



London Ambulance Service **NHS**
NHS Trust

Policy for the Supervision of Clinical Staff in Training

DOCUMENT PROFILE and CONTROL

Purpose of the document: To ensure that effective supervision is in place for all clinical staff in training.

Sponsor Department: Education and Development

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18/06/2010	0.4	Education Governance Manager	Changes to Sections 7.2, 9.1, and 9.8.1
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	Operational Guidance Note – Clinical Scope of Practice	

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1. Introduction

- 1.1 The Department of Education and Development (Department) is the primary provider of clinical education and training within the LAS. It delivers its core services from seven Education Centres throughout the London area, either directly or in conjunction with its three Higher Education partners. The Department also provides a range of clinical training services at station complex level. These are either delivered directly by the Department, or in a support capacity to the New Ways of Working scheme currently being introduced throughout the LAS.
- 1.2 This policy sets out to describe the framework that supports the supervision of clinical staff engaged in training and educational activities. It aims to reflect the variety of systems and measures that have been designed to optimise the management and support of the educational process. The Department ensures that all of its programmes are developed on student centred learning concepts, which are then firmly embedded in all clinical education and training practices delivered throughout the Trust.
- 1.3 As an accredited provider of national ambulance training, the LAS has a duty to comply with the standards of its awarding body, the Institute of Healthcare and Development Ltd (IHCD), along with the requirements of the Health Professions Council (HPC) as the regulatory body. Both organisations require member services to meet a wide range of standards, which include various measures associated with the monitoring and supervision of students. (*The key requirements are detailed in the HPC's 'Standards of Education and Training' which can be accessed via the HPC website at www.hpc-uk.org*).

2. Scope

- 2.1 This policy applies to all members of the Trust engaged in the design, delivery and receipt of LAS clinical education and training programmes.

3. Objectives

- 3.1 To ensure that effective supervision is in place for all clinical staff in training.
- 3.2 To reinforce the importance and commitment given to the professional delivery of student centred learning and assessment activities within the LAS.
- 3.3 To reaffirm the open and transparent approach to supervisory practices within LAS clinical education and training, with the aim of ensuring that the student experience meets personal and corporate expectations wherever possible.

4. Responsibilities

- 4.1 The **Director of Human Resources and Organisational Development** has overall responsibility for the strategic approach to the design and delivery of staff education, training and development.
- 4.2 The **Assistant Director of Professional Education Development** is responsible for ensuring the delivery of clinical education and development, including the management of all resources and processes. The role also includes responsibility for the strategic management of assessment procedures, together with providing assurance to the Senior Management Group that LAS clinical education activities meet all statutory, regulatory and mandatory requirements.
- 4.3 The **Clinical Education & Training Manager** is responsible for implementing the training related decisions arising from the Training Strategy Group. This includes ensuring that all training activities are delivered in accordance with best practice throughout the Department.
- 4.4 The **Education Performance Manager** is responsible for the staff and facilities of the Clinical Education and Development functions based at Hannibal House, Kenton, Ilford, New Malden and Bromley. The role includes responsibility for local delivery of the LAS Training Plan at each Centre.
- 4.5 The **Higher Education Programme Manager** is responsible for the delivery of agreed services with the three Higher Education providers who work in partnership with the LAS. This includes ensuring that all HE clinical supervision systems and procedures are common to those in operation throughout the LAS.
- 4.6 The **Education Governance Manager** is responsible for developing and managing all governance activity and services within the Department. The role has lead responsibility for ensuring that the quality and standards of the Department's business, including all aspects of clinical supervision, are maintained in accordance with internal and external requirements.
- 4.7 **Education Centre Managers** and **Practice Learning Managers** are responsible for implementing training and education programmes at their respective Education Centre/Area level. Both roles contain key responsibilities for the monitoring of tutors in relation to the supervision of students undertaking clinical education and development.
- 4.8 **Training Officers/Clinical Tutors** are responsible for ensuring that educational services are professionally delivered in accordance with the respective programme. When required, the role includes acting in a lead tutor capacity as the **Course Director**. This involves the added

responsibility of coordinating all tutor and student activities associated with the course/learning programme.

