## Clinical supervision

There are several recognised definitions of the term *clinical supervision*.

* One online encyclopaedia defines the term [clinical supervision](https://www.encyclopedia.com/caregiving/dictionaries-thesauruses-pictures-and-press-releases/clinical-supervision) as ‘a formal process of professional support and learning that enables individual practitioners to develop knowledge and competence, be responsible for their own organisation and patient protection and safety of care in a wide range of situations’.
* The National Association of Clinical Tutors (NACT)[[2]](#footnote-2) defines ongoing clinical supervision as ‘supervision of the trainee throughout their clinical work, during both daytime and out-of-hours duties’.
* Skills for Care[[3]](#footnote-3) defines supervision as a process that involves a manager meeting regularly and interacting with staff to review their work and provide support. It might include, for example, reviewing their workload, setting the expected standards, monitoring and reviewing performance, identifying learning and development opportunities and keeping them informed with wider organisational news.

## Responsible officer

Responsible officers play a crucial role in improving and maintaining the quality and safety of patient care. The Department of Health defines ‘responsible officer’ as per their document titled [*Guidance on the role of the responsible officer*](https://www.england.nhs.uk/revalidation/wp-content/uploads/sites/10/2014/06/ro-guidance-draft.pdf)dated June 2014:

The responsible officer role is critical to ensuring that the organisation maintains a focus on the core components of the relevant national quality framework. The following components originate from the Department of Health in England, although other nations will have their own similar framework:

* Patient safety by ensuring that doctors are maintaining and raising standards of professional performance
* Effectiveness of care by supporting an ethos of professionalism, ensuring that clinical care is delivered by practitioners who are fit for purpose, appropriately trained and skilled for the role in which they are employed
* Patient experience by ensuring that patients’ views are fully integrated into evaluations of a doctor’s performance

Decisions about a doctor’s fitness to practise are taken by the GMC alone and only after specific procedures have been followed. For revalidation, the GMC has set out that doctors must demonstrate their fitness to practise across the full scope of their practice.

## Undertakings

A general term for various forms of oversight and obligations to which a doctor whose practice is limited by the GMC or Medical Practitioner Tribunal Service’s (MPTS) agrees until such time as restrictions on his or her registration are lifted[[4]](#footnote-4)

Any information provided in relation to undertakings and a competency issue should not be classified as ‘clinical supervision’. For the purpose of this policy, all aspects of overarching support, including undertakings, should be included.

## National Performers List

The Performers List is a list of GPs in the UK who work, or have been approved to work. To confirm that a GP is on this list, or to see any imposed conditions, refer to:

<https://digital.nhs.uk/services/national-performers-list>

Further information on performance can be sought at [Chapter 7](#_Standards,_competency,_performance).

# Policy

## Aims

The aims of clinical supervision are outlined in the Care Quality Commission (CQC)’s publication [“Supporting information and guidance: Supporting effective clinical supervision](https://www.rcslt.org/-/media/docs/delivering-quality-services/supervision-care-quality-commission.pdf?la=en&hash=0FCD9AD2A44F93E667284FA9B57463943A3786C0)”. This states that the purpose of clinical supervision is to provide a safe and confidential environment for staff to reflect on and discuss their work and their personal and professional responses to their work.

The partners at Sheerwater Health Centre are to ensure that sufficient numbers of suitably qualified, competent, skilled and experienced persons are deployed in order to meet the requirements.

Staff will receive the support, training, professional development, supervision and appraisals that are necessary for them to carry out their role and responsibilities. Staff will be supported to obtain further qualifications and provide evidence, where required, to the appropriate regulator to show that they meet the professional standards needed to continue to practise.

Where such persons are healthcare professionals, they are to be able to provide evidence to the regulator that they continue to meet the professional standards that are a condition of their ability to practise or are a requirement of their role.

The focus of clinical supervision is to support staff in their personal and professional development and to reflect on their practice.

