



CLINICAL PRACTICE SUPERVISION/MENTORSHIP OF PATIENT FACING AND CLINICAL CONTACT CENTRE LEARNERS AND STAFF

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DOCUMENT INFORMATION

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1. POLICY STATEMENT

1.1 Definition of Clinical Supervision and Mentorship

Contemporary 'Clinical Supervision' provides the opportunity for staff working within clinical settings to reflect upon and review their practice, consider individual cases and experiences in detail and in turn, presenting the opportunity to change and/or modify their current practice in response to identified training and continuing professional development needs (Care Quality Commission, 2013).

A homogenous process with Clinical Supervision, Clinical Mentorship is provided through the leadership of one or more experienced peers to facilitate the developmental guidance and knowledge transference of skills and experience required for a role (NHS Leadership Academy, 2019).

South Central Ambulance Service NHS Foundation Trust (SCAS) considers Clinical Supervision/Mentorship to be a professional activity vital to the contribution and continued delivery of a high-quality patient service, which supports staff and encourages their professional development. The Trust considers supervision and Mentorship to be a symbiotic relationship supporting not only accountability and personal responsibility, but also acting as an integral part of clinical governance and thereby becoming an essential part of the learning and development activity of both learners and staff.

1.2 Definition of Clinical Patient Facing or Patient Contact Staff

This policy refers to the following groups of staff within the Trust:

- 1.2.1 All learners undertaking a recognised programme of study either delivered within SCAS or by an external educational provide such as a Higher Education Institution (HEI) – this also includes students undertaking clinical placements but not directly employed by the Trust

- 1.2.2 All SCAS staff who have completed a formal period of training, probationary or preceptorship period and have patient facing responsibility and/or are responsible for communicating with patients remotely (i.e. by telephone within a 999/111 Clinical Contact Centre). Staff within these roles include, but not limited to:
 - Ambulance Care Assistants,
 - Emergency Care Assistants
 - Associate Ambulance Practitioners
 - Ambulance Technicians
 - Paramedics
 - Ambulance Nurses
 - Nurses (of all disciplines)
 - Specialist and Advanced Clinical Practitioners
 - Midwives
 - Social Workers

1.3 Definition of Training and Education

External students undertaking practice placements with the Trust notwithstanding, learners as covered within this policy refer to employees who are undertaking a formal educational programme, delivered by the Trust or external educational provider such as a university.

The provision of Clinical Supervision to both learners and staff is determined by the role being undertaken and is described within Appendix 1 of this policy.

Clinical Supervision and Mentorship will be provided by SCAS in accordance with best practice guidance to address the particular needs of the clinician's role and aligning to the relevant standards of conduct as published by the Health Care Professionals Council (HCPC), the Nursing and Midwifery Council (NMC), College of Paramedics, etc., and in relation to the requirement of stakeholders i.e. Universities, Colleges of Higher Education, Schedule 2 agreement with the local Health Authority (Health Education England – Thames Valley - HEETV) etc.

Clinical Supervision and Mentorship will not replace or negate any required interactions involved with managerial supervision or other activities associated with the provision of professional support. It must be viewed as a distinct adjunct to these processes and is regarded by this Trust as a core activity sitting firmly within the clinical governance agenda. This policy relates specifically to professional practice supervision and Mentorship which is clinically focussed and recognises the particular importance of the relationship between staff and their mentors / line-mangers in ensuring effective performance.

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

- Regulatory body national guidelines (including HCPC, NMC, GMC, GDC etc)
- College of Paramedics Curriculum Guidance
- Current JRCALC Clinical Practice Guidelines and subsequent guideline revisions published by the Association of Ambulance Chief Executives
- The Education Outcomes Framework (2013)
- HEE Quality Framework (2017/2018)
- Clinical Supervision Procedure Appendix of this Policy
- Probationary Policy

2. OBJECTIVES

The key objectives of the policy are:

- To acknowledge the Trust's obligation as a responsible employer to provide high quality Clinical Supervision, Mentorship and support to both its supported learners and existing staff appropriate to their role and individual needs.
- To ensure that clinical staff in training are following the accepted national statutory and regulatory professional guidance/direction, e.g., HCPC, NMC etc.,

guidance/direction produced by the Association of Ambulance Chief Executives (AACE) and other national standards and guidelines as appropriate to their roles, and all other appropriate national and professional standards and guidelines to which the Trust must adhere including the national Education Outcomes Framework (DH, 2013)

- To clearly identify Clinical Supervision as being an integral element of effective clinical governance
- To ensure that when learners complete their educational programme, they are competent and skilled in the role they undertake.

