NHS Resolution

Practitioner Performance Advice

Professional Support and Remediation plans: guidance and resources for clinical supervisors

Contents

1. Overview of supervision and the supervisor's role

The clinical supervisor provides support and supervision of a practitioner during an action plan. Their role is to ensure safe practice and to monitor and report on the practitioner's progress to the programme manager. The clinical supervisor is responsible for observing clinical practice in line with the level of supervision required, completing work-place based assessments (WPBAs), reviewing progress and assessing performance, and delivering feedback. Normally a clinical supervisor for remediation will have considerable experience in training/supervising, but also have received further training to equip them for the sensitivities of supervising practitioners in difficulty.

The clinical supervisor should meet with the practitioner in accordance with the level of supervision required, and will establish a regular pattern of supporting interaction. Detailed feedback should be provided to the practitioner throughout the programme, and any concerns regarding progress should be discussed and with the potential for additional interventions.

2. Appointing a clinical supervisor

The clinical supervisor should be an experienced clinician in the same specialty at the same or a more senior level to the practitioner, and be familiar with supervision of trainees, as much of the principles, guidance and training in relation to trainee will also be applicable in a remediation plan. Where direct supervision is required, they will normally need to be practising in the same location as the practitioner, to ensure the practitioner has regular and appropriate access to support.

The clinical supervisor is accountable to, and normally appointed by, the programme manager and they should be suitably removed from any wider issues relating to the practitioner's remediation or reskilling. Where this is not possible, consideration should be given to whether a placement at another practice/Trust would be appropriate. If a placement is not an option then it may be possible to reach agreement on the appointment of a suitable supervisor following further discussion. The clinical supervisor will be expected to develop professional rapport with the practitioner and provide clinical coaching, distinct from any behavioural coaching or the collegiate support of a mentor.

The Health Education England Framework for Supervisors (i – all resources listed below) and London Deanery's Principles for Effective Supervision (ii) set out some of the core responsibilities and principles for effective supervision generally; however, there are some considerations associated with the supervision of a peer during remediation that would not be encountered when supervising trainees.

3. Support for the supervisor and supervisor's wellbeing

Support and remediation plans create additional workload and possible personal stress for all involved, including supervisors.

It is important to recognise these risks and ensure there is support and clear reporting lines confirmed with the programme manager. Preparations should include establishing mechanisms for securing additional assistance or intervention if experiencing difficulties in delivering supervision, particularly if patient or staff safety is at risk.

Supervisors should take suitable steps to protect themselves by requesting assistance as early as possible where difficulties arise, professionally and in situations where health may be affected. Practitioner Performance Advice can provide confidential advice on request.

4. Confidentiality

Whilst trainees undergo a structured training programme which is widely known to the colleagues around them, this is not usually the case in remediation and reskilling programmes. Clinical supervisors would need to be mindful of the practitioner's confidentiality, given that the remediation plan and the reasons for it may well not be widely known among colleagues.

5. Practitioner's wellbeing

A remediation or reskilling programme can be a stressful time for the practitioner concerned. Due to the level of day to day contact with the practitioner, the clinical supervisor may be well placed to consider the practitioner's wellbeing. The clinical supervisor should take the time to 'check in' with the practitioner regarding their wellbeing, and should ensure that the practitioner knows how to access support, such as mentoring, counselling or occupational health. Our website also details external sources of local support (iii), which the supervisor may wish to bring to the practitioner's attention where relevant.

If the supervisor considers that matters relating to the practitioner's health and wellbeing pose a risk to the safety of patients, colleagues or the practitioner themselves, this should be escalated to the programme manager immediately.

6. Bias and maintaining independence

We all have to account for and do our best to counter our individual biases in professional practice and supervision is no different. Clinical supervisors may be required to supervise peers and colleagues with whom they have a longstanding working relationship and preconceived ideas (both positive and negative) of each practitioner's abilities and performance.

To mitigate against any issues of bias, it would be beneficial for the supervisors and practitioner to discuss any known issues that might affect personal or professional behaviour at the start of the plan.

If the supervisor feels at any point that their professional relationship with the practitioner will, or could, impair their judgement, this should be escalated to the programme manager at the earliest opportunity.

Professional websites and journal articles can be good sources to help refresh your appreciation of countering bias (iv).

