



Proposed Model of ‘Good’ Supervision of Allied Health Professionals in General Practice

Introduction

General Practice is a key component of primary care. It is an evolving service where care is increasingly being provided by a larger multidisciplinary team to realistically meet patient demand in line with the Long-Term NHS Plan (NHS, 2019). As part of this plan, Allied Health Professionals (AHPs), including Clinical Pharmacists are becoming widespread members of the General Practice team. However, to ensure long-term that we retain, develop and continue to optimally utilise these professionals requires effective clinical supervision.

Importance of clinical supervision

Clinical supervision is a term used by regulators and professional bodies to refer to the process of ensuring the safe and effective everyday practice of practitioners (SPS, 2020). It is a formal and reflective process of professional support and learning that enables individuals to develop knowledge and competence, assume responsibility for their own practice and ensure patient safety and care in a complex environment (DoH, 1993).

There are many models but increasing it is generally regarded that clinical supervision should encompass the following:

1. **Normative / managerial:** - peer provides guidance on standard procedures and best practice
2. **Formative / mentoring:** peer and practitioners identify learning needs, create action plans and reflect on learning after implementation.
3. **Restorative / supportive:** peer supports practitioner to explore and manage challenges, complexity and other pressure in their role, where practitioners may feel overwhelmed. Signposting to other services may also be needed.

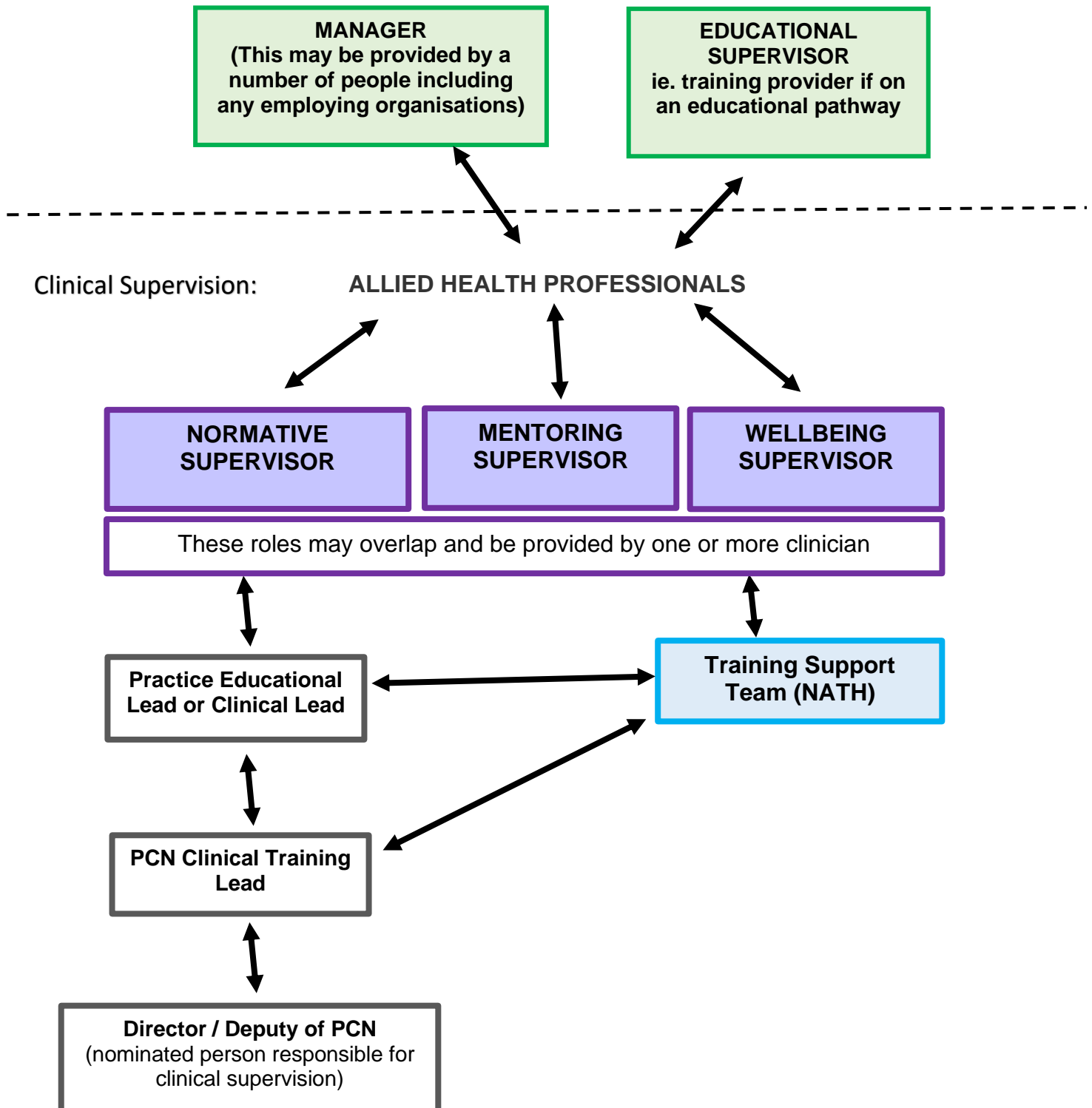
These roles may overlap and additionally may be provided by more than one professional.

