



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:** Clinical Education and Standards

**Author/Reviewer:** Education Governance Manager. To be reviewed by September 2019

**Document Status:** Draft

Amendment History			
Date	*Version	Author/Contributor	Amendment Details
02/09/2016	1.10	IG Manager	Document Profile and Control update
07/07/2016	1.9	Acting Education Governance Manager	Revised sections; S 1.1, 1.3, 4.1, 4.2, 4.3, 4.4, 4.6, 4.10, 5.1, 6.1, 6.2, 6.3, 6.6, 6.7, 7.1, 7.2, 7.6, 8.8, 9.1, 9.6.1, 9.6.2, 9.6.3, 9.6.4, 9.6.6, 9.6.7, 9.6.8, 9.6.9, 9.7.3.  Removal of previous sections 6.5, 6.8, 9.3.  New sections 9.6.10, 9.7.5, 9.8.4.
01/04/2015	1.8	IG Manager	Document Profile and Control update
27/03/2015	1.7	Head of Governance	Changes to committee names
27/03/2015	1.6	Education Governance Manager	Minor Changes and control
09/07/2014	1.5(Interim)	Education Governance Manager	Further updates to Sections 4 and 9
12/05/2014	1.4(Interim)	Education Governance Manager	Updates to Responsibilities section
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26/07/2012	1.2	Education Governance Manager	Minor updates.
09/08/2010	1.1	Education Gov. Manager & Head RM	Revised Sections 4 and 6 with changes to S.7.2, 8.5 and 9.7.4 and Monitoring.
18/06/2010	0.4	Education Governance Manager	Changes to Sections 7.2, 9.1, and 9.8.1
30/04/2010	0.3	Education Governance Manager	New policy.
12/04/2010	0.2		
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**\*Version Control Note:** All documents in development are indicated by minor versions i.e. 0.1; 0.2 etc. The first version of a document to be approved for release is given major version 1.0. Upon review the first version of a revised document is given the designation 1.1, the second 1.2 etc. until the revised version is approved, whereupon it becomes version 2.0. The system continues in numerical order each time a document is reviewed and approved.

For Approval By:	Date Approved	Version
PMAG		2.0
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LAS Website		Governance Administrator	G&A
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<b>Links to Related documents or references providing additional information</b>		
<b>Ref. No.</b>	<b>Title</b>	<b>Version</b>
	Operational Guidance Note – Clinical Scope of Practice	

Document Status: This is a controlled record as are the document(s) to which it relates. Whilst all or any part of it may be printed, the electronic version maintained in P&P-File remains the controlled master copy. Any printed copies are not controlled nor substantive.

## **1. Introduction**

- 1.1 The Clinical Education and Standards Department is the primary provider of clinical education and training within the LAS. It delivers its core services from six Education Centres throughout the London area, either directly or in conjunction with its five Higher Education partners. The Department also provides an educational support capacity to the operational sector arrangements currently operating 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, support and quality assurance 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 educational programmes from the Regulated Qualifications Framework [RQF], the LAS has a duty to comply with the standards of its awarding body. In addition, as a provider of a Paramedic education programme, the LAS has a duty to comply with the requirements of the Health and Care Professions Council (HCPC) 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 HCPC's 'Standards of Education and Training' which can be accessed via the HCPC website at [www.hpc-uk.org](http://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 **Deputy Director of Paramedic Education & Development** has overall responsibility for the strategic approach to the design and delivery of clinical staff education, training and development.
- 4.2 The **Clinical Education & Training Manager** is responsible for implementing the training related decisions as communicated by the Deputy Director of Paramedic Education & Development.
- 4.3 The **Education Performance Manager** is responsible for the staff and facilities of the Clinical Education and Standards functions based at regional Education Centres. The role includes responsibility for local delivery of the LAS Training Plan at each Centre.
- 4.4 The **Higher Education Programme Manager** is responsible for the delivery of agreed services with the five Higher Education (HE) 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.
- 4.5 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.
- 4.6 **Education Managers** are responsible for implementing training and education programmes at their respective Education Centre/Sector level. This role contains key responsibilities for the monitoring of tutors in relation to the supervision of students undertaking clinical education and development.
- 4.7 **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.
- 4.8 The Department has a **Practice Placement Co-ordinator** whose primary role is to collate all details associated with the placement of each student with their respective Practice Educator (PEd). **Practice Educators** 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 associated documentation and student achievement record systems are accurately completed as prescribed.

- 4.9 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.
- 4.10 **Students / learners** 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.

