

Supervision Guidelines for SASG Doctors in ELFT

This document is to be read in addition to the Trust Supervision policy

Introduction

The importance of good quality and regular supervision is an essential element in the framework for supporting Drs in training. It is equally important for Drs in non-training grade posts and through all stages of Medical careers.

Core and Speciality trainees receive Clinical and Educational supervision regularly, as a training requirement. Consultants and other non-training grade Drs join peer groups, to offer some supervision and support around CPD, and also an essential requirement to evidence for appraisal and revalidation.

For SASG Drs their level of training and experience varies from highly competent and experienced Drs who may also have MRC Psych or equivalent qualifications, to more junior and less experienced colleagues. SAS Drs are encouraged to join a peer group, although the provision of additional supervision around their clinical roles and personal and professional development varies greatly.

Supervision for SASG Drs needs to be a formalised part of job planning, and it is an expectation of the Trust to provide this, and for the supervisee to fully engage in the process. Good quality supervision can make the difference between a Dr feeling supported and happy in their work environment, working in a safe way and with clear lines of responsibility, to a Dr feeling isolated, disenfranchised, unsupported and potentially an unsafe practitioner.

For Drs in training supervision tends to follow a structured approach, guided by standards set out by HEE (Health Education England) and the AoME (Academy of Medical Educators). For non-training grade Drs there is no standardised format, although the provision of high quality supervision for this group of Drs is advocated and supported in the SAS Charter* and Maximising the Potential of SAS Drs **, key papers compiled by the BMA and HEE, to provide a framework to better nurture and support the careers and personal and professional development of SAS Drs.

The current Supervision Policy in ELFT sets out guidelines for Supervision of Drs, and states that Supervision of non-training grade Drs should be monthly, something that has been considered and reviewed in the preparation of these guidelines.

Below are specific and revised guidelines for the supervision of SASG Drs working in ELFT, put together with consideration of the principals of good quality supervision, the documents referenced, ELFTs Supervision Policy, and in discussion with SASG Drs in the Trust.

Guidelines

1. Frequency

This will depend on the experience of the supervisee. For a more junior SAS Doctor E.g without MRC Psych, and less than 3 years' experience in Psychiatry in the UK (this may be extended to Dr specific reasons) Supervision should ideally be weekly, a minimum requirement is every 2 weeks

For more senior and experienced SAS doctors, supervision should ideally be every 2 weeks or as agreed with the supervisor, with a minimum of once a month.

2. Environment

Protected time of an hour ideally, timetabled for the supervision session.

Un-interrupted time and in a private space.

3. Content

This depends again on the seniority and experience of the SASG Doctor.

Examples of content for less experienced Drs: Case-based discussion, preparation of medical reports/guidance, planning for exams or further qualifications, discussion of SUIs, complaints and concerns, setting training and CPD objectives, planning for leave and cover and pastoral issues.

For more senior Drs: discussions around SUIs, Clinical Governance objectives for the team, career and personal development, case discussion and other issues set by the supervisor and supervisee.

4. Other principals

- Record of supervision kept for appraisal purposes, documenting issues discussed and any objectives set – Can use Trust proforma to record this.
- Supervisor trained in provision of supervision.
- Adherent to principals laid out in ELFT Supervision policy

5. Named Supervisor and locum Consultants

The Clinical supervisor is usually the Consultant Psychiatrist whom the SAS Dr works with.

If this Dr is away on leave for more than 2 weeks, then another senior colleague should be identified as available to provide clinical supervision.

If the Consultant for the SAS Dr is a Locum appointment and not trained in or expected to provide supervise on contractually, then the Clinical Director for the Drs locality will need to nominate an alternative senior clinician to provide supervision.

* A Charter for Staff, Associate Specialist and Specialty Doctors – BMA 2014

** Maximising the Potential, Essential Steps to Support SAS Doctors: HEE and NHS Improvement February 2019.

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