Clinical and Educational Supervision Of Junior Doctors Policy

<table>
<thead>
<tr>
<th>Document Author</th>
<th>Authorised</th>
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<tbody>
<tr>
<td><strong>Written By:</strong> Associate Medical Director for Education, Training &amp; Development</td>
<td><strong>Authorised By:</strong> Chief Executive</td>
</tr>
<tr>
<td><strong>Date:</strong> January 2017</td>
<td><strong>Date:</strong> 9th May 2017</td>
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<tr>
<td><strong>Lead Director:</strong> Executive Medical Director</td>
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**DOCUMENT HISTORY**

(Procedural document version numbering convention will follow the following format. Whole numbers for approved versions, e.g. 1.0, 2.0, 3.0 etc. With decimals being used to represent the current working draft version, e.g. 1.1, 1.2, 1.3, 1.4 etc. For example, when writing a procedural document for the first time – the initial draft will be version 0.1)

<table>
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<tr>
<th>Date of Issue</th>
<th>Version No.</th>
<th>Date Approved</th>
<th>Director Responsible for Change</th>
<th>Nature of Change</th>
<th>Ratification / Approval</th>
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<td>Medical Education Committee</td>
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<td>Clinical Standards Group</td>
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<td>18/3/14</td>
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<td>18(^{th}) March 2014</td>
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<td>Amendments discussed Policy approved</td>
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<td>09/05/17</td>
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NB This policy relates to the Isle of Wight NHS Trust hereafter referred to as the Trust
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Clinical and Educational Supervision of Doctors in Training
Version No 2.0
1 EXECUTIVE SUMMARY

Policy required for safe patient care, support of doctors in training and to demonstrate compliance with Regulator’s standards, to include the General Medical Council GMC and Learning Development Agreement LDA. It outlines clear accountabilities for providing educational and clinical supervision and ensures that the assurance framework within the Trust is adhered to and the development of skills, values and attitude are adhered to.

The Policy is required for safe patient care, support of doctors in training and to demonstrate compliance with our local Education, Training and Development Board and the GMC standards.

All doctors in training

All trainee doctors require high quality supervision in the workplace to help them to make the most of all training opportunities, progress appropriately to meet the requirements of their curriculum, and develop a record of their training to evidence this at review.

Reference to similar policies of other Trusts indicates that The GMC has set a timetable to recognise trainers in 4 specific roles by July 2016. I am not sure whether and how this relates to our environment but the structure of the 7 domains below looks very relevant to this policy hence bringing it to the attention of the policy authors.

Extract: These 4 roles are:

a. named educational supervisors in postgraduate training
b. named clinical supervisors in postgraduate training
c. lead coordinators of undergraduate training at each local education provider
d. doctors responsible for overseeing students’ educational progress for each medical school.

The GMC has chosen to use the 7 domains originally developed by the Academy of Medical Educators. Local education providers such as hospitals and general practices will use the seven domains to show how they identify, train and appraise trainers.

1. ensuring safe and effective patient care through training
2. establishing and maintaining an environment for learning
3. teaching and facilitating learning
4. enhancing learning through assessment
5. supporting and monitoring educational progress
6. guiding personal and professional development
7. continuing professional development as an educator.
Named clinical supervisors must demonstrate evidence in domains 1-4 and 7, whereas trainers in the other 3 roles must demonstrate evidence in all 7 domains.

2 INTRODUCTION

2.1 Appropriate supervision of Junior Medical and Dental Staff aims to develop demonstrable competent doctors who are skilled at communicating and working as effective members of a team. As training and education are central to the work of doctors and their role in delivering patient care, educational supervision will also help to ensure the development of qualified doctors who are able to meet the needs of patients.

2.2 The Trust is committed to fulfil its responsibility in the delivery of safe patient care, by ensuring that there is an effective system of supervision and assurance of competency in place for all Junior Medical Staff. This system for supervision must conform to General Medical Council GMC requirements.

2.3 When a junior doctor (see Glossary of Terms) commences employment in the Trust it is essential that they are given a named Educational Supervisor and a named Clinical Supervisor who will ensure educational and clinical supervision is relevant to their experience. An educational induction meeting should take place early and ideally within two weeks of the trainee starting in the Trust. At this meeting the supervisor will ensure the trainee has completed induction and mandatory training satisfactorily as well as has read and understood the medical handbook. All on-line mandatory training should be completed within 6 weeks of commencing the post. The Educational Supervisor should also discuss the specific learning needs of the trainee and develop a suitable learning plan. The educational meeting is recorded electronically on e-portfolio for all trainees. For all other doctors who do not have access to e-portfolio, a written portfolio can be kept as evidence.

