North West Deanery School of Psychiatry

Supervision of Trainees - Absent Trainers, and Locums as Trainers

The Director of Medical (DME) in each Trust is responsible for ensuring that PMETB standards for supervision are met at all times. All arrangements made under the provision of this guidance should be confirmed by the DME.

Introduction

It is inevitable that there will be occasions when consultant trainers leave posts temporarily or permanently, including sickness or a sabbatical, and locums fill short or long term gaps. This Policy describes the requirements for the Clinical and Educational supervision of trainees in these circumstances.

Mandatory Standard for Supervision

PMETB states, as a mandatory requirement (1.2) that “Trainees must be appropriately supervised according to their experience and competence”.

PMETB makes a distinction between clinical and educational supervision.

- **Clinical supervisor**
  A trainer who is selected and appropriately trained to be responsible for overseeing a specified trainee’s clinical work and providing constructive feedback during a training placement. Some training schemes appoint an Educational Supervisor for each placement. The roles of Clinical and Educational Supervisor may then be merged.

- **Educational supervisor**
  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. The Educational Supervisor is responsible for the trainee’s Educational Agreement.

These two roles are often merged in psychiatry, but where a locum is in place there needs to be a clear distinction.

Mandatory Standard for Supervisors

These are listed in Appendix A. Supervisors, locum or otherwise, should be able to demonstrate that they have previously met Level 1 or Level 2 competence, as required. Grandfathered competencies may be taken into consideration as appropriate by the DME. Appendix B lists the competencies and currency standards that are required to remain in Good Standing as a Trainer in the NorthWestern School of Psychiatry.

Overarching Principle

Neither core nor higher trainees should be left providing care for patients in the absence of a consultant for more than two weeks. Supervision arranged for trainees when a consultant is absent must be consistent and from named individuals.
Supervision of Higher Trainees (StR 4-6, SpRs)

The Trust is responsible for ensuring that:

- clinical supervision is available at all times from a Level 1 competent supervisor (see below) – this may include locums, if they can demonstrate appropriate competencies.
- trainees are not allowed to continue caring for patients in the longer term (e.g. 2 weeks) absence of the patients’ consultant. A locum appointed to cover the consultant post may be the Educational Supervisor if they can demonstrate appropriate Level 2 competencies
- the Training Programme Director is informed of these arrangements, with an assurance that the required Standards for supervision are being met
- the post-graduate medical education team are informed of any vacancies lasting more than two weeks to allow appropriate alterations to METIS and scheme planning

Subsequently, no trainee will be rotated into that post until a substantive trainer is appointed, who has Level 2 competencies

Supervision of Core trainees (ST2-3, CT1-3)

The Trust is responsible for ensuring that:

- clinical supervision is available at all times from a Level 1 competent supervisor (see below) – this may include locums, if they can demonstrate appropriate competencies
- if absence is for more than 2 weeks, the trainee may be temporarily educationally supervised by a Level 2 competent supervisor – this may include locums, if they can demonstrate appropriate competencies
- the post-graduate medical education team are informed of any vacancies lasting more than two weeks to allow appropriate alterations to METIS and scheme planning

Subsequently, no trainee will be allocated to that post until a competent level 2 trainer is appointed - this may include locums, if they can demonstrate appropriate competencies
APPENDIX A
Knowledge and skills required for clinical and educational supervisor roles

CS (level 1) and ES (level 2) will need to demonstrate that they have knowledge and skills in the following:

1. Equality, diversity and cultural awareness.

2. Clinical Supervisor (level 1):
   - Workplace based (‘on the job’) teaching, including clinical skills teaching
   - Workplace Based Assessments (including calibration for those involved in supervising secondary care placements for GP trainees)
   - Giving feedback to trainees of all abilities
   - Adult learning principles (styles, reflection, education cycle, structured teaching, environment, role modelling)
   - Evaluation of teaching
   - Relevant specialty portfolios / e-portfolios
   - Communication / team working
   - Ethics
   - Understanding PMETB requirements of CS

3. Educational supervisor (level 2):

   Essential:
   - Level 1 K & S plus:
   - Coaching, mentoring and pastoral care
   - Careers support
   - Learning agreements / educational needs
   - Assessment and appraisal
   - Principles of ARCPs / RITAs
   - Managing trainee’s with difficulties
   - Basics of Quality control - Deanery and PMETB standards

APPENDIX B
To maintain status as Clinical or Educational Supervisor the following are required in NW School of Psychiatry. This list is subject to change

1. To have attended training in supervision every 5 years.
2. To have attended training in the use of WPBA every 3 years.
3. To have attended training in Equality and Diversity every 3 years.
4. To have attended training in Policies for the Recognition and Avoidance of Bullying and Harassment at work.
5. Suitable experience or qualifications in teaching.
6. Familiarity with the RCPsych core curriculum.