3. SCOPE

- 3.1 This policy provides a framework for all learners and staff within the Trust, those holding honorary contracts and/or those working for this Trust in clinical roles with regard to Clinical Supervision and Mentorship.
- 3.2 This policy promotes the importance and value to all learners and staff of the opportunity to reflect upon their clinical practice as a means of ensuring that they remain contemporary, safe and effective in order to improve their practice and as a means of identifying their own learning and development needs.

4. EQUALITY & HUMAN RIGHTS IMPACT STATEMENT

- 4.1 The Trust is committed to promoting positive measures that eliminate all forms of unlawful or unfair discrimination on the grounds of age, marriage and civil partnership, disability, race, gender, religion/belief, sexual orientation, gender reassignment and pregnancy/maternity or any other basis not justified by law or relevant to the requirements of the post.
- 4.2 By committing to a policy encouraging equality of opportunity and diversity, the Trust values differences between members of the community and within its existing workforce, and actively seeks to benefit from their differing skills, knowledge, and experiences in order to provide an exemplary healthcare service. The Trust is committed to promoting equality and diversity best practice both within the workforce and in any other area where it has influence.
- 4.3 The Trust will therefore take every possible step to ensure that this procedure is applied fairly to all employees regardless of race, ethnic or national origin, colour or nationality; gender (including marital status); age; disability; sexual orientation; religion or belief; length of service, whether full or part-time or employed under a permanent or a fixed-term contract or any other irrelevant factor.
- 4.4 Where there are barriers to understanding, eg, an employee has difficulty in reading or writing, or where English is not their first language, additional support will be put in place wherever necessary to ensure that the process to be followed is understood and that the employee is not disadvantaged at any stage in the procedure. Further information on the support available can be sought from the HR Department.

A full 'Equality Impact Assessment' is available on request.

5. DUTIES

- 5.1 The Director of Quality and Patient Care, the Chief Operating Officer and the Director of Human Resources, OD and Education, have collective responsibility for the implementation of this policy and for ensuring that both Clinical Supervision and Mentorship of learners and staff is provided and delivered within this Trust, in accordance with this policy.
- 5.2 The Director of Quality and Patient Care is a member of the Clinical Review Group and the Quality and Safety Committee. Reports on Clinical Supervision and Mentorship issues, including those related to education and training, are submitted to the Clinical Review Group and the minutes and reports of this group are presented to the Quality and Safety Committee.
- 5.3 The Chief Operating Officer is a member of the Quality and Safety Committee. Reports related to Clinical Supervision and Mentorship, including those related to clinical/operational education and training, will ensure that issues of significance are reported to the Quality and Safety Committee as appropriate.
- 5.4 It is the responsibility of the Chief Operating Officer to ensure that provision is made for both learners and clinical staff to have the access to appropriate Clinical Supervision and Mentorship. This will enable them to receive the necessary support to undertake their roles effectively and safely as appropriate to their particular need, providing sufficient protected time to enable them to access appropriate support in accordance with the Education Outcomes Framework (DH, 2013) – see appendix.
- 5.5 The Assistant Director of Education (ADE) reports to the Director of Human Resources, OD and Education and hold the responsibility for the delivery of training and education within the Trust. The ADE ensures that the provision of training and education supports the needs of both learners and clinical staff and that this meets the requirements of the national guidelines, as described within Section 2 of this policy. and the needs of stakeholders, when appropriate.
- 5.6 The ADE holds responsibility for implementing this policy in relation to training and education. The ADE (or an appropriately designated person) is a member of the Clinical Review Group and provides regular reports on education and training to this meeting, which include issues related to the Clinical Supervision and Mentorship of learners and clinical staff.

