

Department of Medicine for Elderly People

**Clinical Supervision of Medical Staff
(Services for Older People)**

DRAFT 2

1. Purpose

- The aim of this policy is to ensure that Medical Staff, working within the secondary care services for older people, receive appropriate and effective clinical supervision.
- The GMC states that “the public has a right to expert considerate and competent medical attention from doctors and that doctors have a duty to maintain a good standard of professional work”.
- This policy sets out how the PCT will:-
 - provide a framework for clinical supervision that ensures patient safety and high quality care whilst being responsive to differing local need.
 - Equip members of staff to fulfil their responsibilities for supervision of others
 - Support members of staff in participating in supervision of their own clinical practice
 - Ensure that poor clinical practices is identified and improvement made
 - Ensure that where necessary intransigent poor clinical practice is reported to the appropriate authority

2. Scope/Definition

- This policy applies to the supervision of all medical staff working in all wards and departments where the medical care is providing one or more of the secondary care services for older people; ie the department of Medicine for Elderly People or the department of Elderly Mental Health.
- What is Clinical Supervision?
Clinical Supervision in this instance means the indirect supervision of a clinician deemed as competent to practise without direct supervision, to ensure that good clinical care is being provided.
- The GMC describes good clinical care as:
 - adequate assessment, investigation and treatment
 - taking suitable and prompt action
 - referring to another practitioner when indicated
 - recognising and working within the limits of professional competence
 - being willing to consult colleagues
 - competent diagnosis and arrangement of treatment
 - keeping clear, accurate and contemporaneous patient records which report the relevant clinical findings, the decisions made, the information given to patients and any drugs or other treatment prescribed
 - keeping colleagues well informed when sharing care
 - paying due regard to efficacy and the use of resources

- prescribing only the treatment, drugs or appliances that serve the patient's needs
- The term non Medical Staff applies to all grades below Consultants eg:-
 - Specialist Registrar
 - Staff Grade
 - Trust Doctor
 - Clinical Assistant
 - Hospital Practitioner
 - Senior House Officer
 - House Officer
 - Pre-Registration House Officer
 - G.P., V.T.S., S.H.O.s
- The supervision needs of the differing medical grades will be met differently.
- This policy also applies to the supervision of Locum Consultants, and links with the Locum Medical Staff Employment Policy.

3. Responsible Person

- The Trust Board is accountable for the medical care provided. This accountability is devolved through the Medical Director and Lead Consultants to each individual Consultant, through the application of this policy.
 - Every Consultant is responsible for ensuring that his/her clinical team provides care which is safe, effective and efficient and thus for making appropriate arrangements for supervision of junior staff.
 - The Operational Director (Services for Older People) is responsible for ensuring that every service has appropriate supervision systems in place.
 - The Lead Consultant and General Manager of every department are responsible for developing and implementing a local supervision procedure, for monitoring compliance and effectiveness and for taking appropriate action when poor performance is identified.
- 3.5 The supervision of training grades is met through the associated contractual requirements, and thus responsibility lies with those managing the training arrangements.
- 3.6 The day to day supervision of junior training grades may be delegated to the specialist registrars.
- 3.7 The Lead Consultant is responsible for supervising the work of Locum Consultants.
This responsibility may be delegated to another named Consultant.
- 3.8 Every medical practitioner, whatever their grade, is responsible for, and accountable for, their own performance and conduct.

4. Requirements

- When assessing competency through clinical supervision, the following professional standards will apply:-

- those published by the GMC (Good Medical Practice & Maintaining good medical practice)
 - those set by the specialist Medical Royal Colleges
 - those set by specialist Societies and Associations
- Every department will have in place a supervision procedure which covers as a minimum:
 - Induction requirements
 - frequency of ward rounds and junior doctor attendance
 - details and expectations of devolution of supervision to specialist registrars
 - supervision in out-patient clinics/Day Hospital
 - consultant on-call responsibility and supervision links
 - cover arrangements for Consultant annual leave
 - instruction and supervision of locum medical staff
 - appraisal arrangements
 - Each department will monitor Risk/Critical Events and complaints for indication of individual or team problems/learning needs.
 - Where specific areas of concerns are identified and action plans developed, these will be reported and addressed within the quarterly divisional review process and annual service review/plan, taking due consideration of confidentiality.
 - Every department will have a system whereby new members of the medical team receive formal induction.

5. Audit Standards and Criteria

- The application of this policy and associated procedures will be monitored through the consultant appraisal system.
- Complaint investigation and critical incident review reports will be monitored for supervision deficiencies.

6. Reference Documentation

The following documents were used to assist with preparation of this policy:

- Maintaining Good Medical Practice – GMC 1998.
- Good Medical Practice – GMC 1998.
- Code of Professional Conduct – Nursing and Midwifery Council 2002.

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Department of Medicine for Elderly People**CLINICAL SUPERVISION JUNIOR MEDICAL STAFF**

This risk assessment checklist summarises the requirements of the clinical supervision of Medical staff policy.

	Yes	No	If no proceed as Further
1. Do Junior Medical Staff work in this area?			
2. Is there a written procedure which describes how supervision of these staff will be carried out?			
3. Has this procedure been explained to all regular medical staff?			
4. Is this procedure communicated to all Locum medical staff?			
5. Is this policy/procedure included in Medical Induction programme?			
6. Does this procedure cover (where applicable):- <ul style="list-style-type: none"> - Ward rounds - Supervision by specialist registrar - Outpatient clinics - Consultant on-call arrangements - Consultant annual leave - Locum medical Staff - Appraisal arrangements 			
7. Is this procedure reviewed and updated each year as applicable?			