2.4 If a doctor commences in the Trust on a programme of training in different specialities, they may keep the same Educational Supervisor for the length of their rotation to ensure continuity between posts. However, a new Clinical Supervisor must be allocated for each new speciality or subspecialty in order to ensure maximum supervision, and to ascertain their level of competence against relevant technical skills.

2.5 As determined by the GMC ‘Generic Standards for Training’, all Educational Supervisors must be appropriately trained and accredited for this role, and also indicate that ‘resources and time must be available for this task to be carried out, and included in their job and personal development plans’. Clinical Supervisors must also be appropriately trained and accredited for this role.

2.6 GMC good medical practice Supervision: If you are responsible for supervising staff, whatever your role, you must understand the extent of your supervisory responsibilities, give clear instructions about what is expected and be available to answer questions or provide help when needed. You must support any colleagues you supervise or manage to develop their roles and responsibilities by appropriately delegating tasks and responsibilities. You must be satisfied that the staff you supervise have the necessary
knowledge, skills and training to carry out their roles.

All doctors must recognise and work within the limits of their competence and make sure, to the best of their ability, that they are appropriately supervised for any task they perform. They must be willing to ask for advice and support from colleagues when necessary

3. **DEFINITION & ACRONYMS**

LDA  Learning and Development Agreement
GMC General Medical Council
DME Director of Medical Education
FPD Foundation Programme Director
MEC Medical Education Committee
PGME Postgraduate Medical Education
HEE Health Education England
LNC Local Negotiating Committee
HMSC Hospital Medical Staff Committee
NHSLA National Health Service Litigation Authority
FTSTA Fixed Term Specialist Trainee Appointments
COPMeD Conference of Postgraduate Medical Deans
NCEPOD National Confidential enquiry into Preoperative deaths
DoH Department of Health

4. **SCOPE**

All clinicians in supervisory and training functions working at the IOW NHS Trust

This policy applies to all persons who supervise doctors in training. The level of contact is recommended to allow safe patient care and observation. It is also recommended to facilitate assessment and feedback opportunities to continually improve the training experience of junior doctors and dental staff in training

5. **PURPOSE**

- see introduction on page 4

6. **ROLES & RESPONSIBILITIES**
Process and definitions are contained in Appendix A: Supervision of junior doctors and dental staff in training.

6.1 Director of Medical Education (DME)

6.1.1 The Director of Medical Education has responsibility for ensuring appropriate supervision of junior medical and dental staff and does this by supporting the Foundation Programme Director, Clinical Tutors and Educational Leads and Associate Clinical Sub Dean in the implementation of the processes outlined in this policy. He/she furthermore is responsible for ensuring that Trust has a system to deliver effective clinical induction, training and supervision for all other Junior Medical and Dental Staff in line with Health Education England Wessex and GMC guidance. This will be delivered in partnership with the Health Education England (HEE) Wessex Specialty Schools (doctors), and relevant staff from the Trust to ensure delivery, compliance and monitoring.

6.2 Foundation Programme Director (FPD)

6.2.1 The Foundation Programme Director is responsible for ensuring the Trust has a system to deliver effective clinical training and supervision for all Foundation Doctors in line with Foundation School/ Health Education England Wessex guidance. This will be delivered in partnership with the HEE Wessex Foundation School and relevant staff from the Trust to ensure delivery, compliance and monitoring.

6.3 Educational Leads and College Tutors

6.3.1 Education Leads in each specialty are responsible for ensuring that a process for assigning Educational and Clinical supervisors is in place and all trainees based in their specialty have an educational induction meeting. They will achieve this in discussion with specialty colleagues and the Clinical Director and will provide evidence of the processes to the Trust Education team. In some specialties this role is delivered by the College Tutor.

6.4 Clinical Directors

6.4.1 Clinical Directors are responsible for ensuring that where their respective directorates are involved in Postgraduate medical education PGME/employ junior medical staff, there is a sufficient pool of accredited Educational and Clinical Supervisors, who have the necessary time allocations in their job, plans to deliver the necessary supervision.

6.5 Educational Supervisors

6.5.1 An Educational Supervisor is a trainer who is selected and appropriately trained to be responsible for the overall supervision and management of a specified trainee’s educational progress during a training placement or series of placements. What is the main aim of educational supervision? The main aim of educational supervision is to ensure the overall clinical and educational progress of the trainee through training covering a number of placements and includes responsibility for regular appraisals, the collation of workplace-based
assessment outcomes, and the provision of career advice and support as required. The educational supervisor is specifically responsible for the learning agreement.