Duties of staff working within a Clinical Supervisory capacity

Clinical Mentor (CM)/Clinical Team Educator (CTE)/Clinical Practice Educator (CPE) – is a Registered member of staff e.g. NMC, HCPC, with appropriate training who is able to provide Clinical Supervision in the workplace, including constructive written and verbal feedback. The role requires the post holder to retrospectively audit clinical documentation and Patient Clinical Reports, to provide clinical instruction and to investigate and devise action plans following clinical incidents.

Clinical Education Managers – a Registered Nurse, Paramedic or other appropriately qualified individual who is able to provide Clinical Supervision within the workplace, including constructive written and verbal feedback, and will support the role of the CM/CTE/CPE. The role also requires the post holder to retrospectively audit clinical documentation and Patient Clinical Reports, to provide clinical instruction and to investigate and devise action plans following clinical incidents.

Patient Transport Mentors/Supervisor – experienced staff with appropriate training who are able to provide supervision and Mentorship within the workplace, including constructive written and verbal feedback. The role requires the post holder to retrospectively audit relevant documentation, provide instruction and to investigate and devise action plans following reported incidents.

Non-Clinical Supervisor – Is an experienced individual who has received appropriate training and is able to provide supervision in the workplace, they are required to provide constructive feedback and support staff working as Mentors. They will provide work-based instruction and will investigate and devise action plans following significant incidents. They support the learning and development of non-clinical staff, e.g. PTS, personnel employed in the Emergency 999 and 111 Operations Centres (EOC).

Non-Clinical Mentor – Is an experienced individual who has received appropriate training who is able to provide work-based learning, support and provide elementary feedback. They work under the support and guidance of designated Clinical Supervisors and/or Mentors.

All staff – all clinical staff and learners with this Trust have responsibility to adhere to this policy and work with clinical supervisors and managers as detailed within 8.1 of this policy.

Clinical Review Group

The Clinical Review Group assesses the relevance of clinical policies and guidelines and may request the production of gap analysis and action plans from the Education Team to remedy any noted shortfalls which the Quality and Safety Committee will monitor.

Quality and Safety Committee

The Quality and Safety Committee will monitor the implementation of relevant policies and guidelines, within the Trust's clinical governance structure. The Quality and Safety Committee will monitor the effectiveness of clinical policies and guidelines ensuring that the Trust Board is aware of any significant noncompliance as a result of review and audit activity.

6. THE PRACTICAL IMPLEMENTATION OF CLINICAL SUPERVISION AND MENTORSHIP BY THIS TRUST

The Trust will make certain that the Clinical Supervision and Mentorship provided to learners and clinical staff in all roles ensures the following:

- It champions the importance of contemporary and effective Clinical Supervision at all levels – particularly to those individuals on a recognised programme of education
- It ensures that an effective system of Clinical Supervision and Mentorship is in place

for all learners and clinical staff, appropriate to the needs and requirements of the roles they undertake

- It identifies any gaps in the availability or provision of Clinical Supervision and Mentorship, subsequently reporting this to the appropriate committee and taking appropriate remedial action to rectify any omissions
- It ensures that appropriate and relevant records are kept of supervisory and Mentorship activities and arrangements
- It ensures that both Clinical Supervision and Mentorship are actively supported within the Trust and that learners and clinical staff are provided with sufficient and appropriate time to enable them to access appropriate supervision, see appendix.
- It provides relevant and appropriate education, training 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 if they feel other colleagues/trainees may benefit from their learning experiences
- It links systems of Clinical Supervision and Mentorship to Governance and CPD/CPD

Learners and Clinical staff will support Clinical Supervision and Mentorship by:

- Actively engaging in Clinical Supervision and Mentorship activities (for registered professionals this will be in accordance with their Code of Professional Conduct and guidance from their Professional Registering Body) and their contract of employment – as described within the Job Description for the roles they undertake
- Ensuring that they access Clinical Supervision and Mentorship when offered, which will be recorded within their training records
- Undertake regular personal reflective practice in order to develop and maintain their portfolios of practice in accordance with their Code of Professional Conduct/ Registering Body, or for non-registered professionals, appropriate to their role
- Highlight key issues to their line manager, or other appropriate person, areas of practice which they feel they are in need of support, guidance or assistance as they become evident
- Indicate during the appraisal process or professional clinical meeting with their designated mentor; any developmental activities that they consider they require to remain competent and compliant with the requirements of their role
- Sharing with colleagues appropriate learning activities they have undertaken to facilitate wider learning
- Maintain a personal record of formal educational and other professional development activities relevant to their role