## Responsibility

All clinicians have a responsibility to work within the limits of their competence and professional boundaries. They must, where necessary, ask for the appropriate guidance and support.

Therefore, at Sheerwater Health Centre, Dr Munira Mohamed is responsible for the supervision of all doctors and certain other autonomous health professionals such as advanced nurse practitioners and clinical pharmacists.

For those departments such as nursing that support numerous staff, the senior practice nurse is responsible for the supervision of those staff who are not being supervised by the nominated GP.

A full list of responsible supervisory persons can be found at [Section 6.2](#_Supervisors_and_supervisees).

It should be noted that professional bodies’ advice and guidance should always be sought.

Supervisors are to safeguard the wellbeing of the patient whilst assisting with the professional development of the trainee, encouraging them to continually improve and extend their scope of practice and skill set.

Details for those networked ARRS positions requiring clinical supervision can be sought at [Annex A](#_Annex_A_–).

# Supervision requirements

## Requirement

This section details the need for additional provision for a new clinician who is unfamiliar with the procedures at Sheerwater Health Centre. This may be either a recently qualified GP, a clinician who is new to the team or a locum or temporary member of staff such as an ARRS employee.

The following information to support their clinical role should be available:

* New joining clinician’s handbook
* Staff induction policy
* Health and safety induction checklist

The practice manager will discuss organisation matters such as the induction process and health and safety requirements. During the first few weeks, a programme will be established to include the clinician attending other departments. This is to ensure that the new member of the team has a holistic oversight of the organisation.

Additionally, Dr Munira Mohamed (GP) will ensure that the clinician is fully briefed as to their role and requirements. During this meeting, supervision and expectation will be discussed including how this will be achieved to ensure that patient safety is being maintained.

## Responsibilities of the supervisor

The supervisor should be a qualified and experienced.

Their role should be to encourage the supervisee to become actively engaged in the process, to listen, motivate and facilitate the learning process towards positive change and progress. The supervisor should at all times tailor the supervision to meet the needs of the supervisee whilst adopting a person-centred approach.

The supervisor is to provide continuous and regular feedback regarding the supervisee’s performance, providing appropriate action plans and outcomes in order to enhance knowledge and professional skills.

The partners at Sheerwater Health Centre are to ensure that sufficient numbers of suitably qualified, competent, skilled and experienced persons are available in order to meet the requirements of their team.

## Responsibilities of the supervisee

Although the onus rests with the supervisor to provide and develop effective supervision, supervisees have an equal responsibility to contribute to the process. Supervisees need to actively participate, appropriately prepare for supervision sessions, be open to feedback and personally reflect on the outcome(s) of their clinical supervision session.

Keeping a personal record of discussions and recognising the process as part of their own professional development is beneficial as it contributes towards the revalidation process.

## Structure

There are several models available to facilitate clinical supervision as outlined in the linked CQC guidance at [Section 4.1](#_Aims).

* One-to-one supervision between a supervisor and supervisee. This is sometimes covered as part of mentoring[[5]](#footnote-5) which takes a holistic view of the supervisee
* Group supervision in which two or more practitioners discuss their work with a supervisor
* Peer or co-supervision where practitioners discuss work with each other, with the role of supervisor being shared or with no individual member of staff acting as a formal supervisor
* A combination of the above

Effective clinical supervision is formed on a basis of trust and, if it is to be valued by the supervisee, all discussions should remain confidential unless the supervisee agrees otherwise.

## Outcome of effective clinical supervision

The outcome of clinical supervision, if carried out effectively, is that it:

* Improves the professional development process
* Contributes to improved clinical practice
* Allows clinicians to become more competent, confident and self-aware
* Enhances individuals’ problem-solving skills
* Creates a culture of continuous learning and development
* Provides constructive feedback to aid development and competency
* Improves team relationships and staff wellbeing

It is important that all personnel recognise that clinical supervision is different from line management and the appraisal process and is not a mechanism for the management of any disciplinary issues.

