



SOUTH CENTRAL AMBULANCE SERVICE NHS FOUNDATION TRUST

EDUCATION POLICY & PROCEDURE (EPP No.04)

CLINICAL SUPERVISION OF PATIENT FACING and CLINICAL PATIENT CONTACT STAFF DURING TRAINING POLICY

This policy refers only to staff undertaking formal training,

other staff should refer to in the Clinical Supervision Policy

June 2014

DOCUMENT INFORMATION

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V3

**Equality Impact
Assessment**

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4

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SOUTH CENTRAL AMBULANCE SERVICE NHSF TRUST

**CLINICAL SUPERVISION OF PATIENT FACING and CLINICAL
PATIENT CONTACT STAFF DURING TRAINING POLICY**

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SOUTH CENTRAL AMBULANCE SERVICE NHS FOUNDATION TRUST

CLINICAL SUPERVISION OF PATIENT FACING and CLINICAL PATIENT CONTACT STAFF DURING TRAINING POLICY

1. Policy Statement

Definition of Clinical Supervision

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)

South Central Ambulance Service NHS Foundation Trust (SCAS) considers supervision to be a professional activity which contributes to a high quality patient service, which supports staff and encourages their professional development. The Trust considers supervision to be a relationship which supports accountability and personal responsibility and which forms an integral part of clinical governance and is an essential part of the learning and development activity of staff in training.

Definition of Training

Staff covered by this policy are employees who are undertaking a period of formal supervised training and development, either by a period of education provided by the Trust or provided at an alternative place of education e.g. a university, location of clinical practice etc.

SCAS considers that the provision of effective Clinical Supervision during training to be a fundamental feature which ensures good healthcare and forms an integral part of good governance. It supports the 'Standards for Better Health' performance framework and underpins best practice as promoted by the National Institute for Health and Clinical Excellence. 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 paragraph 12.

Clinical Supervision provided by SCAS to trainees/students is in accordance with best practice guidance, in accordance with the particular needs of the clinicians role e.g. the General Medical Council, the Health Care Professionals Council (HCPC), the Nursing and

Midwifery Council (NMC), Royal College of Nursing (RCN), etc., and in relation to the requirement of stakeholders i.e. NHS South of England, relevant Health Education England Boards (HEETV), and with regard to the Schedule 2 agreement with local Health Authority, Universities, Colleges of Higher Education, etc.

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 focussed and recognises the particular importance of the relationship between staff and their mentors / line-managers 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, including:-

- HCPC National Guidelines
- NMC Guidelines
- Royal College of Paramedic Curriculum Guidelines
- Association of Ambulance Chief Executives UK Ambulance Services Clinical Practice Guidelines (2013) (formally known as JRCALC) and subsequent guideline revisions
- Education Outcomes Framework as contained in *Liberating the NHS: Developing the Healthcare Workforce* (2012)
- Clinical Supervision Procedure Document
- Clinical Portfolio Document
- Pre Registration Education and Funding for Paramedics (2006)

2. Objectives

The key objectives of the policy are:-

- To acknowledge the Trusts 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 guidance, e.g. HCPC and NMC etc., the guidance contained in the 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

- 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. Scope

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

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 and safely and 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.

5. Duties

The Director of Quality and Patient Care, the Chief Operating Officer and the Director of Human Resources have collective responsibility for the implementation of this policy and for ensuring that the Clinical Supervision of trainees is provided and delivered in this Trust in accordance with this policy.

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 issues, including those

related to training, are submitted to the Clinical Review Group and the minutes and reports of this group are presented to the Quality and Safety Committee.

The Chief Operating Officer is a member of the Quality and Safety Committee. Reports related to Clinical Supervision, including those related to clinical/operational training ensuring issues of significance are reported to the Quality and Safety Committee as appropriate.

It is the responsibility of the Chief Operating Officer to ensure that provision is made to ensure that clinical staff in training have the 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 in accordance with the Education Outcomes Framework – see appendix.

The Assistant Director of Learning and Development (ADLD) reports to the Director of Human Resources has the responsibility for the delivery of training and education in the Trust. The ADLD ensures that the provision of training and education supports the needs of staff in training and that this meets the requirements of the national guidelines, as described in paragraph 2.1. and the needs of stakeholders, when appropriate.

The ADLD has responsibility for implementing this policy in relation to training and education. The ADLD 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 of trainees.