The Educational Supervisor has overall educational responsibility for an individual trainee in a given post or rotation. The Educational Supervisor would ensure a personal learning and development plan was formulated for each trainee and provide effective and timely appraisal, assessment, advice and support, liaising with the Trust Medical Education team as required.

6.6 Clinical Supervisors

The overall aim of clinical supervision is to ensure that the trainee is safe to carry out the clinical work he/she is expected to do within the department and that he/she progresses within this particular training post/module. This will include direct input to workplace-based assessment.

The clinical supervisor is responsible for giving informal feedback to trainees and may discuss objectives and record progress on a more formal basis. The named clinical supervisor within a trainee’s placement should be responsible for flagging any areas of concern to the trainee’s educational supervisor.

Clinical Supervisors have clinical responsibility for the patients in the care of the trainee. They will be responsible for orientation of the junior doctor to the Trust/the department/practice, set learning objectives, facilitate and record the trainee’s acquisition of new knowledge and skills in accordance with a documented learning plan and contribute to feedback for the trainee. It is accepted practice that day to day activities covered by this role will be delegated to other senior members of the named clinical supervisor’s role who is an appropriately trained and experienced medical practitioner. The delegated practitioner must have adequate training in the specific area of clinical care and be aware of their responsibilities for patient safety. A supervisor should offer a level of supervision appropriate to the competencies and experience of the individual junior doctor. Responsibility and ensuring appropriateness of any such delegation remains with the named clinical supervisor.

6.7 Junior Medical and Dental Staff

All Junior Medical and Dental Staff are responsible for ensuring that they are have the necessary skills and training before undertaking a skill or procedure and their mandatory training is up to date. Junior doctors will only assume responsibility for, or perform procedures in which they have sufficient experience and expertise and only perform procedures without direct supervision when the supervisor has assessed and deemed competent. This can be recorded on the junior doctor’s e-portfolio. This will be overseen and monitored by the Director of Medical Education and Foundation Programme Director.

The trainee also has responsibilities and these are outlined in their educational agreement. The trainee agrees to take an active part in the appraisal process, setting objectives and developing a personal development plan. They are expected to identify their learning needs and also to recognise their own level of competence. This is formally
recorded on their initial learning agreement and development plan and should form the basis of discussion with their educational supervisor. All trainees should include this information in their portfolio. These responsibilities are emphasised at junior doctor induction.

6.8 HR Team will

- Ensure the Trust Medical Education team is informed of new doctors starting in the Trust, at the earliest opportunity
- Ensure the Trust Medical Education team is informed of all junior doctors who will rotate internally between Departments/Directorates
- Regularly update the Trust Medical Education team of all changes in Junior Medical and Dental Staff (including locums), so that supervision issues can addressed.

6.9 Trust Medical Education Will:

- Liaise with specialty Educational Leads to ensure each junior doctor or dentist has a named Educational and Clinical Supervisor
- Keep a central database of Educational and Clinical Supervisors and the training they have undertaken
- Relay clear timescales of meetings to the Supervisors and junior doctors
- Ensure all Junior Medical staff receives an appropriate Trust Induction
- Monitor and collate evidence of local departmental induction – via the Trust online training platform
- Monitor and collate ‘Educational Induction Meeting’ forms
- Keep appropriate records relating to supervision
- Regularly monitor, review and audit this procedure in line with the National and deanery processes and educational governance.
  - The Medical Education Manager will monitor this process and highlight to Directorates where the agreed procedure is not taking place

6.10 Clinical Business Units/Departments Will:

- Ensure there is a named individual to act as educational lead to liaise with the Trust Education team to agree the timely allocation of Educational and Clinical Supervisor and sit on the Medical Education Committee
- Ensure details of ‘internal’ rotations and transfers or organisational change are communicated timely to the Trust Education team
- Ensure all locums have a named supervisor for the duration of their locum post
- Ensure a local departmental induction takes place within the agreed format and timescale as stated in the Induction Policy
- Ensure an Educational Induction Meeting is completed within two weeks of a junior doctor or commencing work in the Directorate, and discussed with the relevant supervisor. This also applies to all locums.
- Ensure that trainees who start out of sync with the annual induction arrange to complete trust induction and mandatory training at the earliest opportunity as well as the medical on-line induction.
• Act upon information received from the Trust Education team if regular supervisory meetings or the Educational Induction Meeting form is not completed and returned.