## Characteristics of good supervision

A review of the characteristics of effective clinical and peer supervision in the workplace[[6]](#footnote-6) details 10 characteristics of good clinical supervision:

1. When supervision is based on mutual trust and respect
2. When supervisees are offered a choice of supervisor with regard to personal match, cultural needs and expertise
3. When both supervisors and supervisees have a shared understanding of the purpose of the supervisory sessions which are based on an agreed contract
4. When supervision focuses on providing staff support and the sharing/enhancing of knowledge and skills to support professional development and improve service delivery
5. When supervision is regular and based on the needs of the individual (ideally weekly, minimum fortnightly). Ad-hoc supervision should be provided in cases of need
6. When supervisory models are based on the needs of the individual. This may include one to one, group (peer supervision), internal or external, distance (including the use of technology) or a combination of these
7. When the employer creates protected time, supervisor training and private space to facilitate the supervisory session
8. When training and feedback is provided for supervisors
9. When supervision is delivered using a flexible timetable to ensure all staff have access to the sessions, regardless of working patterns
10. When it is delivered by several supervisors or by those who are trained to manage the overlapping responsibility as both line manager and supervisor

## Documentation and reporting

As there is a requirement for healthcare professionals to maintain evidence as part of their training, appraisal or revalidation process, maintaining a record of all supervision sessions is strongly encouraged for both the supervisor and supervisee.

Effective documentation of any discussion will clearly outline any development needs that have been identified with associated learning goals and agreed actions for completion. It will provide a useful reference point for future sessions whilst providing evidence of progress and learning.

Well-documented evidence of clinical supervision can be used as part of any appraisal or revalidation process. It will provide demonstrable evidence that staff continue to meet the professional standards which are a condition of their ability to practise and a requirement of their role. Such evidence can be included as participatory continuing professional development but may also be used towards evidence, such as the feedback required over a five-year period for nurse revalidation.

# Ongoing support

## Requirement

Whilst there may be an immediate need to support the new joining clinician, non-GPs would be required to continue with supervisory support throughout their employment. Ordinarily, this would be a formal arrangement in a dedicated timetabled manner. Other arrangements may be available, although all methods are to support the delivery of safe healthcare.

## Supervisors and supervisees

At Sheerwater Health Centre, ongoing supervision or mentorship is detailed as follows for the different healthcare professionals and clinical supporting staffs.

|  |  |
| --- | --- |
| Role of mentee or supervisee | Role of mentor or supervisor |
| Clinical pharmacist | Rotation between GP partners |
| Healthcare assistant | practice nurse |
| Nurse prescriber | ANP/nurse manager |
| Pharmacy technician | Rotation between GP partners/clinical pharmacist  |
| Phlebotomist | PN |
| Physician associate | Rotation between GP partners |
| Practice nurse | ANP |

# Standards, competency, performance and concerns

## Clinical staff competency

Should it be considered that there is an issue with the competence of a clinical member of the team, then a list of professional bodies and subsequently their standards can be sought at [Annex B](#_Annex_B_–).

## Raising a concern

The BMA provides the following [advice and guidance](https://www.bma.org.uk/advice-and-support/complaints-and-concerns/raising-concerns-and-whistleblowing/raising-a-concern-guide-for-doctors) on speaking up or to identify an issue when something is not quite right and how to make improvements.

This reference includes what types of issues that may be considered to be a concern:

* Unsafe patient care or conditions
* Unsafe working conditions
* Inadequate induction or training for staff
* Inadequate response to a reported patient safety incident
* Suspicions of fraud
* Bullying towards patients or colleagues or a bullying culture

Further considerations may be found within the [Raising concern – Freedom to speak up or Whistleblowing policy and procedure].

## Performance and whistleblowing

Whilst the overall principle of clinical supervision applies to most healthcare professions, it is important to acknowledge that there are differences in requirements. To support supervisory staff in their roles, clinical supervisors should make best use of all of the guidance available to them.