7. TRUST RESPONSIBILITY FOR THE PROVISION OF CLINICAL SUPERVISION AND MENTORSHIP

- 7.1 Clinical Supervision and Mentorship can take many different forms but are primarily seen as providing the member of staff or learner with the opportunity to reflect upon their clinical performance to ensure that they are practicing effectively and safely. They also serve as a mechanism by which to improve their clinical practice and identify any

personal learning and developmental needs. Descriptions of the forms of supervision provided by this Trust are described within the Clinical Supervision procedure document (Appendix 1).

- 7.2 The Trust will ensure that staff responsible for the provision of Clinical Supervision and Mentorship have been appropriately trained and possess the relevant skills and knowledge to support Trust staff and learners in their duties and appropriate to the roles that they undertake.
- 7.3 The Clinical Review Group will determine and describe the roles and duties of staff required to undertake Clinical Supervision and Mentorship within this Trust, descriptions are contained within the Clinical Supervision and Mentorship procedure document (appendix 1).
- 7.4 The Trust will ensure that all personal information discussed or reported during Clinical Supervision or Mentorship sessions and/or reports remains confidential, with the following exceptions:
- All staff and learners holding professional registration responsibility must continue to act within the remit of their professional Code of Conduct
 - The member of staff accessing Clinical Supervision and/or Mentorship during training must be advised that any practice the supervisor/mentor considers unsafe or negligent is highlighted along with guidance being provided to enable the member of staff/learner to address the situation. If the staff member/learner is unable or unwilling to address the situation themselves, the supervisor/mentor then has a duty of care to inform the appropriate professional manager, education manager etc, informing the member of staff/learner that such action has been taken.

8. PERSONAL RESPONSIBILITY OF STAFF IN RELATION TO CLINICAL SUPERVISION AND MENTORSHIP

- 8.1 Clinical staff and learners are encouraged to embrace Clinical Supervision/Mentorship in all its aspects and will be supported by this Trust to do so, as far as is reasonably practicable. However, non-compliance with this policy by the personal action of the individual, as identified by the clinical supervisor/mentor or at personal appraisal, will be monitored and reported via the Learning Management System to the Clinical Review Group and Quality and Safety Committee and the relevant Nodal Managers and Operational Managers will be informed, and action plans implemented to rectify this.
- 8.2 All staff recruited to a patient care position within the Trust, which requires assessing, diagnosing and treating patients, will be expected to work towards achieving the qualifications which fulfil the minimum standards required of their job role when qualified, and are expected to access Clinical Supervision / Mentorship provision provided during their period, in accordance with the requirements of the job role they undertake, see appendix 1.
- 8.3 Compliance with this policy in regard to Clinical Supervision/Mentorship, as described within and forming part of the job description of all clinical staff, will be monitored through

the Learning Management System, the Clinical Audit Review System (CARS), Telephone Triage Audit, Clinical Supervision/Mentorship, Educational Assessment and annual Appraisal. Noncompliance will be addressed through the Capability Policy and/or Probationary Policy and if necessary, the disciplinary and conduct process.

9. MINIMUM STANDARD OF SUPERVISION AND MENTORSHIP PROVIDED BY THIS TRUST

The Trust requires that all members of staff in training in patient care roles undertake a minimum period of education and training, supervision and probation as described within Appendix 1

10. 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 upon the requirements of job role they are aspiring to as described within Appendix 1. Where appropriate, national clinical competencies will form the minimum requirement against which trainees are assessed. Where no national competency is currently available, i.e. ACA, ECA and to some extent Telephone Triage; the standard described by the Trust in the Code of Conduct and Job Description for that role, the licensing requirements and the education support documentation for the education and training provided, will determine the level of competence expected.

All members of staff in education and training will be assessed against the national or local criteria as appropriate. Records of training, supervision/Mentorship and competence achieved will be maintained via the Learning Management System, and personal supervision/Mentorship records kept by individual learners. All learners will be assessed for their competence against the set standard by appropriately trained staff.