7. Levels of clinical supervision

Practitioner Performance Advice action plans generally recommend that the degree of supervision can be reduced on a sliding scale as the practitioner demonstrates progress while always ensuring that patient safety is paramount. The differing supervision categories are as follows:

Direct Supervision: All activities carried out by the practitioner involving direct contact with patients are observed by the clinical supervisor, to ensure appropriate patient safety. For other activities not involving direct patient contact, the clinical supervisor should be within an immediate distance (e.g. same ward, or within the practice) in order to provide support and feedback as required. In practice this would mean the supervisor sitting in on clinic sessions, accompanying the practitioner on ward rounds and being present (and possibly scrubbed in) in theatre.

Obviously this is specialty dependent, as a practitioner may have little or no patient contact in pathology, radiology, etc., and the programme manager should work with the supervisor and practitioner to determine the appropriate situational requirements for direct supervision.

Indirect Supervision: The clinical supervisor should oversee and be within immediate proximity for activities carried out by the practitioner involving direct contact with patients, to ensure patient safety. Activities not involving patient contact should be observed regularly in order that feedback and support can be provided where needed, but not necessarily in every instance.

In practice this may entail the supervisor being nearby and available for discussion during the practitioner's clinical session, on the ward during ward rounds, and available to come to theatre on short notice.

Ad Hoc Supervision: The clinical supervisor will observe and provide feedback on activities on an opportunistic basis. This may include (but not be limited to) observation at the request of the practitioner in order to provide guidance and feedback. Meetings with the practitioner to discuss progress or review performance with specific activities will continue until the end of the plan.

In some cases, different levels of supervision may be appropriate for different areas of work, subject to the practitioner's performance in and exposure to each area of work during the plan. The supervisor should consider the appropriate level of supervision on an ongoing basis, with formal review at review points.

Supervision requires a substantial investment of time. With the agreement of the programme manager and practitioner, another suitable peer may be able to offer supervision for some clinical activities, where the designated clinical supervisor is unavailable, or there is a more appropriately skilled or experienced peer for a specific situation.

It is not uncommon for a practitioner to be under supervision agreed by the relevant healthcare regulator concurrent with an action plan. While conditions and terms may differ, both sets of supervision need to be adhered to (in practice they can usually be accommodated quite readily).

8. Review meetings

Review meetings should usually be held at the frequency recommended in the action plan. If there is a need to vary the frequency, this should be agreed with the programme manager.

As part of the review, the supervisor should consider the information obtained from the supervised practice, WPBAs, other interventions such as audits, and the practitioner's reflective log to assess progress. Other sources of information may also be available, such as feedback from the practitioner's colleagues, and compliments or complaints from patients. Discussion should include an assessment of performance to date in all objectives, and the expectations and areas for focus in the rest of the plan. Discussion should also include the practitioner's view of their own progress, and any problems encountered during the relevant phase of the action plan.

The clinical supervisor is responsible for producing a report on the practitioner's progress at specified intervals and upon completion of the programme, to be considered by the programme manager in their decision regarding next steps (i.e. continue through the programme or other action).

Practitioner Performance Advice provides a template which can be used for reporting progress.

The supervisor's report should provide a summary of the work experiences and detail the areas of practice completed, with feedback on the progress against expectations for each of the objectives. These should be supported by a clear rationale, and reference to the evidence (e.g. observation of cases completed under supervision, WPBA and reflective report).

9. Starting the plan

At the start of the plan, the supervisor should meet with the practitioner to discuss and agree how the action plan will be implemented and the practical arrangements for supervision. This meeting should be scheduled in advance and occur in a location that provides privacy.

The supervisor should discuss expectations with the practitioner, and explore whether the practitioner has any concerns about their ability to progress through the action plan, or envisages any barriers to progress. This can include issues such as the practitioner's job plan, available facilities and equipment,

and interpersonal relationships with colleagues. Any issue which the supervisor considers could impact on the plan should be escalated to the programme manager if it cannot be easily resolved.

The supervisor should also explore with the practitioner whether there is any CPD, interventions, or specific support not specified in the action plan that may help the practitioner achieve their objectives.

10. The practitioner's scope of work

Part of the supervisor's role is to ensure that the practitioner has access and exposure to a range of appropriate clinical experiences for each progressive stage of their remediation plan. Whilst the programme manager has ultimate responsibility for overseeing the plan, they will not necessarily be from the same specialty as the practitioner, so it is the clinical supervisor who will be best placed to understand the requirements, and the range of work that is appropriate. The range and complexity of work should be discussed with the practitioner at the outset of the remediation plan, and at any point when a change to the scope of work is proposed.

11. Giving effective feedback

Effective feedback begins with the positive but also must address lack of progress or poor performance at the earliest opportunity to allow the practitioner to take steps to address any issues and improve. A consistent or significant failure to progress should be escalated to the programme manager as a priority.