Should there be concerns with regard to a GP’s performance or to confirm whether a GP is on any of the four regional nations Performers Lists, then refer to:

**-England**

Primary Care Support England (PCSE) details the requirements for English GPs via the GP Performers List for England [website](https://pcse.england.nhs.uk/services/performers-lists/gp-performers-list-for-england/). This portal provides information on the following:

* GPs who wish to apply to the Performers List. Applications may be either from the UK or overseas
* Existing GPs who are already on the Performers List but who wish to update their own information
* Specialist registrars who are completing their GP training and wish to apply to the Performers List for the first time
* GPs who are either returning to practice or returning from being overseas
* A section for practice managers to approve any updated information

Refer to Health Education England’s (HEE) [Enhancing supervision for postgraduate doctors in training](https://www.hee.nhs.uk/enhancing-supervision)

For concerns relating to any healthcare professional, refer to the following NHS E documents:

* [Framework for managing performer concerns](https://www.england.nhs.uk/publication/framework-for-managing-performer-concerns/)
* [A practical guide for responding to concerns about medical practice](https://www.england.nhs.uk/publication/a-practical-guide-for-responding-to-concerns-about-medical-practice/)
* [Managing performance concerns](https://www.england.nhs.uk/contact-us/privacy-notice/how-we-use-your-information/health-care-professionals/managing-performance-concerns/)
* [Freedom to speak up - Whistleblowing policy for the NHS](https://improvement.nhs.uk/resources/freedom-to-speak-up-whistleblowing-policy-for-the-nhs/)

HEE Guidance:

* [Clinical supervision](https://www.hee.nhs.uk/nets18-clinical-supervision)
* [Workplace Supervision for Advanced Clinical Practice](https://www.hee.nhs.uk/our-work/advanced-practice/reports-publications/workplace-supervision-advanced-clinical-practice)

The Whistleblowing Policy is provided to raise concerns about any member of staff, not simply GPs and the policy supports the following concerns:

* Unsafe patient care
* Unsafe working conditions
* Inadequate induction or training for staff
* Lack of or poor response to a reported patient safety incident
* Suspicions of fraud, financial irregularity, dishonesty
* A bullying culture (across a team or the organisation rather than individual instances of bullying)
* Malpractice, corruption, bribery
* Unethical conduct
* Medical or prescribing errors

## Non-GP performance

The following advice can be used for clinicians other than a GP. This section is further supplemented by the standards and professional bodies table detailed at [Annex B](#_Annex_B_–):

NHS England Guidance

* [Leading change, adding value](https://www.england.nhs.uk/wp-content/uploads/2016/05/nursing-framework.pdf)
* [Leading Value, Adding Change A framework for nursing midwifery and care staff](https://www.england.nhs.uk/wp-content/uploads/2016/05/nursing-framework.pdf)

Care Quality Commission

* [Supporting effective clinical supervision](https://www.rcslt.org/wp-content/uploads/media/docs/delivering-quality-services/supervision-care-quality-commission.pdf?la=en&hash=0FCD9AD2A44F93E667284FA9B57463943A3786C0) relates to supervision for all clinical staff

Royal College of General Practitioners (RCGP)

* RCGP [Advanced Nurse Practitioner](https://sybwg.files.wordpress.com/2017/02/rcgp-np-competencies.pdf) competencies
* RCGP [General Practice Nursing](https://www.rcgp.org.uk/policy/rcgp-policy-areas/nursing.aspx) competencies

Further reading can be sought from “*A practical guide for adult social care managers and supervisors”.* This documentwas published in April 2020 by [Skills for Care (2007)](https://www.skillsforcare.org.uk/Leadership-management/managing-people/supervision/Supervision.aspx) and the principles equally apply to all clinical roles

## Use of technology

With advances in technology, clinical supervision can be undertaken using mediums such as video-conference, email and tele-conference. This mode of clinical supervision is termed as tele-supervision. While tele-supervision could be useful in any context, its value is amplified for health professionals working in rural and remote areas.

