

Policy Document Clinical Supervision v1.2

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Author: David Seymour, Director of Operations
Co Author: Russell Wells SRODP, Clinical Team Leader

Approved: Board of Directors

1. Introduction

Criticare UK Ambulance Service (the Company) is committed to providing the best possible clinical care to all patients.

The Company is also committed to providing its staff with the appropriate clinical support and leadership.

Scope and Purpose of the Policy

This document is intended to support all staff in the delivery of optimal patient care by clearly defining their responsibilities in providing and being the subject of clinical supervision.

Aims and Objectives

The aim of this document is to detail how the Company will deliver clinical supervision of staff in both the educational and operational environments.

This document defines the minimum levels of supervisory oversight for operational staff.

2. Definitions

HPC - Health Professions Council

JRCALC - Joint Royal Colleges Ambulance Liaison Committee

3. Arrangements

The clinical supervision of staff will be implemented for two main reasons:

- The member of staff in question is a trainee that requires mentoring and supervision in order to develop confidence and competence in a new role or in the application of a new range of skills
- The person in question is a qualified member of staff that is undergoing clinical supervision either as part of a routine review of practice or because there have been concerns raised regarding their clinical practice

Trainee Staff

The clinical supervision of trainees takes place in two environments; the simulated and the real.

Supervision in the simulated environment (i.e. whilst on a course) will be undertaken by the course tutors. These tutors will be at least qualified to the clinical level that they are instructing at.

This supervision will take the form of educational episodes were the tutor creates incidents for the trainees to practice in, followed by thorough constructive criticism and feedback. These simulated incidents will utilise actual ambulance equipment and the enacting of patient management according to the current edition of the JRCALC Guidelines.

No student will move forward to practice in the real environment until such time as they have demonstrated competency in the simulated setting.

Having demonstrated competency in simulation, trainees will move into real clinical practice settings in order to develop their confidence by applying their skills to the care of actual patients. This will only take place where their practice is under the direct observation and supervision of an appropriately qualified person. The onus is on the supervisor to challenge or stop any practises that could be detrimental to the patient.

In order to be deemed appropriately qualified, the supervisor must hold at least the qualification towards which the trainee is working toward (e.g. in order to supervise a trainee paramedic, a person must be at least a HPC registered paramedic themselves), or hold a qualification that confers on them specialist knowledge in the given area of practice (e.g. anaesthetists do not have a paramedic qualification, but have qualifications and expert skills that make them appropriate supervisors of trainee paramedics developing their intubation skills).

Qualified Staff

The clinical supervision of qualified staff will be undertaken in order to establish or develop compliance to best practice. This must be undertaken as a routine review by a Clinical Team Leader.

When undertaken as a routine review of performance, the Clinical Team Leader will assess the member of staff against a set of objective criteria appropriate to the clinician's grade.

Alternatively, the clinical supervision may come about as the result of one or more of the following:

- A complaint
- Observed practice that is allegedly poor
- A report of practice that is allegedly poor
- A Return to Work/Return to Practice Development package
- Disciplinary sanction
- Precautionary action whilst under investigation
- Self-identification of development needs

The above list is not exhaustive and other situations may arise where clinical supervision may be a reasonable action.

Where clinical supervision is undertaken as a result of one or more of the above, it may be necessary to restrict a clinician from independent practice at their normal level and reduce it to that of a lower grade. Where this occurs, the specifics of the restriction will be confirmed verbally and in writing and will detail the following:

- The level to which they are restricted
- Exceptions to the restriction (e.g. except when working with another clinician)
- The conditions to be satisfied before the restriction is lifted (e.g. successful completion of the learning outcomes stated in an action plan).

4. Responsibilities

The overall responsibility for ensuring that this policy is adhered to lies with the Board of Directors.

The Clinical Director has executive responsibility for clinical supervision.

Tutors are responsible for the implementation of clinical supervision within a training centre environment. In operational settings, responsibility will lie with the Clinical Team Leaders.

Managers will ensure the maintenance of accurate records for all staff that have been the subject of clinical supervision, for whatever reason.

5. Competence

All clinicians have a duty of care to provide the best level of service to patients, relatives and bystanders. As such, it is the responsibility of all staff to provide a level of peer supervision, whereby they would address the perceived poor practice of a similarly qualified colleague.

In addition, it is highly possible that an experienced person will be able to question the actions of a more senior clinician. As patient safety is paramount, it is appropriate for potential poor practice to be challenged in these events.

In order to provide formal clinical supervision, a person must be at least at the level of the person they are supervising.

6. Audit and Review

The Board of Directors will ensure that this policy is reviewed on an annual basis and receive the results of any audits which are carried out.

Review date: February 2014