6.11 Educational And Clinical Supervisors Will:

• Check that the junior doctor has received both a Trust and local departmental Induction, read and understood the medical handbook and their mandatory training is up to date and attend the Educational Induction Meeting.
• Ensure that the junior doctor always has direct access to a senior colleague who can advise them about clinical management of a patient at all times of the day and night
• Provide adequate direction and supervision of junior doctors according to their level of seniority, competence and performance
• Ensure that there is a system for reporting of concerns about a patient’s clinical condition by trainees to more senior doctors and dentists to ensure that worsening of a patient’s clinical condition is always detected and acted upon appropriately
• Handover meetings are formally structured with clear guidance on who should attend and what should be discussed
• Ensure they are available to meet their supervisee at the agreed timescales (see Appendix B)
• Complete the agreed educational paperwork/electronic templates, ensuring confirmation of this is sent to the Trust Education team for effective monitoring purposes
• Highlight areas of serious weakness in the junior doctor’s performance so that appropriate training and supervision can be arranged for their next rotation/placement
• Follow the HEE Wessex Professional Support Strategy as outlined on the Trust Education intranet pages should this situation arise

6.12 The Junior Doctor Will:

• Sign and return an Educational Agreement, which agrees to the pre-determined supervision process agreed in the Trust
• Ensure an Educational Induction Meeting has taken place for each rotation they hold in the Trust. This should be evidence on e-portfolio or paper portfolio.
• Contact the respective Educational and Clinical Supervisors to arrange to meet within the agreed timescales
• Ensure all the signed educational paperwork is completed and returned to the Education Centre within the necessary timescales and the e-portfolio is populated accordingly and kept up to date
• Ensure that all mandatory training is completed

7. POLICY DETAIL
   – please see introduction on page 4

8. CONSULTATION
   – a consultation period was concluded in January (key accounts– MEC, LNC, HMSC)
9. TRAINING

All Supervisors must attend the 2 Day Educational Supervisors (HEE Wessex -The essentials course) or the one day Clinical Supervisors Course (HEE Wessex). Supervisors must be re-accredited on a 3 yearly basis. The Medical Education team are responsible for informing staff of any training requirements.

This policy is available on the intranet and is also circulated to Education and Clinical Supervisors.

This Clinical and Educational Supervisors Policy does have a mandatory training requirement, as set out in appendix B. In addition Education and Clinical Supervisors must attend HEE Wessex accredited course and be recognised as supervisors with the GMC.

Any new proposals regarding mandatory training must be done in consultation with the Mandatory Training Group. Policy authors cannot decide on mandatory training requirements.

10. REVIEW AND REVISION ARRANGEMENTS

This policy will be reviewed every three years by the Director of Medical Education / Medical Education Manager or sooner if national/local guidance requires it.

11. MONITORING COMPLIANCE AND EFFECTIVENESS

Compliance with this policy will be monitored by the Trust Education team who will review Education Induction Meeting on e-portfolio. Where issues are highlighted contact the junior doctor / dentist and Supervisor to ascertain the reasons. This is in line with the Annual HEE Wessex / GMC report as well as the Confirm and Challenge reporting mechanism, and Trust Risk Management.

12. REFERENCES

- Postgraduate Education & Training Roles document – Newcastle upon Tyne Hospitals NHS Foundation Trust
- Induction Policy, NHS Isle of Wight
- NHSLA Risk Management Standards for Acute Trusts – NHS Litigation Authority
- Letter from Acting Postgraduate Dean in relation to the Untoward Death following Surgery at Southampton General Hospital (July 06)
- Generic Standards for Training – GMC
- Principles of Good Medical Education and Training. GMC and PMETB (no date)
- Good Medical Practice. GMC 1998
- A Doctors and Dentists Tale. Audit Commission 1995
- Who Operates When. NCEPOD 1997
• Response to the GMC Determination on the Bristol Case. The Senate of Surgery 1997
• Curriculum for UK Foundation Programme Training. Committee of Postgraduate Dental Deans and Directors, 2006.
• Clinical and Educational supervision policy, Newcastle upon Tyne Hospitals NHS foundation Trust
• Clinical and Educational supervision policy, Portsmouth Hospitals NHS Trust
• Wessex deanery professional support strategy
• Wessex Institute Supervision of Doctors in Training
• A Guide to Management and Quality Assurance of Postgraduate Medical and Dental Education. Academy of Medical Royal Colleges and COPMeD UK (2000).
• Educational Handbook for Specialty Trainees, FTSTAs & Specialist registrars Learning and Development (L&D) website 2008
• Educational Handbook for the Foundation Programme L&D website 2008
• Learning Portfolio pdf (Foundation Years)
• Foundation E-Portfolio Trainee Guide

13 DISCLAIMER

It is the responsibility of all staff to check the Trust intranet to ensure that the most recent version / issue of this document is being referenced.