If an AHP is on training pathway, they may additionally have an educational supervisor. These supervisors are responsible for ensuring that trainees are making the necessary clinical and education progress throughout their training; this is normally separate to clinical supervision. A summary of the differences between clinical supervision, educational supervision and line management may be found In Appendix 1.

Proposed Model of Supervision

This document outlines a proposed model of what ‘good’ supervision should look like and encompasses all the following aspects discussed above. This is to ensure that all AHPs within Nottinghamshire are effectively supervised. Figure 1 outlines the lines of accountability of those involved.

Figure 1: Proposed lines of accountability of Allied Health Professionals within the GP Practice. A summary comparing all central roles may be found in Appendix 1



Below is a table that summarises the minimum requirements for 'good' supervision to ensure that all elements of supervision are attained.

Table 1: Summary of GP practice pharmacy professional's clinical supervisors

Role: Normative - day to day / debrief - type supervision (Note this may vary day to day if work in multiple practices)	
Who can provide this supervision	Named clinician - who ideally has a specialist interest in supervision / training
Qualifications / experience of supervisor	An experienced senior clinician who has direct & relevant experience in relation to AHP's role Reflected on training needs to be competent in role & completed training where relevant.
Meeting frequency	Scheduled time, protected from clinical intrusions Frequency will depend on training needs and role - may range from after every patient until competent - evolving to less often. + ad hoc if safety concern / incident / conflict
Method	Face to face ideally, but it may be appropriate for it to be by telephone / remotely based on situation.
Record keeping	Brief real time, year-round notes of clinical areas discussed and learning actions (see example in Appendix 2). Aim of meetings should be recorded in a contract, which should be frequently reviewed.
Main aim of supervision	Clinical safety and workload management
Resources	Supervision contract Competency framework (if available)
Monitoring	Audit that each professional has: <ul style="list-style-type: none"> - Named supervisor - Documented meetings have taken place

Role: Mentoring	
Who can provide this supervision	Named clinician - who ideally has a specialist interest in supervision / training (This may be a different or the same clinician providing this support)
Qualifications / experience of supervisor	An experienced senior clinician (ideally of same profession, but this may not always be possible) who understands role of the AHP. Reflected on training needs to be competent in role & completed training where relevant
Meeting frequency	Scheduled, regular and protected time. Frequency will depend on training needs and role.
Method	Face to face ideally, but it may be appropriate for it to be by telephone or remotely according to situation. Sessions may be provided as a mixture 1-1 and within groups
Record keeping	Brief, year-round, real time record of sessions - see Appendix 3 for example. These records may be used for appraisals and career development. Meeting aims should be recorded in a contract, which should be frequently reviewed. As part of a personal development plan (PDP)
Main aim of supervision	1) Identification of training needs via reflection 2) Peer support
Resources	Clinical supervision agreement and ground rules Competency framework (if available)
Monitoring	Audit that each professional has: <ul style="list-style-type: none"> - Named mentor - Documented meetings have taken place - A PDP

Role: Wellbeing / Restorative Supervision	
Who can provide this supervision	<p>Anyone who AHP feels comfortable with.</p> <p>May be provided by normative and mentoring supervisors during sessions.</p> <p>May be beneficial to have a named and accessible 'wellbeing' contact in Nottingham area</p>
Qualifications / experience of supervisor	<p>All members of staff should be familiar with local practice policies including bullying, harassment and whistleblowing.</p> <p>The 'wellbeing' staff could have received additional training within this area.</p>
Minimum frequency	Ad hoc when needed
Method	Face to face but concerns could be raised remotely, over phone or via email.
Record keeping	Brief notes if needed in line with local policies.
Main aim of supervision	<p>To support AHP and prevent them becoming overwhelmed, stressed or burnt out.</p> <p>Signposting may be needed.</p>
Resources	<p>Local practice policies</p> <p>Accessible list of wellbeing resources such as Shiny Mind.</p>
Monitoring	<p>Staff satisfaction surveys</p> <p>Sickness rates</p>