- 4.9 The Department has a **Practice Placement Co-ordinator** whose primary role is to assign each student to a PPEd for their practice placement. **Practice Placement Educators (PPEd)** and **Associate Practice Placement Educator (APPEd)** roles are responsible for mentoring and facilitating the learning of students in the practice environment. This includes ensuring that students receive all necessary support within the workplace, and that all documentation and student achievement record systems are accurately completed as prescribed.
- 4.10 The Department's **Administrative Staff** are responsible for the preparation and production of all student learning materials and documentation. Their respective roles include the monitoring and collation of records, particularly in relation to student attendance. The administrative team are also responsible for the capture and compilation of relevant data into management reports for ongoing monitoring by internal and external stakeholders.
- 4.11 **Students** and those in receipt of LAS learning and educational activities are responsible for fully participating in the training programme identified for their role. They are also responsible for meeting their professional, contractual and legal obligations, and for applying all newly acquired and experiential learning within their day to day duties.
- 4.12 The LAS **Clinical Education Steering Group (CESG)** oversees all clinical training activity conducted throughout the Trust. This includes all aspects of programme design and development, as well as the delivery and quality assurance of training course provision.
- 4.13 The **Training Strategy Group (TSG)** has corporate responsibility for all LAS clinical training and education and receives reports and minutes from the CESG. The group also has responsibilities for establishing the Trust's education strategy (clinical and non-clinical), ensuring that all programmes meet with organisational goals and external validation requirements.

5. Definitions

- 5.1 Clinical staff within the LAS are generally termed 'operational staff', but are referred to as 'students' during periods of formal learning and assessment. This is reflected in all related documentation systems and procedures. However, it should be recognised that the LAS employs numerous medical clinicians and specialists, which clearly fall outside of the generic terminology outlined above.

6. Process for the Supervision of Clinical Staff in Training

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- 6.1 The daily operation of the Department is managed centrally from Education & Development Headquarters at Fulham. This is complemented by managers at each of the seven LAS Education Centres, as well as strategically located managers who oversee the Higher Education and In-Service training functions.
- 6.2 All members of the Department's teaching staff are nationally qualified Tutors who, prior to qualification, have been selected and developed to undertake the role. The generic qualification status is IHCD Ambulance Aid Tutor (and Driving Tutor where applicable), and/or possession of the Certificate in Education.
- 6.3 For Education Centre based activity, the level of student supervision in terms of tutor/student ratios are contained within the IHCD rules and regulations. These subsequently form the basis of all course planning and resourcing provision throughout the LAS, and compliance is checked as part of the IHCD external verifier process. Any issues from either a tutor or student perspective are firstly addressed by the Course Director, with further liaison and support from the Education Centre Manager as necessary.
- 6.4 Such arrangements differ within the Practice environment, where specific guidance for student supervision is provided by the British Paramedic Association (BPA). The BPA is the professional body for the UK ambulance service and their guidance is consequently endorsed by the HPC. Compliance with these standards is monitored through the HPC approvals framework.
- 6.5 Area Practice Learning Managers maintain line responsibility for the supervision of complex based training activity. Practice Learning Managers also integrate closely with operational management teams, so are at the forefront of identifying any staff training and performance issues arising from outside of the Department.
- 6.6 Each main complex has one qualified Training Officer available for localised staff training and development activities, with the emerging New Ways of Working sites providing two Clinical Tutors as part of the LAS remodelling arrangements.
- 6.7 In addition to adhering to IHCD/HPC clinical training requirements, students are required to comply with all internal policies and procedures as employees of the LAS. Supervision and monitoring in these areas is once again undertaken by Department staff, with support from other LAS managers during periods of practice placement etc.
- 6.8 The roles of key Department staff in respect of student supervision are described in Section 4. This also includes the core functions of the CESG and TSG in monitoring all clinical education and training activities delivered throughout the Service.
- 6.9 The Assistant Director of Professional Education Development and the Director of Human Resources and Organisation Development also undertake periodic visits to LAS training venues to oversee performance.

7. Supervisory Meetings

- 7.1 All LAS clinical training programmes contain provision for formal tutorial meetings with students. Such arrangements are also a requirement of IHCD/HPC validation, and evidence of tutorial activity is randomly selected as part of the external verifier process.
- 7.2 Formal tutorials are conducted in accordance with the respective training programme and these are delivered on a two-weekly basis. Tutorials are provided on a 'one-to-one' basis, with their content and outcome recorded accordingly.
- 7.3 All tutorial documentation requires the signatures of both the tutor and student on completion of the meeting. This is standard practice within the Department, and reflects the openness of approach to all education and training activities. The documentation is then retained and archived along with the remainder of student record material.
- 7.4 In addition to formal meetings, many other tutorials are conducted on an ad hoc basis. These include occasions such as specific requests by either student or tutor, or during the notification of assessment results etc.
- 7.5 Individual and group feedback/learning sessions are also an integral feature of LAS training programmes. These are typically undertaken on Driving Courses, where students are debriefed after every drive, along with subsequent mapping of their progress.
- 7.6 The design of LAS training documentation (as described in Section 9) specifically allows for the close monitoring of all student activity. All achievements must be mutually recognised and agreed between the respective tutor and student, prior to being 'signed off' as completed. Records of all such achievements are retained and archived by the Department.
- 7.7. The Reflective Record booklet (paragraph 9.5), provides a further opportunity for issues to be identified and addressed on a daily basis. Reflective Records encourage student-tutor contact and liaison, with subsequent tutorials where indicated.