As the practitioner may be a clinician and peer at the same level as the supervisor, this can prove a challenge in communicating expectations and feedback. Most supervisors will have training and experience in delivering effective feedback, and know how to identify and positively highlight opportunities for improvement. Feedback should be clear and non-judgemental, and should address the positive aspects of performance as well as the negatives. It is helpful to offer specific examples of poor performance and to focus on objective information rather than the personal characteristics of the practitioner. Models for personal interaction can be of assistance in particularly problematic situations (v).

Whilst review meetings give the opportunity for formal and detailed feedback and discussion around progress, informal feedback should be provided on an ongoing, opportunistic basis, to ensure that potential problems can be caught and addressed early on.

In-depth guidance on giving effective feedback is available (vi). Supervisors may wish to review the following article which offers guidance and practical tips. Although generally focused on the supervision of trainees, the principles would also be helpful for those supervising a practitioner in a remediation setting.

12. Addressing poor progress or lack of engagement

Lack of progress or lack of engagement should be raised at the earliest opportunity so that the practitioner has a chance to address the problem. The supervisor should take time to explore whether there are any barriers or practical problems preventing the practitioner from progressing or engaging fully in the plan.

If concerns about patient safety arise due to poor performance or a failure to engage in the supervision requirements, this should be escalated to the programme manager and relevant local management immediately.

13. Using workplace based assessments

Targeted WPBAs provide a structured form of assessment during an action plan. There is a joint responsibility to complete them shared between the practitioner and supervisor, and their exact form will vary depending on the specialty and guidance from the appropriate Royal College and/or regulatory body. The action plan will recommend a number of WPBAs to be used in each phase of the programme, usually reducing on a sliding scale, as with the level of supervision. However, this can be varied and increased/decreased at the discretion of the supervisor and programme manager, as appropriate, for the practitioner's progress against objectives in each area/aspect of work.

General guidance on using WPBAs, in particular common difficulties, is available from the Academy of Medical Royal Colleges' publication *Improving Assessment: Further Guidance and Recommendations* (vi).

14. Completing the plan

It is the programme manager's role to sign off on the completion of the action plan. However the supervisor's reviews and assessment of the practitioner's progress will be integral to such decisions. As such it is important that the supervisor gives clear and comprehensive feedback as to whether the practitioner is ready for independent practice at the level specified in the action plan.

The action plan sets out a recommended timeframe for the completion of the plan. However there is scope for this to be varied with agreement of the programme manager if necessary, for instance if progress is slower than anticipated, or practical/logistical issues prevent the practitioner from completing the interventions and progressing through the plan. Equally, a plan may be shortened and signed off if rapid sustained progress is demonstrated. The structure of any extension to the action plan should be agreed by the programme manager and supervisor, with discussion with the practitioner.

The employer should make clear, by adding to the plan provided, what will happen following the successful completion – this could be returning to the previous post or starting a new one. In either case, a placement may be desirable for a structured introduction and Practitioner Performance Advice can advise on creating one.

Likewise, it is possible for an action plan to finish but for certain interventions to continue outside of this formal structure if necessary, at the discretion of the supervisor and programme manager.

If you have any queries or circumstances that are difficult to address, Practitioner Performance Advice are pleased to assist at nhsr.psr@nhs.net.

Resources

i. Health Education for England Clinical Supervisor Framework: https://heeoe.hee.nhs.uk/sites/default/files/eoe_ph_clinical_supervisor_framework_-_july_2019.pdf

ii. London Deanery Principles for Effective Supervision: https://faculty.londondeanery.ac.uk/e-learning/supervision/principles_underpinning_effective_supervison.pdf

iii. NHS Resolution: support for practitioners: https://resolution.nhs.uk/services/practitioner-performance-advice/support-for-practitioners/

iv. Cognitive Bias articles: https://www.cmpa-acpm.ca/serve/docs/ela/goodpracticesguide/pages/human_factors/Cognitive_biases/common_cognitive_biases-e.html ; https://www.mededpublish.org/manuscripts/2399 ; https://pubmed.ncbi.nlm.nih.gov/24179022/

v. Models for interaction: http://nyumacy.med.nyu.edu/facultydev/cards/badnews.html

vi. Feedback advice (BMJ): https://www.bmj.com/content/337/bmj.a1961.full

vii. Workplace Based Assessment Advice from the Academy of Medical Royal Colleges: https://www.aomrc.org.uk/wp-content/uploads/2016/06/Improving_assessment_Further_GR_0616-1.pdf

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