No member of staff can work independently until they have satisfied the Trust that they are competent to do so, and relevant paperwork completed.

11. REVIEW

This policy will be reviewed on a two-yearly basis or sooner in the light of any changes published by the guidance provided by the HCPC, NMC, etc., and all other appropriate national and professional standards and guidelines to which the Trust must adhere to

12. PROCESS FOR COMPLIANCE WITH AND THE REVIEW OF THE EFFECTIVENESS OF THIS POLICY

Compliance of this policy will be reviewed by the Education Department, through personal interviews, work-based learning assessments etc., other issues will be identified by the Clinical Audit Department through the Clinical Audit Review System (CARS) and through the appraisal system, these reports will be presented to the Clinical Review Group.

This group will:

- Monitor the minimum (Level 1) requirements within the current NHSLA Risk Management Standards

- Review quarterly, each of the key elements for compliance and effectiveness
- Develop methodology to provide remedial action to ensure compliance
- Feedback of review findings to the SCAS Quality and Safety Committee

13. MONITORING

The monitoring of this policy will be through the Quality and Safety Committee

The Director of Quality and Patient Care, the Chief Operating Officer and the Director of Human Resources, OD and Education will jointly review this policy two yearly and will provide a full report to the Quality and Safety Committee, 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/Mentorship
- compliance with national guidelines and standards
- that Clinical Supervision/Mentorship was undertaken in accordance with this policy
- that the specified supervisory hours were undertaken
- that the required documentation has been completed prior to working independently
- Any identified areas requiring development will be noted and a Trust wide action plan developed to address issues, such plans will be monitored by the Quality and Safety Committee.

14. REFERENCES & READING:

- Regulatory body national guidelines (including HCPC, NMC, GMC, GDC etc)
- College of Paramedics Curriculum Guidance (2015)
- Current JRCALC Clinical Practice Guidelines and subsequent guideline revisions published by the Association of Ambulance Chief Executives
- The Education Outcomes Framework (2013)
- HEE Quality Framework (2017/2018)
- Clinical Supervision Procedure Appendix of this Policy
- Paramedic Specialist in Primary and Urgent Care Core Capabilities Framework (2018)
- College of Paramedics (2018), Post Registration - Paramedic Career Framework 4th Edition
- College of Paramedics (2017), Paramedic – Scope of Practice Policy
- College of Paramedics (2017), Paramedic Post-Graduate Curriculum Guidance
- College of Paramedics & Health Education England (2017), Paramedic Digital Career Framework
- College of Paramedics (2017), Paramedic Curriculum Guidance 4th Edition
- Department of Health, Social Services and Public Safety (2014) Advanced Nursing Practice Framework – Supporting Advanced Nursing Practice in Health and Social Care Trust

APPENDIX 1: SUPERVISION PROCEDURES DOCUMENT: WHILE IN TRAINING OR DURING PROBATION

Clinical Supervision/Mentorship Procedure Document for Learners and Staff on programmes of training and education

This document should be read in conjunction with the Clinical Practice Supervision / Mentorship of Patient Facing and Clinical Contact Centre Learners and Staff

1. GENERAL STATEMENT

The Trust Board recognises and accepts its responsibilities as an employer with a 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 to support and develop individuals who are seconded to the Trust for a work-based placement.

2. TRAINING AND EDUCATION OF CLINICAL MENTORS

Clinical Mentors/Clinical Team Educators/Clinical Practice Educators – will receive the following (where relevant, appropriate and available):

- An appropriate level of training either in the form of a recognised Mentoring or Clinical Supervision course provided externally or by attendance the Trust
- An annual update and other educational opportunities facilitated by the Education Department or relevant Universities.
- Relevant Clinical Updates and will attend Core Courses to be delivered by the Education Department in order to ensure they are able to support the learning and development of staff they supervise; they have priority access to these courses

Non-Clinical Supervisors/Mentors – will receive the following (where relevant, appropriate and available):

- An appropriate level of training in the work-based support of others
- Supported in teams which are facilitated by qualified education facilitators and clinical registrants – when appropriate