The paper on the [Use of Technology](https://www.sciencedirect.com/science/article/pii/S2214782917300131) in clinical supervision can be used to support this facility. In addition, refer to the Audio visual and photography policy as this provides current advice from the BMA and the GMC.

# Competency requirements and undertakings

## Progress feedback

Supervision is performed by a named clinical supervisor who is required to give regular feedback to the General Medical Council (GMC). This may be in relation to a doctor’s progress as a result of a decision made by the GMC in relation to that GP’s competency.

Notes:

* The roles of clinical supervisor and workplace reporter may be merged
* A clinical supervisor cannot be an employee of the supervised doctor

## Undertakings

The GMC document titled [Glossary for undertakings and conditions](https://www.gmc-uk.org/-/media/documents/DC4327_Glossary_of_Terms_used_in_Fitness_to_Practise_Actions_25416199.pdf) effective 1st April 2019 advises the following:

* Clinical supervision is carried out by a named clinical supervisor appointed as a clinical supervisor by the responsible officer (or their nominated deputy)
* The clinical supervisor takes overall responsibility for the arrangements of a doctor’s supervision and gives constructive feedback to the doctor, leads the review of their clinical practice throughout the period of supervision and provides the GMC with regular feedback regarding the doctor’s progress
* If the doctor works for more than one organisation, they will need a clinical supervisor at each organisation (this does not include different sites within the same organisation, as long as the doctor’s clinical supervisor is able to cover both)
* The doctor must inform the GMC of the approved supervision arrangements including:
	+ The name and contact details of the clinical supervisor
	+ Frequency of meetings
	+ Deputy arrangements
* The clinical supervisor is responsible for ensuring that the doctors they supervise are not expected to take responsibility for, or perform, any clinical activity or technique if they do not have the appropriate experience and expertise

The tables within the above GMC link outline three possible levels of clinical supervision for a doctor with conditions or undertakings working in a GP or hospital context. In exceptional circumstances, the GMC may agree different clinical supervision arrangements. The

GMC must be satisfied that the other arrangements give the same level of assurance and feedback as the requirements detailed within the tables.

It is possible for the clinical supervisor to delegate some of the duties involved in supervision to a named deputy or deputies, typically providing support/assistance when the supervised doctor is carrying out any activity that involves patient contact such as consultations, examinations and procedures.

For all levels of supervision, the named deputy or deputies must:

* Be a senior doctor with appropriate experience. The decision about appropriate experience is at the discretion of the clinical supervisor
* Be informed of the doctor’s conditions or undertakings
* Provide feedback to the clinical supervisor regarding the doctor’s clinical practice.

# GP training and regional requirements

At Sheerwater Health Centre we are not currently an accredited training practice to support specialist registrars (SpR).

Whilst this policy does not detail professional training, [Chapter 7](#_Training_and_regional) details the performance requirements and expectations from the relevant UK nations’ governing bodies. Additionally, the table at [Annex B](#_Annex_B_–) provides supporting links.

# Summary

Clinical supervision should follow a structured approach that is aimed at delivering effective patient care whilst enhancing the skills of those being supervised.

Sheerwater Health Centre recognises the significance of clinical supervision and continually promotes a culture of learning for all staff which ultimately enhances patient care.

#

# Annex A – Required clinical supervision for ARRS Roles

Where a PCN employs or engages any of the roles below under the Additional Roles Reimbursement Scheme (ARRS), the PCN must ensure that the employee receives support and clinical supervision.

This is outlined in in the relevant sections as detailed below and within [Additional Roles Reimbursement Scheme – Minimum Role Requirements](https://www.england.nhs.uk/wp-content/uploads/2020/03/Network-Contract-DES-Specification-PCN-Requirements-and-Entitlements-2020-21-October-FINAL.pdf) and [Annex B](#_Annex_B_–) to this linked document refers.