14 GLOSSARY OF TERMS

Junior Medical & Dental Staff

Foundation Year 1 doctors (F1)

Foundation Year 2 doctors (F2)

General Professional Trainee (Years 1 & 2)

Speciality Registrars (SpR)

Senior House Officers (SHOs)

Specialist Registrars (SpR)

Specialty Trainee (ST)

Trust grade doctors and dentists

Clinical, Teaching & Research Fellows

Educational Supervisor - Any grade of senior medical staff who is accredited by Wessex Deanery
Clinical Supervisor – In the context of this policy named clinical supervisors as outlined by deanery and Medical Education team. Senior medical staff who are clinically responsible to provide direct supervision on a day to day basis of more junior doctors will take up delegated parts of these roles as part of their day time commitments

Placement - Length of time in the Trust

Rotation - Time in a particular sub-speciality of an agreed programme of training

Internal Transfer - A junior doctor who finishes work in one speciality in the Trust and immediately commences work in either another speciality or in the same speciality but on the other site.

15 LINKS TO OTHER ORGANISATIONAL DOCUMENTS

- https://www.nhseportfolios.org/Anon/Login/Login.aspx?ReturnUrl=%2fAuth%2fCommon%2fPages%2fSelectRole.asp

16 APPENDICES

Appendix A Educational Induction Meeting Record
Appendix B Junior Doctor Mandatory Training And Frequency
Appendix C Trust Induction
Appendix D Supervision Schedule For Postgraduate Junior Medical Trainees
Appendix E Financial and Resourcing Impact Assessment on Policy Implementation
Appendix F Equality Impact Assessment (EIA) Screening Tool
EDUCATIONAL INDUCTION MEETING RECORD

<table>
<thead>
<tr>
<th>Trainee name</th>
<th>GMC Number</th>
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<tr>
<td>Grade</td>
<td>Department / Hospital Site</td>
</tr>
<tr>
<td>Start date</td>
<td>Expected finish date</td>
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<td>Clinical Supervisor</td>
<td>Educational Supervisor (if different)</td>
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Suggested structure of Educational Induction Meeting

Many supervisors will have a personal style that they employ for meetings with trainees. The following is merely a suggested format which may act as an aide-memoir.

- **Introductions**
  - Confirm trainee has received induction:
    - Trust
    - Departmental

- Consider previous experience
- Explore career progression / intentions
- Outline duties of post
- What training needs were identified at completion of the last post (if applicable)
- What are the key competencies required for unsupervised practice in this post
- What are the trainee’s perceived gaps in competencies (has the trainee completed a self-assessment)

What are the learning opportunities within this post?

Develop trainee learning plan:
- Key competencies for this post
- Generic skills training requirement
- Specialty specific training requirements
- Procedural training requirements
- Mandatory training update

Is more detailed career advice required?

Set date for review meeting

Complete documentation for trainee portfolio

Complete Educational Induction Meeting form and return to Education Centre
## Appendix B

### JUNIOR DOCTOR MANDATORY TRAINING AND FREQUENCY

<table>
<thead>
<tr>
<th>Competency</th>
<th>Frequency</th>
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<td>Blood Borne Viruses</td>
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<td>online</td>
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<td>Sepsis</td>
<td>once</td>
<td>online</td>
</tr>
<tr>
<td>End of Life</td>
<td>once</td>
<td>online</td>
</tr>
<tr>
<td>Equality and Diversity</td>
<td>once</td>
<td>online</td>
</tr>
<tr>
<td>Safeguarding Adults Level 1</td>
<td>1 yearly</td>
<td>online</td>
</tr>
<tr>
<td>Consent</td>
<td>Once</td>
<td>online</td>
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<tr>
<td>Fire Safety Part 1, Theory</td>
<td>Annually</td>
<td>online</td>
</tr>
<tr>
<td>Fire Safety Part 2, Practical</td>
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<td>online</td>
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<tr>
<td>Health and Safety</td>
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<td>Hand Hygiene</td>
<td>Annually</td>
<td>Practical</td>
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<td>Infection Prevention and Control</td>
<td>Annually</td>
<td>online</td>
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<tr>
<td>Information Governance: An Introduction</td>
<td>Annually</td>
<td>online</td>
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<td>Junior Doctor Online Induction</td>
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<td>online</td>
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<td>Induction Day</td>
<td>Once</td>
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<td>Conflict resolution *</td>
<td>Fire *</td>
<td>Admin blood products ^</td>
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<td>Blood Transfusion modules, 1, 2 and 3 *</td>
<td>Infection control 1 &amp; 2 *</td>
<td>Safeguarding children level 1 *</td>
</tr>
<tr>
<td>Resus e module *</td>
<td>BLS ^ (ILS)</td>
<td>Safeguarding adults *</td>
</tr>
<tr>
<td>Saving lives (once only) *</td>
<td>PLS ^</td>
<td>Conflict resolution</td>
</tr>
<tr>
<td>BLS ^ (ILS)</td>
<td>Blood trans awareness ^</td>
<td></td>
</tr>
<tr>
<td>PLS ^</td>
<td>Safeguarding children core</td>
<td>Obtaining blood samples ^</td>
</tr>
<tr>
<td>Blood transfusion awareness ^</td>
<td>Manual handling (patients) ^</td>
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Blood transfusion training – if you are involved in blood transfusion process
PLS, safeguarding children core programme – if you are in frequent contact with children
Safeguarding children level 1 – for all staff not in frequent contact with children
* = Trust e learning ^ = face:face = Transferable from other organisations if training adheres to national standards
The list above does not include HEE Wessex and Royal College training requirements. Competencies are also discussed with the Mandatory Training Committee on a regular basis and can be subject to change.
TRUST INDUCTION
(2 DAYS FOR FY1/ 1 DAY FOR FY 2) WILL COMPRISIE (this is subject to annual review and update)