Duties of staff working in a Clinical Supervisory capacity

Clinical Mentor – (previously known in the Trust as Clinical Supervisor, Work Based Assessor, Practice Facilitator) 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 Report Forms (PRF), to provide clinical instruction and to investigate and devise action plans following clinical incidents.

Clinical Education Managers – a Registered Nurse, Registered Paramedic or other appropriately qualified individual who is able to provide clinical supervision in the workplace, including constructive written and verbal feedback, and will support the role of the Clinical Mentors. The role also requires the post holder to retrospectively audit clinical documentation and Patient Report Forms (PRF), to provide clinical instruction and to investigate and devise action plans following clinical incidents.

Clinical Education Managers - Telephone Triage – a Registered Nurse, Registered Paramedic or other appropriately qualified registrant who is able to provide clinical supervision in the workplace, including constructive written and verbal feedback, and will support the role of the Mentors in the Communications Centres. The role also requires the post holder to retrospectively audit clinical documentation, to provide clinical instruction and to investigate and devise action plans following clinical incidents.

Patient Transport Mentors/Supervisors – experienced staff with appropriate training who are able to provide supervision in the workplace, including constructive written and verbal feedback. The role requires the post holder to retrospectively audit transport documentation and Patient Report Forms (PRF), to provide instruction and to investigate and devise action plans following reported incidents

All staff - in training with this Trust have responsibility to adhere to this policy and work with clinical supervisors and managers as detailed in 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 Trusts 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 non compliance as a result of review and audit activity.

6. The practical implementation of Clinical Supervision of trainees by this Trust

The Trust will make certain that the Clinical Supervision provided to clinical trainees in all divisions 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 and reports this to the appropriate committee 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 time to enable them to access appropriate supervision, see appendix.
- It provides relevant and appropriate 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 would benefit from their learning experiences
- It links systems of Clinical Supervision to Governance and CPD

Clinical staff in training will support Clinical Supervision by:-

- Actively engaging in Clinical Supervision activities in accordance with their Code of Professional Conduct, guidance from their Professional Registering Body (to which they will be registered when qualified) and their contract of employment – as described in the Job Description for the roles they undertake
- Ensuring that they access Clinical Supervision when offered, which will be recorded on 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 or

Registering Body (to which they will be registered when qualified), or as described by the Trusts guidance notes on portfolio building and which demonstrate evidence of having accessed Clinical Supervision

- Highlight key issues to their supervisor, 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, professional clinical meeting with CM and training activities if they consider that they require additional training in any clinical area
- Sharing with colleagues appropriate learning activities they have undertaken to facilitate wider learning
- Maintain a personal record of Clinical Supervisory activities undertaken during their period of training, which will form part of their Personal Development Plan

7. Trust responsibility for provision of Clinical Supervision during training

The Trust will ensure Clinical Supervision is undertaken by staff to ensure that they are, and have been, appropriately trained and have the relevant skills and knowledge to support Trust staff in their duties and appropriate to the roles they undertake. The Clinical Review Group will determine and describe the roles and duties of staff required to undertake Clinical Supervision in this Trust, descriptions are contained within the Clinical Supervision Procedure document see appendix 1

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

Clinical Supervision can take many different forms but primarily it is seen as providing the member of staff during their period of training with the opportunity to reflect on their clinical interactions, to ensure that they are practicing effectively and safely, to improve their clinical practice and to identify their personal learning and development needs. Descriptions of the forms of supervision provided by this Trust are described in the Clinical Supervision Procedure document.

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 within the remit of their professional Code of Conduct, standards for conduct performance and ethics (NMC 2004), (or to which they will be registered when qualified)
- The member of staff accessing Clinical Supervision during training must be advised that if during the supervision session any practice the supervisor considers unsafe or negligent is highlighted, guidance will be given to enable the member of staff to address the situation. 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, education manager etc, informing the member of staff that such action has been taken.

8. 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 this Trust to do so, however, non-compliance with this policy by the personal action of the trainee, as identified by the Clinical Supervisors 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 Divisional Managers and Operational Managers will be informed and action plans implemented to rectify this.

All staff recruited to a clinical training position in 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 provided during their period of training, in accordance with the requirements of the job role they undertake, see appendix 1.

Compliance with this policy in regard to Clinical Supervision during training, as described in 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, Educational Assessment and the annual Appraisal. Non compliance will be addressed through the Capability Policy and if necessary the disciplinary process.