8. Additional Feedback and Monitoring Mechanisms

- 8.1 Course evaluation forms are provided on all clinical training programmes conducted by the Department. The results are collated and monitored locally at Education Centres, as well as centrally at Education & Development HQ.
- 8.2 The Education Governance Manager formally closes all clinical courses delivered by the Department. A key purpose of this session is to receive direct feedback of student experiences and identify areas which may not have been captured via the traditional paper based evaluation methods.

- 8.3 These sessions are followed by an immediate debrief of the issues identified with the respective Education Centre Manager and Course Director. This allows for any immediate actions to be implemented, prior to subsequent feedback to wider training management and steering group forums.
- 8.4 All Department managers meet formally on a monthly basis, where any issues associated with student supervision and quality standards are addressed. Such meetings are minuted, with copies circulated throughout the Department.
- 8.5 The Department's senior management team (Clinical Education and Training Manager, Education Performance Manager, Higher Education Programme Manager, and Education Governance Manager) act as representatives of education and training in a wide range of corporate forums. Many of these require feedback and/or reports on the performance of the Department, including any issues relating to supervisory processes and quality standards.
- 8.6 The majority of forums include elected staff representatives who reflect the views and opinions of operational staff. These can include matters relating to student supervision, where issues are formally raised and subsequently addressed. This is in addition to the Education & Development Sub Group, where staff representatives meet regularly with senior training managers to liaise over education and training affairs.
- 8.7 The Department is also the subject of internal audit, which is performed annually by an external company. This audit includes a specific focus on the management of non-attendance, and compliance is measured against The Management of Non-Attendance procedure contained within the Core Training Policy. The outcome is reported and subsequently managed through the LAS risk management structure.
- 8.8 The IHCD/HPC External Verifier/Revalidation process is recognised throughout the organisation and feedback arising from each inspection is disseminated through central forums.
- 8.9 The role and reporting mechanism of the Training Strategy Group, and how this interfaces with the LAS risk management structure is described within Trust Policy /005 'Risk Management Policy and Strategy' (*This is available on 'the pulse' under 'Managing' > 'Trust Policies'*)

9. Process for ensuring Student Competency prior to Independent Working

- 9.1 All LAS clinical training programmes are designed specifically for the various staff grades/roles as required by the organisation. They contain the necessary skills and competencies set by the IHCD/HPC as a minimum, with additional and/or LAS specific skills authorised and approved by the LAS Clinical Steering Group and Training Strategy Group.

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- 9.2 The broad clinical content of LAS training programme material is drawn from Joint Royal Colleges Ambulance Liaison Committee (JRCALC) UK Ambulance Service Clinical Practice Guidelines. These are recognised as setting the standard for UK ambulance service practices, and are reviewed and updated as necessary.
- 9.3 The format of all LAS training material is designed to be clear and specific. Each student is provided with a personal copy of the respective training programme, which includes a comprehensive set of Learner Outcome Plans that detail each individual area of learning. This is designed to be retained by the student, and allows for subsequent note taking etc. for personal record purposes.
- 9.4 All competencies are then mirrored within an Achievement Record booklet. These are subsequently 'signed off' as the course progresses and individual competencies are achieved. Recognition of achievement is specifically designed to operate on a partnership basis between the student and tutor. The booklet also allows for easy monitoring of student progress, as well as for final checking that all learning areas have been addressed. It is then retained and archived by the Department on completion of the course.
- 9.5 The Department also provides individual 'Reflective Record' booklets that allow each student to reflect on their learning at the close of each day, and to seek assistance for any area causing concern. Entries are also monitored by the respective Course Tutor on a daily basis to ensure that any previously unidentified problems are highlighted and subsequently addressed. This is in addition to the student tutorial process which is conducted in accordance with the schedules outlined in the course programme. The Reflective Record is also retained and archived by the Department on completion of the course.

9.6 Security of Training and Assessment Documentation

9.6.1 The compilation of all student training materials is managed by the administrative team from Fulham Headquarters. These are all prepared beforehand and subsequently delivered to the respective Education Centre prior to the course commencing. However, all assessment material is dealt with separately and strictly in accordance with IHCD rules and regulations.

9.6.2 All requests for IHCD assessments are personally managed by the Administration Manager or by a nominated deputy. Such applications are made electronically, and generally within two months of the course start date. Once received, the papers are printed by the Administration Manager and placed in sealed envelopes within the Fulham Headquarters safe.