http://intranet.iow.nhs.uk/Portals/0/Assets/Development_Training/Medical_Education/FY1_induction
25th July 2016 V1.docx

http://intranet.iow.nhs.uk/Portals/0/Assets/Development_Training/Medical_Education/FY1_induction
26th July 2016Programmev2.docx

http://intranet.iow.nhs.uk/Portals/0/Assets/Development_Training/Medical_Education/FY2_ST 03
August 2016v2.docx

Recommended departmental induction topics (# essential for NHSLA)
Absence reporting
Accessing senior support
Clinical record quality#
Communication systems
Consent#
Do not resuscitate orders#
Discharge of patients#
Dress code
Duties of post
Elective admissions
Emergency admissions
Hand hygiene#
Identification of patients#
Laboratory requests
Key clinical policies & guidelines
MDT meetings
Orientation to department
On-line pathology results
PACS
Patient complaint process (formal & informal) #
Post resuscitation care#
Radiology requests
Sample labelling
Rotas
Timetables
Transfer of patients (if applicable)
Trust e-mail & IT policy
Waste disposal
Medical devices training
### Appendix D

**SUPERVISION SCHEDULE FOR POSTGRADUATE JUNIOR MEDICAL TRAINEES**

This should be read in conjunction with the document on roles and responsibilities for teaching. Suggest instead of schedule by grade it should be by duration of rotation e.g. one for four month and twelve month rotation agree