9. 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 of training, supervision and probation as described in 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 on the requirements of job role they are aspiring to as described in Appendix 1. Where appropriate, national clinical competencies will form the minimum requirement against which trainees are assessed. Where no national competency is available, as in the case of ACA, ECAs and to some extent Telephone Triage, in these cases 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 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 Learning Management System, and personal supervision records kept by individual trainees. Trainees 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 in the guidance provided by the HCPC, NMC, etc., and all other appropriate national and professional standards and guidelines to which the Trust must adhere

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, by 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 report 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 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
- compliance with national guidelines and standards
- that clinical supervision 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 of weakness 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:

- SCAS Clinical Supervision Policy 2014
- SCAS Clinical Portfolio Document 2008
- Association of Ambulance Chief Executives UK Ambulance Services Clinical Practice Guidelines (2013) (formally known as JRCALC) and subsequent guideline revisions
- NMC Guidelines
- NICE Guidelines
- Liberating the NHS: Developing the Healthcare Workforce: from Design to Delivery (2012) DoH
- 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
- Driscoll, J. (2000) Practicing Clinical Supervision, A Reflective Approach, *Bailliere Tindall*
- Bishop, V. (1998) Clinical Supervision in Practice, *Macmillan Press*
- Fox, N. (1999) Clinical Governance in Practice, *Pfizer Pharmaceuticals Ltd*
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South Central Ambulance Service **NHS**
NHS Foundation Trust

Clinical Supervision Procedures Document **While in training** **or during probation / preceptorship**

This document should be read in conjunction with the

**CLINICAL SUPERVISION OF PATIENT FACING and CLINICAL
PATIENT CONTACT STAFF DURING TRAINING POLICY**

June 2014

**SOUTH CENTRAL AMBULANCE SERVICE
NHS FOUNDATION TRUST**

Clinical Supervision Procedures Document

While in training or during probation

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South Central Ambulance Service NHS Foundation Trust

Clinical Supervision Procedure Document

While in training or during probation or preceptorship

1. Definitions of the job role of people able to work in a Clinical Supervisory capacity in SCAS

Clinical Mentor – (Previously known in the Trust as Clinical Supervisor, Work Based Assessor, Practice Facilitator) is a Registered member of staff e.g. NMC, HPC with appropriate training (see Section 3) who is able to provide clinical supervision in the workplace, including constructive written and verbal feedback. The role also requires the ability to retrospectively audit clinical documentation and Patient Report Forms (PRF), to provide clinical instruction and to investigate and devise action plans for either SCAS or the Universities following clinical incidents.

Non Clinical Supervisor – Is an experienced individual who has received appropriate training (see Section 3) and is able to provide supervision in the work place, 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 Mentors – Is an experienced individual who has received appropriate training (see Section 3) who is able to provide work-based learning, support and provide elementary feedback. They work under the support and guidance of Supervisors.

2. 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

3. Training and Education of Clinical Mentors

Clinical Mentors – will receive an appropriate level of training either in the form of a recognised Mentoring or Clinical Supervision course provided externally or by attendance the Trust

Clinical Mentors will receive an annual update and other educational opportunities facilitated by the Education Department or relevant Universities.

Clinical Mentors will receive appropriate 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 be provided with an appropriate level of training in the work-based support of others

Non Clinical Supervisors and Mentors will be supported in teams which are facilitated by qualified education facilitators and clinical registrants – when appropriate

4. Support for Supervisors and Mentors

Clinical Mentors will receive the full support and guidance of the area Clinical Education Managers and other members of the Education Department

Clinical Mentors will establish links with the Trust Education Department and Universities for hosted students in order to support the learning and development of staff

Clinical Mentors can access 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

Clinical Mentors will receive written guidance and support from the Clinical Directorate as appropriate

Clinical Mentors can request support meetings with the Education Managers as appropriate

Clinical Mentors will receive the support of immediate Line Managers

Non Clinical Supervisors / Mentors will work in 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.

Non Clinical Supervisors / Mentors will work in 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.

5. Provision of Supervision and Mentorship

Learners will receive supervision from an appropriate level of experienced personnel.