## 5. Definitions

- 5.1 Clinical staff within the LAS are generally termed 'operational staff', but are referred to as 'students' / 'learners' during periods of formal learning and 'candidates' at assessment stages. 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

- 6.1 The daily operation of the Department is managed centrally from the Clinical Education & Standards Headquarters at Fulham. This is complemented by managers at each of the Education Centres, as well as strategically located managers who oversee the Higher Education and departmental management functions.
- 6.2 All members of the Department's teaching staff have or are working towards a Certificate in Education, and have been selected and developed to undertake the role of Clinical Tutor. Those members of the Department's teaching staff that are assigned to driving tuition have or are working towards an Approved Driving Instructor [ADI] qualification.
- 6.3 For Education Centre based courses, the provision of Clinical / Driving Tutors for core tuition and student support duties forms the basis of all course planning activity within the Department. Any issues from either a tutor or student perspective are firstly addressed by the Course Director, with further liaison and support from the Education Manager and Resource & Planning Manager as necessary.

- 6.4 Such arrangements differ within the Practice environment, where specific guidance for student supervision is provided by the College of Paramedics. The College is the professional body for the UK ambulance service and its guidance is consequently endorsed by the HCPC. Compliance with these standards is monitored through the HCPC approvals framework.
- 6.5 In addition to adhering to HCPC and RQF 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.
- 6.6 The roles of key Department staff in respect of student supervision are described in Section 4. These reflect that students are primarily supervised by Training Officers/Clinical Tutors whilst engaged in Education Centre training activities. Similarly, Practice Educators are responsible for student supervision during associated periods of work placement. All such activity is then overseen by the respective Education Manager, who subsequently reports to the senior management team. Evidence of all student learning and training attendance is documented and recorded centrally, which in turn is subject to the internal and external scrutiny arrangements as detailed in Section's 8, 9 & 10.

## **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 RQF/HCPC 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. 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) allows for the monitoring of student activity. Where an Achievement Record is the designated method of recording achievement, all entries 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. Where an evidence Portfolio is the designated method of recording achievement, Clinical / Driving Tutors will assess the portfolio to ensure that it meets the required evidential standards appropriate for the award. Completed / marked portfolios are also 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 Clinical Education & Standards HQ.
- 8.2 The Education Governance Manager, or other members of the CE&S management team, formally close 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 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 whose role is to 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 Clinical Education &

Standards Sub Group, where staff representatives meet regularly with senior Departmental 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 Feedback from the awarding body external quality assurance and HCPC Standards Verifier processes are disseminated through central forums.

## **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 awarding body/HCPC as a minimum, with additional and/or LAS specific skills authorised and approved by the Executive Management Team and/or LAS Medical Directorate forums accordingly.
- 9.2 The broad clinical content of LAS training programme material is drawn from the UK Ambulance Services Clinical Practice Guidelines (2013). These are recognised as setting the standard for UK ambulance service practices, and are reviewed and updated as necessary.
- 9.3 Where an Achievement Record is the designated method of recording achievement, all entries are '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 is retained and archived by the Department on completion of the course. Where an evidence Portfolio is the designated method of recording achievement, Clinical / Driving Tutors will assess the portfolio to ensure that it meets the required evidential standards appropriate for the award. Completed / marked portfolios are also retained and archived by the Department on completion of the course.
- 9.4 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 CE&S Headquarters at Fulham. 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 departmental assessment standards regulations.

9.6.2 All requests for assessment paperwork are personally managed by the Administration Manager or by a nominated deputy. Such applications are made electronically, and are downloaded and printed accordingly. The required quantity of papers are printed by nominated members of the administrative team and placed in sealed envelopes within the CE&S Headquarters safe. This process is duly recorded in the 'Examination Log' documentation, together with the names of those staff involved.

9.6.3 Arrangements are then made with the respective Education Manager (EM) or nominated deputy for the papers to be collected from CE&S Headquarters and transferred to the Centre's safe, or delivered by another departmental manager and transferred to the Centre's safe. The EM will still maintain local responsibility for the process. In exceptional circumstances, the EM can request that assessment papers are securely couriered to site; however, this will only be when all other options have been considered and identified as not possible. An audit will be maintained on the use of secure couriers.

9.6.4 Each Education Centre safe is operated by an electronic code pad, thereby allowing codes to be changed on a frequent basis. Knowledge of the code will be restricted to the relevant Course Director and EM. For the occasions where more than one set of papers are contained in the safe, the new code will only be further shared with the respective Course Director.

9.6.5 All subsequent procedures relating to the release and opening of the envelope are strictly followed in accordance with the regulations. These are further outlined in the LAS 'Examination Paper Handling Guide', and 'Examination Paper Security Log' (A&B) which are attached as Appendix A. *Copies are also available on the LAS X-Drive > Clinical Education & Development > IHCD Information.*

9.6.6 All marking procedures are conducted in compliance with Clinical Education & Standards Assessment Standards [Appendix: x], with secondary marking (i.e. failures, borderline passes and peer review marking) as appropriate. This will also include second checks to ensure that the marks on all papers have been correctly totalled. Any issues arising during or following

the assessment are managed by relevant Training Officers, with further support and monitoring by the Education Manager.

9.6.7 All tutors and students will have a working knowledge of the Clinical Education & Standards Assessment Standards, and Clinical Education & Standards Re-Assessment Policy.