<table>
<thead>
<tr>
<th>4 – 6 month rotation</th>
<th>Frequency of supervision meeting</th>
<th>Who should undertake</th>
<th>Content of meeting</th>
<th>Outcome of meeting</th>
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<tr>
<td><strong>1st attachment</strong></td>
<td>within two weeks of commencing</td>
<td>Educational supervisor (who will also be clinical supervisor for first attachment)</td>
<td>Review of skills and competencies acquired to date using portfolio Review of skills required for this post Identification of areas which need supervision Process by which progress to unsupervised practice can be made Set objectives for time in post</td>
<td>Return completed Education Meeting Induction Record to Education Centre and completion of structured form as part of trainee portfolio</td>
</tr>
<tr>
<td><strong>Midpoint</strong></td>
<td></td>
<td>Educational supervisor</td>
<td>Review of progress towards objectives Identify areas which need development &amp; /or attention Identify areas of strength - using formal feedback tools Review progress during attachment against objectives</td>
<td>Completion of structured form as part of trainee portfolio</td>
</tr>
<tr>
<td><strong>Completion of attachment</strong></td>
<td></td>
<td>Educational supervisor</td>
<td>Make clear statement of strengths and training needs for next attachment</td>
<td>Completion of structured form as part of trainee portfolio</td>
</tr>
<tr>
<td>Supervision meeting</td>
<td>Who should undertake</td>
<td>Content of meeting</td>
<td>Outcome of meeting</td>
<td></td>
</tr>
<tr>
<td>---------------------</td>
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<td></td>
</tr>
<tr>
<td>Subsequent attachments (4-6 month attachment)</td>
<td>Clinical supervisor</td>
<td>Review of skills and competencies acquired to date using portfolio</td>
<td>Completion of structured form as part of trainee portfolio</td>
<td></td>
</tr>
<tr>
<td>within 2 weeks of commencing midpoint</td>
<td>Clinical supervisor</td>
<td>Review of skills required for this post</td>
<td>Completion of structured form as part of trainee portfolio</td>
<td></td>
</tr>
<tr>
<td>completion of attachment</td>
<td>Educational supervisor</td>
<td>Identification of areas which need supervision</td>
<td>Completion of structured form as part of trainee portfolio</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Process by which progress to unsupervised practice can be made</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Set objectives for time in post</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Review of progress towards objectives</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Identify areas which need development &amp;/or attention</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Identify areas of strength - using formal feedback tools</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Review progress during attachment against objectives within attachment and overall training programme</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Make clear statement of strengths and training needs for next attachment</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8 – 12 month rotation</td>
<td>Frequency of supervision meeting</td>
<td>Who should undertake</td>
<td>Content of meeting</td>
<td>Outcome of meeting</td>
</tr>
<tr>
<td>-----------------------</td>
<td>----------------------------------</td>
<td>----------------------</td>
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<td>------------------</td>
</tr>
<tr>
<td></td>
<td>Within 2 weeks of commencing</td>
<td>Educational supervisor</td>
<td>Review of logbook/portfolio Identification of any areas of concern Review of skills against post requirements especially out-of-hours Set objectives for training time Clarification of how and when training objectives might be met and who will provide supervision</td>
<td>Return completed Education Meeting Induction Record to Education Centre and completion of structured form as part of trainee portfolio</td>
</tr>
<tr>
<td></td>
<td>After 4 months</td>
<td>Educational supervisor (can be delegated to clinical supervisor)</td>
<td>Review of logbook/portfolio Identify areas what’s going well and not so well Plan study leave and agree plan for year Agree audit project Review attendance at mandatory training Review progress towards exam objectives</td>
<td>Completion of structured form as part of trainee portfolio</td>
</tr>
<tr>
<td></td>
<td>After 8 months</td>
<td>Educational supervisor (can be delegated to clinical supervisor)</td>
<td>Review assessment tools as used in specialty Review progress against objectives set at beginning of post Provide formative feedback on progress in post using assessment tools and identify areas of strength and areas</td>
<td>Details of meeting in portfolio Information to Programme Director to inform ARCP process</td>
</tr>
<tr>
<td></td>
<td>12 months</td>
<td>Educational supervisor</td>
<td>Review of logbook/portfolio Identify areas what’s going well and not so well Plan study leave and agree plan for year Agree audit project Review attendance at mandatory training Review progress towards exam objectives</td>
<td></td>
</tr>
</tbody>
</table>
Higher specialist Trainees

As the educational progress of an SpR, in a recognised training post, is monitored by the respective Royal Colleges, only the initial meeting with their Educational Supervisor will be monitored within the Trust, to ensure that all aspects of the initial meeting (induction) have been covered. Apart from that clinical/educational supervisors will support the programme directors by

- Review progress against objectives
- Provide summative assessment and report for Annual Review of Competence Progression (ARCP)
Appendix E

Financial and Resourcing Impact Assessment on Policy Implementation

*NB this form must be completed where the introduction of this policy will have either a positive or negative impact on resources. Therefore this form should not be completed where the resources are already deployed and the introduction of this policy will have no further resourcing impact.*

<table>
<thead>
<tr>
<th>Document title</th>
<th>Clinical and Educational Supervision of Junior Doctor Policy</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Totals</th>
<th>WTE</th>
<th>Recurring £</th>
<th>Non-Recurring £</th>
</tr>
</thead>
<tbody>
<tr>
<td>Manpower Costs</td>
<td></td>
<td>1 day absence every three years to reaccredit</td>
<td></td>
</tr>
<tr>
<td>Training Staff</td>
<td></td>
<td>travel costs</td>
<td></td>
</tr>
<tr>
<td>Equipment &amp; Provision of resources</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Summary of Impact: There is a financial implication associated with this policy. This will be in terms of Senior Clinicians time to attend the training as well as travel costs incurred to attend the Health Education Wessex. Initial training takes place over a two day period, thereafter accreditation will take place on a three yearly basis. The refresher training takes place over one day. It is not possible to however quantify exact costs.

Risk Management Issues:

Benefits / Savings to the organisation:

Equality Impact Assessment

- Has this been appropriately carried out? YES/NO
- Are there any reported equality issues? YES/NO

If “YES” please specify:

Equality impact assessment is carried out at appointment.

Use additional sheets if necessary.