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

CM	Clinical Mentor
CEM	Clinical Education Manager
AP	Advanced Practitioner (MSc programme in advanced clinical practice)

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

	Trainee Ambulance Care Assistant	Trainee Emergency Care Assistant	Trainee Technician	Foundation and BSc Degree Student Paramedic and Graduates	Student ECPs	Advanced Practitioners	Telephone Triage Clinicians
PTS Supervisor	✓ (no portfolio required)						
Clinical Mentor		✓	✓	✓			
Clinical Education Manager			✓	✓	✓ Named educators only		
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

Ambulance Care Assistants	ACAs are required to undertake a period of supervised working accompanied by an experienced ACA in a supernumerary capacity, the period of supervision will be determined by the PTS Supervisor to reflect the need of the individual employee and will take into account previous clinical experience gained by the employee.
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 or Mentor
Emergency Care Assistants	37.5 Hours Third Manning Orientation
Mentorship	Works with a Registrant for a minimum of 15 shifts in their first three months of operational service Minimum 150 Hours (recorded on their training card)
Formal Assessments	Minimum 10 hour shift – last hour station based to complete paperwork / portfolio With a Clinical Mentor 2 months, 4 months and 6 months (three in total)
Final Assessment	6 month assessments (above) Portfolio evaluation by Clinical Mentor
Probation Period	6 months running concurrently with the assessment period
Progression	Ongoing monitoring Support with career development Continuation and maintenance of Portfolio and annual PDR
Technicians	37.5 Hours Third Manning Orientation
Mentorship	Works with a Registrant for a minimum of 15 shifts in their period of training Minimum 750 Hours (recorded on their training card)
2 Formal Assessments	Minimum 10 hour shift – with a Clinical Mentor , the last hour station based to complete paperwork / portfolio
Final Assessment	6 months Operational Assessment Driving Assessment Portfolio Assessment Final Assessment by Clinical Education Manager only (to sign ESR record)
Probation Period	12 months
Progression	Ongoing monitoring Completion and maintenance of Portfolio
Foundation Degree and BSc Student Paramedics	Mentoring and Clinical Placements as required by the University contract
Mentoring and Supervision	Recorded on training record by CM and reported to University
Formal Assessments	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 HCPC
Preceptorship Period	Continuous CPD Portfolio to maintain Registration with HCPC
Progression	Ongoing monitoring Completion and maintenance of Portfolio Development as Mentor

Telephone Triage Nurses	Mentoring and Clinical Triage Observations as required by the Licensing agreements
Mentoring and Supervision	Recorded on training record by appointed Mentor as required by the Licensing agreements
Progression	Ongoing monitoring Completion and maintenance of Portfolio to maintain clinical registration Development as Mentor

6 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

Trust education facilitation personnel and the and the Clinical Placements Officers will seek structured formal feedback from staff, learners and Universities to monitor and evaluate the provision of clinical supervision

The Trust Senior Education manager with responsibility for Education Centres and Universities will monitor and evaluate clinical placement environments offered to Trust personnel

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 in a supernumerary capacity, the period of supervision will be determined by the PTS Supervisor to reflect the need of the individual employee and will 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 in 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

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.

They must undertake 3 formal assessments of their practical skills and knowledge at 2 months, 4 months and 6 months, (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 in a probationary capacity on operational duties by a Clinical Mentor and the ECA must submit a completed Portfolio for evaluation by a Clinical Mentor.

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

Trainee Ambulance Technicians

After a period of initial training, which includes emergency driving training, Ambulance Technicians are required to undertake a minimum of 37.5 hours in a supernumerary capacity.

They must then complete a minimum period of 750 hours of operational practice accompanied by clinical registrants.

They must undertake 3 formal assessments of their practical skills and knowledge at 2 months, 4 months and 6 months, (variances with regard to this timing is at the discretion of the Education Centres Manager in association with the Technicians' Team Leader). TATs must work at least 15 shifts with a Clinical Mentor (which may include the assessments)

The final assessment of competence is undertaken after 6 months working in a training capacity on operational duties by an Area Education Manager; the Ambulance Technician submits a Portfolio for evaluation to the Education Centre and undertakes a further driving assessment.

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 Ambulance Technician.

Foundation Degree Student Paramedics (FDSP) and BSc Student Paramedics

After their period of initial training which could be 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. They must also work with a 'Named Clinical Supervisor' for the period stipulated by the College of Paramedics/University

Students are required to undertake a period of supervised clinical placement in other healthcare establishments. These placements are primarily arranged and overseen by the HEETBs.