1. **Clinical pharmacist**

B.1 advises that clinical pharmacists must *“Be part of a professional clinical network and have access to appropriate clinical supervision”.*

Appropriate clinical supervision means:

* Each clinical pharmacist must receive a minimum of one supervision session per month by a senior clinical pharmacist

It should be noted that this does not need to be a senior clinical pharmacist within the PCN but could be part of a wider local network, including from secondary care or another PCN

* The senior clinical pharmacist must receive a minimum of one supervision session every three months by a GP clinical supervisor
* Each clinical pharmacist will have access to an assigned GP clinical supervisor for support and development
* A ratio of one senior clinical pharmacist to no more than five junior clinical pharmacists with appropriate peer support and supervision in place
1. **Pharmacy technicians**

B2.1 advises that, where a PCN employs or engages a pharmacy technician under the Additional Roles Reimbursement Scheme, the PCN must ensure that the pharmacy technician is working under appropriate clinical supervision to ensure safe, effective and efficient use of medicines.

1. **Social prescribing link workers**

B3.2c decrees that SPLWs attend the peer support networks run by NHS England and NHS Improvement at ICS and/or STP level.

B3.4 details that a PCN’s core network practices must identify a first point of contact for general advice and support and (if different) a GP to provide supervision for the social prescribing link worker(s). This could be provided by one or more named individuals within the PCN.

B3.5 states that a PCN will ensure the social prescribing link worker(s) can discuss patient related concerns and be supported to follow appropriate safeguarding procedures such as, abuse, domestic violence and support with mental health with a relevant GP.

1. **Health and wellbeing coach**

B4.1 detail that where a PCN employs or engages a health and wellbeing coach under the Additional Roles Reimbursement Scheme, the PCN must ensure that the health and wellbeing coach:

a. Is enrolled in, undertaking or qualified from appropriate health coaching training covering topics outlined in the NHS England and NHS Improvement Implementation and Quality Summary Guide, with the training delivered by a training organisation listed by the Personalised Care Institute

b. Adheres to a code of ethics and conduct in line with the NHS England and NHS Improvement Health coaching Implementation and Quality Summary Guide

c. Has formal individual and group coaching supervision which must come from a suitably qualified or experienced individual

1. **Care coordinator**

B5.5 states that the PCN’s core network practices must identify a first point of contact for general advice and support and (if different) a GP to provide supervision for the PCN’s care coordinator(s).

This could be provided by one or more named individuals within the PCN.

B5.6 details that a PCN will ensure the PCN’s care coordinator(s) can discuss patient related concerns and be supported to follow appropriate safeguarding procedures, e.g. abuse, domestic violence and support with mental health, with a relevant GP.

1. **Physicians associate**

B6.1 advises that physician associates participate in continuing professional development opportunities by keeping current with evidence-based knowledge and competence in all aspects of their role, meeting clinical governance guidelines for continuing professional development (CPD) and are working under the supervision of a GP as part of the clinical team.

1. **First contact physiotherapist**

B7.2 states that the first contact physiotherapist is to be accountable for decisions and actions via their Health and Care Professions Council (HCPC) registration, although this is supported by a professional culture of peer networking/review, and engages in evidence-based practice.

1. **Dieticians**

B8.1 mentions that dieticians are to have access to appropriate clinical supervision and an appropriate named individual in the PCN to provide general advice and support on a day-to-day basis.

1. **Podiatrists**

B.9.1 dictates that podiatrists have access to appropriate clinical supervision and an appropriate named individual in the PCN to provide general advice and support on a day-to- day basis.

1. **Occupational therapists**

B10.1 advises that occupational therapists are to have access to appropriate clinical supervision and an appropriate named individual in the PCN to provide general advice and support on a day-to-day basis.

1. **Nursing associate**

B11.3. A PCN must ensure that the postholder has access to appropriate clinical supervision and an appropriate named individual in the PCN to provide general advice and support on a day-to-day basis.

**12. Trainee nursing associate**

B12.4. A PCN must ensure that the postholder has access to appropriate clinical supervision and an appropriate named individual in the PCN to provide general advice and support on a day-to-day basis.