3. SUPPORT FOR SUPERVISORS AND MENTORS

Clinical Mentors/Clinical Team Educators/Clinical Practice Educators – will receive the following (where relevant, appropriate and available):

- The full support and guidance of the area Clinical Education Managers and other members of the Education Department
- Established links with the Trust Education Department and Universities for hosted students in order to support the learning and development of staff
- The support and guidance of the relevant Senior Education Manager and Education Managers for guidance, support and to request formal support with the evaluation of

learners

- Written guidance and support from the Clinical Directorate as appropriate
- The opportunity to request support meetings with the Education Managers as appropriate
- The support of immediate Line Managers

Non-Clinical Supervisors / Mentors – will receive the following (where relevant, appropriate and available):

- Working within teams under the direct supervision and guidance of Education Managers and Clinical Registrants, as appropriate, and will be able to access support and development and regular meetings to support the role.
- Working within teams under the direct guidance of the appropriate Manager and will be able to access support and development and regular meetings to support the role.

4. PROVISION OF SUPERVISION AND MENTORSHIP

Learners will receive supervision and mentorship from an appropriate level of experienced personnel and relevant to their learning needs and development

Portfolio evaluation and/or formal assessment will be carried out by:

CM	Clinical Mentor
CTE	Clinical Team Educator
CPE	Clinical Practice Educator
CEM	Clinical Education Manager
SP	Specialist Practitioner
AP	Advanced Practitioner (MSc programme in advanced clinical practice)

5. MONITORING AND AUDIT

The Trust Board recognises and accepts its responsibilities as an employer for the ongoing monitoring and audit of supervision and mentoring of personnel

Audit and monitoring of the supervisory and mentoring process will be provided through:

- The Clinical and Education Review Group
- The Clinical Review Group
- Quality and Safety Committee

Designated Trust education staff will seek structured formal feedback from staff, learners and Universities to monitor and evaluate the provision and effectiveness of Clinical Supervision, responding to areas requiring development where required and if appropriate

The Trust Senior Education managers holding responsibility for both the Education Centres and Universities will monitor and evaluate clinical placement environments offered to Trust personnel

6. PORTFOLIO EVALUATION AND FORMAL ASSESSMENT MAY BE CARRIED OUT BY:

	Trainee Ambulance Care Assistant	Trainee Emergency Care Assistant	Trainee Technician	Student Paramedic and NQP	Trainee SP	Advanced Practitioners	Telephone Triage Clinicians
NEPTS Supervisor/Mentor	✓ (no portfolio required)						
Clinical Mentor/Clinical Team Educator		✓	✓	✓	Can provide guidance	Can provide guidance	
Clinical Education Manager		✓	✓	✓	✓	✓	
Advanced Practitioner		✓	✓	✓	✓	✓	
999 and 111 Clinical Education Managers and appointed Mentors							✓

Telephone Triage staff portfolios will be evaluated and assessed by the appropriately licensed and/ or registered members of staff

Minimum standard supervision and mentorship

6.1 Ambulance Care Assistants

ACAs are required to undertake a period of supervised working accompanied by an experienced ACA. The period of supervision will be determined by the PTS Supervisor/Mentor to reflect the need of the individual employee and may take into account previous clinical experience gained by the employee.

6.1.1 Formal Assessments

The ACA must undertake one formal assessment of their practical skills and knowledge during the first 6 months of their employment in the role, the assessment must be undertaken by a PTS Supervisor/Mentor

6.2 Apprentice Emergency Care Assistant

Apprentice ECA's are required to undertake a period of supervised working accompanied

by an experienced ACA. This period of supervision will be determined by the PTS Mentor to reflect the need of the individual. They then must complete a minimum period of 9 operational shifts accompanied by a PTS Education Apprentice Mentor within 52 weeks. If required, they must also complete functional skills qualification(s) and C1 driving qualification.