9.6.8 Following completion of the assessment, question and marking material of summative assessments is immediately destroyed at the Centre. This will always be achieved by the physical shredding of documentation at the time, as opposed to disposal via confidential waste bin/bag systems etc. The destruction process is recorded by the completion of 'Examination Paper Security Log A', which is then retained by the EM as evidence for subsequent audit and internal / external verifier purposes. Student answer material will be securely stored until its return with the remainder of course material to CE&S Headquarters, where it is finally collated and archived within the Archive Store.

9.6.9 Any required re-sits will be arranged and confirmed by the relevant Course Director in accordance with the provisions within the respective course programme. This will include all appropriate liaison with the Administration Manager (or nominated deputy) in respect of producing the necessary examination paper, which will mirror the procedures outlined above and within Appendix A.

9.6.10 In formative assessments on regulated qualifications, there is a requirement for the learner to provide evidence that they are aware of the correct answer for any questions marked as incorrect in the initial assessment. Incorrectly answered questions will be identified by the CD to the learner only in a private Tutorial.

9.6.11 In terms of the security of CE&S training material, the attention of all staff is drawn to LAS Trust Policy 026 'Intellectual Property Policy'. As per the policy, it is reiterated that the Intellectual Property rights of all CE&S materials are owned by the Department. Accordingly, such material can only be used within the Service for CE&S training activities, and therefore must not be copied, shared, circulated or utilised for any other purpose.

9.6.12 Contravention of this requirement will be considered a disciplinary offence carrying the potential for sanctions up to and including dismissal.

## **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 Educators (PEd'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 PEd role.

9.7.3 The role of PEd currently requires staff to be a registered Paramedic. *(Full details of the PEd scheme can be accessed on 'the pulse' under 'About Me' > 'My Education & Development' > clinical practice learning > certificate in practice education).*

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 PEd. Alternatively, students are required to complete a set number of PEd mentored hours during placements over extended periods.

9.7.5 On regulated programmes, learners can be mentored by a clinical colleague that is occupationally knowledgeable and competent in the skill that evidence is being claimed for. However when expert witness testimony is required, the learner must be mentored by a clinical colleague that has undertaken an additional training qualification. This is defined as a PEd.

## **9.8 Student Record Documents (Practice Placements)**

9.8.1 Following initial training student learning in the practice environment is recorded in a number of ways dependant on the programme.

9.8.2 The Practice Assessment Document (PAD) has been designed in conjunction with Higher Education partners and reflects models used in other healthcare settings. Students are 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 PEd.

9.8.3 The PAD lists a wide range of skills and competencies that must be demonstrated by the student, and observed by the PEd. 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.

9.8.4 An evidence Portfolio lists a wide range of competencies that the learner must understand, and / or be able to do. All learners are required to manage their own portfolio, and to actively seek learning opportunities while working alongside a mentor or PEd. Clinical / Driving Tutors will assess the portfolio to ensure that it meets the required evidential standards appropriate for the award.

## 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.

<b>IMPLEMENTATION PLAN</b>				
<b>Intended Audience</b>	All LAS Staff			
<b>Dissemination</b>	Available to all staff on the Pulse and to the public on the LAS website.			
<b>Communications</b>	Revised Policy and Procedure to be announced in the RIB and a link provided to the document.			
<b>Training</b>	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.			
<b>Monitoring:</b>				
<b>Aspect to be monitored</b>	<b>Frequency of monitoring AND Tool used</b>	<b>Individual/ team responsible for carrying out monitoring AND Committee/ group where results are reported</b>	<b>Committee/ group responsible for monitoring outcomes/ recommendations</b>	<b>How learning will take place</b>
Duties (Paragraph 4) including; <ul style="list-style-type: none"> <li>• How clinical supervision is provided and How</li> </ul>	Annual PDR process	AOM reporting via Area Quality Meetings	Clinical Quality, Safety and Effectiveness Committee	Learning disseminated via various mechanisms including
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<p>the organisation makes sure that all clinical ambulance staff receive appropriate supervision (Paragraph 6)</p> <ul style="list-style-type: none"> <li>• When supervisory meetings should take place (Paragraph 7)</li> <li>• How the organisation makes sure that clinical ambulance staff in training have the basic skills they need before they work independently (Paragraph 9)</li> </ul>	<p>Student achievement records etc., are checked as each course reaches completion</p> <p>Monthly Capacity Reports (GRS database)</p> <p>Annual IHCD Standards Verifier process</p>	<p>Education Centre/Practice Learning Managers report and discuss issues at department management meetings</p>		<p>Medical Directorate Bulletins, Area Quality Meetings, Routine Information Bulletins, etc.</p> <p>Changes and updates to clinical training programmes, e.g. 'Hot Topic' sessions on Core Skills Refresher Courses + review of existing course content /inclusion of new material.</p>
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