Students 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 the University they are studying with, they must submit a Portfolio and Practice Assessment Document to the university for evaluation and must undertake 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 Assessment Form Section One – Screening

Name of Function, Policy or Strategy: Clinical Supervision During Training Policy

Officer completing assessment: Christina Fowler – Professional Development Manager

Telephone: 01962 898075

1. <i>What is the main purpose of the strategy, function or policy?</i>
To provide a framework for the provision of Clinical Supervision in the trust , showing organisation structure, monitoring, reporting and accountability for managers and staff. This should ensure a standardised approach across all Divisions.
2. <i>List the main activities of the function or policy? (for strategies list the main policy areas)</i>
Provides clear guidelines and accountabilities on the provision of Clinical Supervision during Training in the Trust. Defines clear standards and expectations of managers and staff. It also details the committees with responsibility for performance monitoring that will be provided by the Trust.
3. <i>Who will be the main beneficiaries of the strategy/function/policy?</i>
3.1 The Clinical Students 3.2 The Trust in terms of having robust governance arrangements 3.3 The staff and managers who will have clarity of the expectation of training 3.4 Other stakeholders, who when appropriate, will be informed of the Trusts procedures
4. Use the table overleaf to indicate the following:- a. Where do you think that the strategy/function/policy could have an adverse impact on any equality group, i.e. it could disadvantage them? b. Where do you think that there could be a positive impact on any of the groups or contribute to promoting equality, equal opportunities or improving relations within equality target groups?

		Positive Impact – it could benefit	Negative Impact – it could disadvantage	Reasons
GENDER	Women	N/A	N/A	No impact either positive or negative identified
	Men	N/A	N/A	No impact either positive or negative identified
RACE	Asian or Asian British People	N/A	Yes	If English not first language may effect employees ability to understand /follow procedures and policy
	Black or Black British People	N/A	Yes	If English not first language may effect employees ability to understand /follow procedures and policy
	Chinese people and other people	N/A	Yes	If English not first language may effect employees ability to understand /follow procedures and policy
	People of Mixed Race	N/A	Yes	If English not first language may effect employees ability to understand /follow procedures and policy
	White people (including Irish people)	N/A	N/A	No impact either positive or negative identified
	Disabled People	N/A	Yes	If English not first language may effect employee's ability to understand /follow procedures and policy
	Lesbians, gay men and bisexuals	N/A	N/A	No impact either positive or negative identified
	Trans people	N/A	N/A	No impact either positive or negative identified
AGE	Older People (60+)	N/A	N/A	No impact either positive or negative identified
	Younger People (17 to 25) and children	N/A	N/A	No impact either positive or negative identified
	Faith Groups	N/A		No impact either positive or negative identified
	Equal Opportunities and/or improved relations	Yes		Clear statements made in relation to Equality and Diversity throughout policy.

Notes:

Faith groups cover a wide range of groupings, the most common of which are Muslims, Buddhists, Jews, Christians, Sikhs and Hindus. Consider faith categories individually and collectively when considering positive and negative impacts.

The categories used in the race section refer to those used in the 2001 Census. Consideration should be given to the specific communities within the broad categories such as Bangladeshi people and to the needs of other communities that do not appear as separate categories in the Census, for example, Polish.

5. If you have indicated that there is a negative impact, is that impact:		
	Yes	No
Legal (it is not discriminatory under anti-discriminatory law)	<input type="checkbox"/>	<input type="checkbox"/>
Intended	<input type="checkbox"/>	<input type="checkbox"/>
Level of Impact	High	Low
	<input type="checkbox"/>	<input type="checkbox"/>
If the negative impact is possibly discriminatory and not intended and/or of high impact then please complete a thorough assessment after completing the rest of this form.		
6(a). Could you minimise or remove any negative impact that is of low significance? Explain how below:		
N/A – None identified		
6(b). Could you improve the strategy, function or policy positive impact? Explain how below:		
N/A – None identified		
7. If there is no evidence that the strategy, function or policy promotes equality, equal opportunities or improves relations – could it be adopted so it does? How		
N/A – None identified		
Please sign and date this form, keep one copy and send one copy to the Trust's Equality Lead.		
Signed:	<i>Christina Fowler</i>	
Name:	Christina Fowler	
Date:	18 th June 2014	