9.6.3 Arrangements are then made with the respective Education Centre Manager for the papers to be collected from Fulham, and personally transferred to the Centre's safe. All subsequent procedures relating to the release and opening of the envelope are strictly followed in accordance with the regulations.

9.6.4 Similarly, all marking procedures are conducted in compliance with IHCD rules, with secondary marking as appropriate. Any issues arising during or following the assessment are managed by relevant Training Officers, with further support and monitoring by the Education Centre Manager. The IHCD Examination Log return document is completed at this stage and subsequently dispatched.

9.6.5 Following completion of the assessment, all question and marking material is immediately destroyed at the Centre. Student answer material is returned with the remainder of course material to Fulham Headquarters, where it is subsequently collated and archived within the Archive Store.

9.7 Practice Placements

9.7.1 The majority of clinical education and training programmes conducted by the Department are designed around a combination of Education Centre based activity, and experiential learning within the practice environment. Practice based education has been the subject of considerable growth and development in recent years and now forms a significant component of the LAS clinical training process.

9.7.2 Learning in the practice environment is facilitated by Practice Placement Educators (PPEd's). The LAS, in partnership with the University of Greenwich, has developed an HE validated programme enabling eligible staff to qualify for a Certificate in Practice Education. As a consequence, the Department is delivering an ongoing programme of development modules to train and prepare staff in fulfilling the PPEd role.

9.7.3 The role of PPEd ordinarily requires staff to be a registered Paramedic, although similar opportunities exist for non-paramedic staff to train as an Associate Practice Placement Educator (APPEd). This requires some restriction in the grade of staff that APPEd's can supervise, although the core role is largely identical. *(Full details of the PPEd scheme can be accessed on 'the pulse' under 'About Me' > 'My Career' > E&D clinical & technical training > PPEd).*

9.7.4 All practice placements are fully detailed within the respective course programme. These may be of a relatively short duration where students work wholly with a PPEd. Alternatively, students are required to complete a set number of PPEd mentored hours during placements over extended periods.

9.8 Student Record Documents (Practice Placements)

9.8.1 Following initial training all student learning in the practice environment is recorded in the Practice Assessment Document (PAD). This document has been designed in conjunction with Higher Education partners and reflects models used in other healthcare settings. Each student is provided with an individual copy of the PAD, along with full guidance on its use. All students are required to manage their own PAD, and to actively seek learning opportunities while working alongside a PPEd.

9.8.2 The PAD lists a wide range of skills and competencies that must be demonstrated by the student, and observed by the PPEd. These are subsequently 'signed off' as the student progresses, allowing the document to become a key part of the student's portfolio of evidence. The PAD design allows for several assessments to be conducted at a formative level, in preparation for the final summative assessment at an appropriate stage of the student's development.

10. Clinical Scope of Practice

- 10.1 In view of the range of clinical training programmes delivered within LAS, it is imperative that the respective grade/status of students is accurately translated within the operational deployment of ambulance resources. This is particularly important as the skill levels of students change as courses progress. Ensuring the correct skill mix between different members of crew staff is a crucial element in protecting the safety and welfare of both staff and patients.
- 10.2 The LAS has therefore produced an Operational Guidance Note 'Clinical Scope of Practice'(available on the Pulse) to support the accurate deployment of resources. This provides specific detail to help ensure that staff are appropriately matched in crewing the various ambulance responses provided by the Service. It is essential that all students, and those connected with the planning and deployment of resources, are fully familiar with its content.

Implementation Plan

IMPLEMENTATION PLAN	
Intended Audience	All LAS Staff
Dissemination	Available to all staff on the Pulse and to the public on the LAS website.
Communications	Revised Policy and Procedure to be announced in the RIB and a link provided to the document.
Training	All clinical students and supervisory staff are fully briefed in related procedures as part of their respective training course. This is covered as a minimum within the generic 'Introduction to the Course' session, which by definition is delivered at the commencement of all LAS clinical training programmes.
Monitoring	<p>Student achievement records (which show that supervision has taken place as they are signed by student and countersigned by the tutor) will be checked by the Education Centre managers as each course reaches completion. Any issues will be reported and discussed at department management meetings and any trends and those that are unresolved will be reported through to the CESG. The TSG monitors the outcomes of the CESG. (See section 8 for more information on monitoring).</p> <p>The Policy will also be subject to external scrutiny through the annual IHCD external verifier visits, and by the HPC approvals process. It will also be available for inclusion within the annual RSM Tenon internal audit scheme. The outcomes, along with relevant action plans, will be channelled into the LAS risk management structure via the Training Strategy Group.</p>