Roles and responsibilities of staff involved in implementing this model

Title	Role	Key responsibilities
PCN Clinical Director / Deputy	Executive Lead	Overall accountability and responsibility for ensuring that effective supervision monitoring systems are in place within the PCN.
GP Practice Clinical Lead	Responsible	Ensure that supervision monitoring data is collected from clinical areas and for acting effectively on the information gathered.
Team Managers	Responsible / Implementation	<p>Ensure all necessary types of supervision are delivered by appropriately qualified, skilled and experienced clinical supervisors.</p> <p>Will via appraisal and personal development plans, aid in the development of the professional's supervisory needs and allow time for individuals to attend supervision sessions.</p>
PCN Training Lead	Responsible / Implementation	<p>Ensure that clinical supervision is delivered with appropriate areas of responsibility /practice</p> <p>Ensure that supervision arrangements are in place and monitoring reflects these arrangements.</p> <p>That supervisors are competent to fulfil their supervisory roles</p>
Supervisors	Adherence	<p>Ensure that record-keeping of sessions is kept</p> <p>Need to make sure they possess the competence, skills, knowledge and / or experience to deliver supervision effectively within area of practice and be willing to accept supervision themselves</p> <p>When normatively supervising, clinical supervisors remain clinically responsible for their supervisees.</p>
Supervisee	Adherence	<p>Responsible for attending all booked sessions</p> <p>Must be familiar with professional standards and codes of practice, as well as local practice policies.</p> <p>Try and plan ahead, reflect on areas of practice or professional dilemmas to be discussed and return to future sessions with completed action plans.</p> <p>Complete supervision monitoring as required.</p> <p>Ensure that sessions are accurately recorded.</p>

Appendix 1

Table 2: A brief guide to the differences between clinical supervisor, education supervisor and manager in relation to an Allied Health Professional in GP Practice.

Role	Clinical Supervisor			Educational Supervisor ¹	Line Management
	GP Practice Supervisor	Mentor	Wellbeing		
Key responsibilities:	<p>Ensures day to day safe patient care and management of workload</p> <p>Provides guidance and feedback in relation to the immediate clinical work.</p> <p>Provides support for work-based assessments</p> <p>Provides feedback on progress.</p> <p>Provide support when professionals fail to progress at expected rate.</p>	<p>Peer support</p> <p>Facilitates reflective learning through individual or group sessions.</p> <p>Identifies and helps action and develop personal development plans.</p> <p>A confidential provision except in event of serious safety issues.</p>	<p>Provides support as needed to prevent stress and burnout.</p> <p>Listens to problems / issues</p>	<p>Ensures effective learning experience.</p> <p>Provides support in the initial and ongoing education plan.</p> <p>Reviews progress with respect to learning pathway and assessments</p>	<p>Co-ordinates workload.</p> <p>Ensures adequate supervision arrangements.</p> <p>Assists practically for example with ledgers and room allocation</p> <p>Approves annual / study leave.</p> <p>Manages sickness.</p> <p>Conducts appraisals</p> <p>Manages performance.</p>

¹if on clinical training pathway for example Clinical Pharmacists are on the General Practice CPPE training programme

Appendix 2: Example form for day to day supervision of AHPs.
 It should be kept by the supervisee. It could be done online for example on SystemONE learning notes.

Name:

Date	Issues / Areas discussed	Supervisor

Appendix 3: Example forms for mentoring of AHPs.

For 1-to-1 sessions

Supervisee Name:	
Supervisor Name:	
Date:	

What is working well for you		
What is not working well or challenging to achieve	Solutions and actions	Complete by date:

For group sessions

Attendees:

Print	Sign

Outline of discussion:

Supervisor Sign:

Date:

Location:

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References:

SPS (2020) *Clinical Pharmacist Supervision*. Available from: <https://www.sps.nhs.uk/articles/primary-care-professional-support-clinical-supervision/> (accessed 12 November 2020)

NHS (2019) *NHS Long Term Plan*. Available from: <https://www.longtermplan.nhs.uk/wp-content/uploads/2019/08/nhs-long-term-plan-version-1.2.pdf> (accessed 12 November 2020)

NHS (2020) *WE ARE THE NHS: People Plan 2020/21 - action for us all*. Available from: <https://www.england.nhs.uk/wp-content/uploads/2020/07/We-Are-The-NHS-Action-For-All-Of-Us-FINAL-March-21.pdf> (accessed 13 November 2020)

Department of Health (1993) *A Vision for the Future Report of the Chief Nursing Officer*. London: NHS Management Executive.