- 6.2.1 **Formal Assessments**
Minimum of 2x 8-hour review shifts – last hour of the shift should ideally (and if practicable) be station based to complete paperwork / portfolio with a PTS Education Apprentice Mentor.
- 6.2.2 **Final Assessment**
An 8-hour review shift – last hour of the shift should ideally (and if practicable) be station based to complete paperwork / portfolio with a PTS Education Apprentice Mentor.
Portfolio evaluation by PTS Education Apprentice Mentor.
- 6.2.3 **Progression**
If after a successful review of their competence of practice at their final review and completion of the ACA portfolio the Apprentice ACA is considered to have met the required standard, they are deemed to have completed the probationary period and move on to the Emergency Care Assistant component. The Apprentice ACA must have completed C1 driving (if required) before moving onto this next stage.

6.3 Emergency Care Assistants

37.5 Hours Supernumerary Orientation

- 6.3.1 **Mentorship**
Works with a registrant clinician for their first three months of operational service achieving a Minimum 150 Hours (recorded within their training portfolio)
- 6.3.2 **Formal Assessments**
Minimum 10-hour shift – last hour of the shift should ideally (and if practicable) be station based to complete paperwork / portfolio with a CM/CTE/CPE
Assessments should be held at: 2 months, 4 months and 6 months (three in total)
- 6.3.3 **Final Assessment**
6-month assessment as detailed above with a portfolio evaluation by Clinical Mentor
- 6.3.4 **Probation Period**
6 months - in line with the principles of the Trust's Probationary Policy
- 6.3.5 **Progression**
Ongoing monitoring
Support with career development
Continuation and maintenance of Continuing Professional Development Portfolio and annual appraisal

6.4 AAP/Technicians

37.5 Hours Supernumerary Orientation

- 6.4.1 **Mentorship**

Works with a registered clinician during their period of training minimum 750 hours (recorded within their portfolio)

- 6.4.2 Formal Assessments
As per requirements of qualification provider and programme
- 6.4.3 Final Assessment
Operational Assessment
Driving Assessment
Portfolio Assessment
Final Assessment by CM, CTE, CPE or CEM only (to sign ESR record)
- 6.4.4 Probation Period
12 months – in line with the principles of the Trust’s probationary policy
- 6.4.5 Progression
Ongoing monitoring
Completion and maintenance of Continuing Professional Development Portfolio and annual appraisal
- 6.5 Student Paramedics** (UCAS and Internally commissioned courses)
Mentoring and Clinical Placements as required by the University programme
 - 6.5.1 Mentoring and Supervision
Recorded on Practice Assessment Document by registrant clinician or CM/CTE/CPE - assessed by University
 - 6.5.2 Formal Assessments
Modular Examinations and Completion of Competencies as designated by University
 - 6.5.3 Final Assessment
University designated final assessments
Evaluation of Practice Assessment Document
Completion of Clinical Competence in order to Register with HCPC
 - 6.5.4 Preceptorship Period
Continuous CPD Portfolio to maintain registration with HCPC
 - 6.5.5 Progression
Ongoing monitoring
Completion and maintenance of CPD Portfolio
Developing mentorship skills to support other staff and learners
- 6.6 Telephone Triage Clinical staff**
Mentoring and Clinical triage/assessment observations as required by the Licensing agreements
 - 6.6.1 Mentoring and Supervision
Recorded on training file/portfolio by appointed Mentor as required by the Licensing agreements
 - 6.6.2 Progression
Ongoing monitoring
Completion and maintenance of CPD portfolio to maintain clinical registration

Description of the Minimum Standard Supervision and Mentorship provided by this Trust For Patient Facing Staff while in training

Ambulance Care Assistants

After a period of initial training, which includes driving training, ACAs are required to undertake a period of supervised working accompanied by an experienced ACA. This period of supervision will be determined by the PTS Supervisor/Mentor to reflect the need of the individual employee and may take into account previous clinical experience gained by the employee.

The ACA must undertake one formal assessment of their practical skills and knowledge during the first 6 months of their employment within the role, (variances with regard to this timing is at the discretion of the Education Manager with responsibility for PTS in association with the ACAs Line Manager). The assessment must be undertaken by a PTS Supervisor or Mentor. If after a successful review of their competence of practice the trainee ACA is considered to have met the required standard, they are deemed to have completed the probationary period

Apprentice Ambulance Care Assistant/ Emergency Care Assistant

After a period of initial training, which includes driving training, Apprentice ACAs are required to undertake a period of supervised working accompanied by an experienced ACA. This period of supervision will be determined by the PTS Supervisor to reflect the need of the individual. They then must complete a minimum period of 9 operational shifts accompanied by a designated PTS Mentor within 52 weeks.