# Annex B – Standards and professional bodies

|  |  |  |
| --- | --- | --- |
| Clinical position | Professional body | Standards/training link |
| Advanced nurse practitioner | [Nursing and Midwifery Council](https://www.nmc.org.uk/) | [Standards of proficiency for registered nurses](https://www.nmc.org.uk/standards/standards-for-nurses/standards-of-proficiency-for-registered-nurses/)[Standards for education and training](https://www.nmc.org.uk/standards-for-education-and-training/standards-framework-for-nursing-and-midwifery-education/) |
| Care coordinator | [Nursing and Midwifery Council](https://www.nmc.org.uk/) | [Standards of proficiency for registered nurses](https://www.nmc.org.uk/standards/standards-for-nurses/standards-of-proficiency-for-registered-nurses/)[Standards for education and training](https://www.nmc.org.uk/standards-for-education-and-training/standards-framework-for-nursing-and-midwifery-education/) |
| Clinical pharmacist | [General Pharmaceutical Council](https://www.pharmacyregulation.org/) | [Standards for pharmacy professionals](https://www.pharmacyregulation.org/standards/standards-for-pharmacy-professionals) |
| Dietician | [Health and Care Professions Council](https://www.hcpc-uk.org/) | [Standards of proficiency - Dietician](https://www.hcpc-uk.org/resources/standards/standards-of-proficiency-dietitians/) |
| Dispensary manager | [Dispensing Doctor Association](https://dispensingdoctor.org/) | [Standards for a dispensing practice](https://dispensingdoctor.org/dispensing-practice/standards-dispensing-practice/) |
| Dispenser | [Dispensing Doctor Association](https://dispensingdoctor.org/) | [Standards for a dispensing practice](https://dispensingdoctor.org/dispensing-practice/standards-dispensing-practice/) |
| First contact physiotherapist | [Health and Care Professions Council](https://www.hcpc-uk.org/) | [Standards of proficiency - Physiotherapists/](https://www.hcpc-uk.org/standards/standards-of-proficiency/physiotherapists/) |
| General practitioner | [Royal College of General Practitioners](https://www.rcgp.org.uk/) | [Trainee e-Portfolio](https://www.rcgp.org.uk/training-exams/training/mrcgp-trainee-eportfolio.aspx)[Health Education England](https://www.hee.nhs.uk/sites/default/files/documents/Standards_4pp_Update_v2.pdf) |
| Geriatric frailty nurse | [Nursing and Midwifery Council](https://www.nmc.org.uk/) | [Standards of proficiency for registered nurses](https://www.nmc.org.uk/standards/standards-for-nurses/standards-of-proficiency-for-registered-nurses/)[Standards for education and training](https://www.nmc.org.uk/standards-for-education-and-training/standards-framework-for-nursing-and-midwifery-education/) |
| Health and wellbeing coach | NA | NA |
| Healthcare assistant | [Nursing and Midwifery Council](https://www.nmc.org.uk/) | [Learning resources for HCAs and APs](https://www.rcn.org.uk/professional-development/learning-resources-for-hcas-and-aps)[SfH - The care certificate](https://www.skillsforhealth.org.uk/standards/item/216-the-care-certificate) |
| Medical assistant | NA | NA |
| Mental health nurse | [Nursing and Midwifery Council](https://www.nmc.org.uk/) | [Standards of proficiency for registered nurses](https://www.nmc.org.uk/standards/standards-for-nurses/standards-of-proficiency-for-registered-nurses/)[Standards for education and training](https://www.nmc.org.uk/standards-for-education-and-training/standards-framework-for-nursing-and-midwifery-education/) |
| Nurse prescriber | [Nursing and Midwifery Council](https://www.nmc.org.uk/) | [Standards for prescribers](https://www.nmc.org.uk/standards/standards-for-post-registration/standards-for-prescribers/)[Standards for education and training](https://www.nmc.org.uk/standards-for-education-and-training/standards-framework-for-nursing-and-midwifery-education/) |