Please include all associated costs where an impact on implementing this policy has been considered. A checklist is included for guidance but is not comprehensive so please ensure you have thought through the impact on staffing, training and equipment carefully and that ALL aspects are covered.
<table>
<thead>
<tr>
<th>Manpower</th>
<th>WTE</th>
<th>Recurring £</th>
<th>Non-Recurring £</th>
</tr>
</thead>
<tbody>
<tr>
<td>Operational running costs</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Totals:</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Staff Training Impact</th>
<th></th>
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</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Totals:</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Equipment and Provision of Resources</th>
<th>Recurring £</th>
<th>Non-Recurring £</th>
</tr>
</thead>
<tbody>
<tr>
<td>Accommodation / facilities needed</td>
<td>N/A</td>
<td></td>
</tr>
<tr>
<td>Building alterations (extensions/new)</td>
<td>N/A</td>
<td></td>
</tr>
<tr>
<td>IT Hardware / software / licences</td>
<td>N/A</td>
<td></td>
</tr>
<tr>
<td>Medical equipment</td>
<td>N/A</td>
<td></td>
</tr>
<tr>
<td>Stationery / publicity</td>
<td>N/A</td>
<td></td>
</tr>
<tr>
<td>Travel costs</td>
<td>Yes – unable to quantify</td>
<td></td>
</tr>
<tr>
<td>Utilities e.g. telephones</td>
<td>N/A</td>
<td></td>
</tr>
<tr>
<td>Process change</td>
<td>N/A</td>
<td></td>
</tr>
<tr>
<td>Rolling replacement of equipment</td>
<td>N/A</td>
<td></td>
</tr>
<tr>
<td>Equipment maintenance</td>
<td>N/A</td>
<td></td>
</tr>
<tr>
<td>Marketing – booklets/posters/handouts, etc.</td>
<td>N/A</td>
<td></td>
</tr>
<tr>
<td>Totals:</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

- Capital implications £5,000 with life expectancy of more than one year.

Funding /costs checked & agreed by finance:  
Signature & date of financial accountant:  
Funding / costs have been agreed and are in place:  
Signature of appropriate Executive or Associate Director:
Appendix F

Isle of Wight NHS Trust

Equality Impact Assessment (EIA) Screening Tool

1. To be completed and attached to all procedural/policy documents created within individual services.

2. Does the document have, or have the potential to deliver differential outcomes or affect in an adverse way any of the groups listed below?

   If no confirm underneath in relevant section the data and/or research which provides evidence e.g. JSNA, Workforce Profile, Quality Improvement Framework, Commissioning Intentions, etc.

   If yes please detail underneath in relevant section and provide priority rating and determine if full EIA is required.

<table>
<thead>
<tr>
<th>Gender</th>
<th>Positive Impact</th>
<th>Negative Impact</th>
<th>Reasons</th>
</tr>
</thead>
<tbody>
<tr>
<td>Men</td>
<td>yes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Women</td>
<td>yes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Race</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Asian or Asian British People</td>
<td>yes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Black or Black British People</td>
<td>yes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Chinese people</td>
<td>yes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>People of Mixed Race</td>
<td>yes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>---------------------</td>
<td>-----</td>
<td></td>
<td></td>
</tr>
<tr>
<td>White people (including Irish people)</td>
<td>yes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>People with Physical Disabilities, Learning Disabilities or Mental Health Issues</td>
<td>yes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Transgender</td>
<td>yes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lesbian, Gay men and bisexual</td>
<td>yes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Children</td>
<td>Yes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Older People (60+)</td>
<td>yes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Younger People (17 to 25 yrs.)</td>
<td>Yes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Faith Group</td>
<td>Yes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pregnancy &amp; Maternity</td>
<td>Yes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Equal Opportunities and/or improved relations</td>
<td>Yes</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Notes:

Faith groups cover a wide range of groupings, the most common of which are Buddhist, Christian, Hindus, Jews, Muslims and Sikhs. 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 the needs of other communities that do not appear as separate categories in the Census, for example, Polish.

3. Level of Impact

If you have indicated that there is a negative impact, is that impact:

| Legal (it is not discriminatory under anti-discriminatory law) | YES | NO |

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.
3.1 Could you minimise or remove any negative impact that is of low significance? Explain how below:

<p>| |</p>
<table>
<thead>
<tr>
<th></th>
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</thead>
</table>

3.2 Could you improve the strategy, function or policy positive impact? Explain how below:

<p>| |</p>
<table>
<thead>
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<th></th>
</tr>
</thead>
</table>

3.3 If there is no evidence that this strategy, function or policy promotes equality of opportunity or improves relations – could it be adapted so it does? How? If not why not?

<p>| |</p>
<table>
<thead>
<tr>
<th></th>
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</thead>
</table>

<table>
<thead>
<tr>
<th>Scheduled for Full Impact Assessment</th>
<th>Date:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of persons/group completing the full assessment.</td>
<td></td>
</tr>
<tr>
<td>Date Initial Screening completed</td>
<td></td>
</tr>
</tbody>
</table>