The ACA must undertake one formal assessment of their practical skills and knowledge during the first 6 months of their employment within the role, (variances with regard to this timing is at the discretion of the Education Manager with responsibility for PTS in association with the ACAs Line Manager). The assessment must be undertaken by a PTS Supervisor or Mentor. Completion of the Care Certificate workbook should be completed before week 24. Apprentice ACAs are required to have 3 review periods undertaken by a PTS Mentor to review the Apprentice ACA portfolio process/ Care Certificate Work/ functional skills review/ follow up action plans. The Apprentice ACA must submit a completed ACA portfolio for evaluation by a designated PTS Mentor.

If after a successful review of their competence of practice at their final review and completion of the ACA portfolio, the Apprentice ACA is considered to have met the required standard they are deemed to have completed the probationary period and move on to their Emergency Care Assistant course.

The Apprentice ACA must have completed C1 driving (if required) before moving onto the next stage.

Emergency Care Assistants

After a period of initial training, which includes emergency driving training, ECAs are required to undertake a minimum of 37.5 hours in a supernumerary capacity. They then must complete a minimum period of 150 hours of operational practice accompanied by a registrant clinician.

Post training, they must undertake three formal assessments of their practical skills and knowledge at 2 months, 4 months and 6 months respectively, (variances with regard to this timing is at the discretion of the Education Centres in association with the ECAs Line Manager).

The final assessment of competence is undertaken after 6 months working within a probationary capacity. This assessment should be undertaken on operational duties by a CM/CTE/CPE and the ECA must submit a completed Portfolio for evaluation by a CM/CTE/CPE to be deemed competent and move from the trainee/probationary phase of their role.

If after a successful review of their competence of practice and submission of a portfolio the trainee is considered to have met the required standard, they are deemed to have completed the probationary period

AAP / Trainee Ambulance Technicians

After a period of initial training, which includes emergency driving training, AAPs/Ambulance Technicians are required to complete a minimum period of 750 hours of operational practice accompanied by clinical registrants.

They must undertake all required formal assessments (including final assessment) in line with their programme specification (variances with regard to this timing is at the discretion of the Education Centres Manager in association with the AAP/Technician's Team Leader).

If after review of the competence of practice and portfolio the trainee is considered to have met the required standard they are deemed to be qualified to work as an AAP/Ambulance Technician.

Foundation Degree Student Paramedics (FDSP) and BSc Student Paramedics

After their period of initial training which may lie with SCAS or at the University, the student is required to work in a clinical capacity as determined by the University at which they are studying, which may be supernumerary, supervised or a mix of both. They should be allocated a 'named CM/CTE/CPE' for the period of their studies and in order to remain aligned to the agreed HCPC validation and College of Paramedics guidance.

Students are required to undertake a period of supervised clinical placement in other healthcare establishments. These placements are primarily arranged and overseen by the University in conjunction with the Learning Environment Leads for the relevant Trust.

Students undertake formal assessments and modular examinations and must undertake the completion of competencies as designated by University they are studying with.

Final assessment is determined by the University they are studying with, they must submit a Practice Assessment Document to the university for evaluation and must undertake a Completion of Clinical Competence in order to register with HCPC. They must maintain

a continuous CPD Portfolio in order to remain registered with HCPC.

Advanced Clinical Practitioners (ACP)

ACPs are required to have successfully completed the appropriate number of hours within the set programme and to produce a portfolio demonstrating competence. They may undertake formal assessments and modular examinations and competencies as designated by the University they are studying with.

Telephone Triage Clinicians

Triage Clinicians are required to have successfully completed the appropriate number of hours within the set training programme and to demonstrate competence as required by the licensing agreement. They may undertake formal assessments and modular examinations and competencies as required by the Licensing agreement.

EQUALITY IMPACT

Employees exercising their rights and entitlements under the regulations will suffer no detriment as a result of this policy.

A full 'Equality Impact Assessment' is available on request.