| Nursing associate | [Nursing and Midwifery Council](https://www.nmc.org.uk/) | [Standards for nursing associates](https://www.nmc.org.uk/standards/standards-for-nursing-associates/)[Standards for education and training](https://www.nmc.org.uk/standards-for-education-and-training/standards-framework-for-nursing-and-midwifery-education/) |
| Occupational therapist | [Health and Care Professions Council](https://www.hcpc-uk.org/) | [Standards of proficiency - Occupational Therapists](https://www.hcpc-uk.org/standards/standards-of-proficiency/occupational-therapists/) |
| Paramedic | [Health and Care Professions Council](https://www.hcpc-uk.org/) | [Standards of proficiency - Paramedics](https://www.hcpc-uk.org/standards/standards-of-proficiency/paramedics/) |
| Pharmacy technician | [General Pharmaceutical Council](https://www.pharmacyregulation.org/) | [Standards for pharmacy professionals](https://www.pharmacyregulation.org/standards/standards-for-pharmacy-professionals) |
| Phlebotomist | NA | NA |
| Physician associate | [Faculty of Physician Associates](https://www.fparcp.co.uk/about-fpa/overview) | [FPA - Standing Orders](https://www.fparcp.co.uk/about-fpa/overview) |
| Podiatrist | [Health and Care Professions Council](https://www.hcpc-uk.org/) | [Standards of proficiency - Chiropodists and Podiatrists](https://www.hcpc-uk.org/standards/standards-of-proficiency/chiropodists-podiatrists/) |
| Practice nurse | [Nursing and Midwifery Council](https://www.nmc.org.uk/) | [Standards of proficiency for registered nurses](https://www.nmc.org.uk/standards/standards-for-nurses/standards-of-proficiency-for-registered-nurses/)[Standards for education and training](https://www.nmc.org.uk/standards-for-education-and-training/standards-framework-for-nursing-and-midwifery-education/) |
| Social prescribing link worker | NA | [Regional Learning Coordinators](https://www.england.nhs.uk/personalisedcare/social-prescribing/support-and-resources/learning-coordinators/)  |
| Student nurse | [Nursing and Midwifery Council](https://www.nmc.org.uk/) | [Standards for pre-registration nursing education](https://www.nmc.org.uk/standards/standards-for-nurses/pre-2018-standards/standards-for-pre-registration-nursing-education/)[Standards for education and training](https://www.nmc.org.uk/standards-for-education-and-training/standards-framework-for-nursing-and-midwifery-education/) |
| Trainee nursing associate | [Nursing and Midwifery Council](https://www.nmc.org.uk/) | Nursing Associate Apprenticeship programmeFoundation degree [Nursing and Midwifery Council](https://www.nmc.org.uk/education/approved-programmes/) |

#

1. [www.england.nhs.uk](https://www.england.nhs.uk/wp-content/uploads/2020/03/Network-Contract-DES-Specification-PCN-Requirements-and-Entitlements-2020-21-October-FINAL.pdf) [↑](#footnote-ref-1)
2. [National Association of Clinical Tutors (NACT)](http://www.nact.org.uk/about-nact-uk/) [↑](#footnote-ref-2)
3. [Skills for Care - what is supervision and why is it important](https://www.skillsforcare.org.uk/Leadership-management/managing-people/supervision/Supervision.aspx) [↑](#footnote-ref-3)
4. [Medical dictionary](https://medical-dictionary.thefreedictionary.com/undertakings) [↑](#footnote-ref-4)
5. [NHS England A Guide to Mentoring](https://improvement.nhs.uk/documents/1862/NHS_England_Mentoring_Guide_5bv5_FINAL5d.pdf) [↑](#footnote-ref-5)
6. [www.hcpc-uk.org](https://www.hcpc-uk.org/globalassets/resources/reports/research/effective-clinical-and-peer-supervision-report.pdf) [↑](#footnote-ref-6)