

Clinical Supervision of temporary or locum members of junior medical staff policy

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Approved by:	Maternity Governance Meeting	
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Key Amendments

Date	Amendments	Approved by

Quick Reference Guide

Approval of appointment of temporary or locum staff by permanent Consultant.
Any concerns must be discussed with the Clinical Director.

Commencement of temporary or locum staff

Temporary or locum staff to be made aware of policy by the first consultant they work with (often on call consultant).

Locum doctor completes Competencies form with on call Consultant during first shift

Temporary or locum staff made aware of policy by on-call Consultant or deputy

Forms to be returned to and stored by the Directorate Support Officer or deputy on the M drive and temporary or locum staff to also keep copy of induction meeting form and competencies form

RCOG tutor to allocate a Consultant supervisor to temporary or locum staff

Temporary or locum staff to make appointment with their Consultant supervisor to complete a Review of Progress Meeting Form and record of concerns/comments on staff performance every 4 months or as required

Introduction

With increased vacancies at middle grade and junior grade doctor level, we are reliant on temporary staff and locum doctors to complete the middle rota. While at the junior or SHO level vacancies, temporary staff and locums are less common, this policy can be extended to all junior medical staff working cross county within the Directorate of Obstetrics and Gynaecology at WAHNSHST.

This policy for the supervision of junior doctor staff will promote patient safety and provide evidence for clinical governance. It can also help to provide evidence for all doctors in support of their appraisal and revalidation

Scope of this document

This policy applies to all temporary and locum doctors working within the Directorate of Obstetrics and Gynaecology at WAHNSHST.

This guidance is available for all consultants who are responsible for the supervision of such doctors.

Consultants who are not registered with the GMC as Educational or Clinical Supervisors are still expected to be responsible for the supervision of locums and temporary members of middle grade and junior staff.

Definitions

Middle Grade: A doctor on the middle grade rota, working as resident 2nd on call. This grade includes clinical fellows, specialty trainees, trust doctors, specialty doctors, staff grades and associate specialists.

Junior SHO grade: A doctor on the junior or SHO grade rota working as resident 1st on call. Most doctors at this level are GP specialty trainees or first or second year career grade trainees but this grade also includes second year Foundation Doctors.

Temporary staff: Staff members who are employed on a temporary basis either utilising a zero hours contract or an employment agency.

Locum Staff: Staff employed via an employment agency for a short term appointment.

Educational / Clinical Supervisor: An Educational Supervisor or Clinical Supervisor is a named individual who is responsible for supporting, guiding and monitoring the progress of a named trainee for a specified period of time.

Temporary or Locum doctors will be allocated a named consultant supervisor.

Responsibility and Duties

This policy is to be followed within the Directorate of Obstetrics and Gynaecology WAHNSHST.

The RCOG College Tutor / Education Lead (or Clinical Director in the absence of the RCOG Tutor) will allocate a consultant supervisor for all temporary or locum doctors fulfilling attachments at WAHNSHST. The named supervisor will often be a consultant that the temporary or locum doctor will work with during their first few days. The RCOG Tutor will try to allocate temporary doctors fairly across the consultant body in recognition that there is no additional SPA allowance for this consultant supervisor role.

Temporary and locum members of staff must be alerted to the existence of this policy by the Directorate Support Officer or Deputy and it should be enclosed with their usual paperwork.

The consultant working with the temporary or locum doctor during their first clinical commitment (often the on call consultant) should also raise the details of this policy and the need for the new doctor to make arrangements to meet their consultant supervisor.

Temporary and locum staff members must make arrangements to meet with their consultant supervisor within the first week of their arrival.

The consultant supervisors fulfilling this role for temporary and locum members of staff must follow this policy and appendices, escalating queries or concerns to the RCOG Tutor or Clinical Director.

Policy detail

Appointment of temporary or locum members of junior medical staff.

Any doctor working at middle grade or junior level will have their appointment approved by one of the permanent consultants.

If there are any concerns from the GMC, such as practice restrictions or supervision orders, then the appointment must be discussed with the Clinical Director before the appointment is finally approved.

Commencement of temporary or locum contracts should **not** be scheduled for night shifts. (Unless the doctor has previously worked in the Trust and there is no other option available).

Consultant supervision of temporary or locum members of junior medical staff.

All temporary or locum members of middle grade or junior level medical staff will be formally allocated to a named consultant supervisor who will be in a position to support their clinical progress. While allocation of a named supervisor should happen at the beginning of the appointment, the consultant who is on call at the start of the attachment and meets with the temporary doctor for their orientation will fulfil this role until a formal supervisor has been allocated.

All temporary or locum members of middle grade or junior level medical staff will have a named consultant supervisor allocated by the RCOG College Tutor or Education Lead or Clinical Director.

All temporary or locum members of middle grade or junior level medical staff must meet their named consultant supervisor within the first week of their attachment.

The named consultant supervisor and temporary doctor will complete an Induction Meeting Form (Appendix 1) and Declaration of Competencies Form (Appendix 2).

A copy of all documentation must be sent to the temporary doctor and the Directorate Support Officer or Deputy to be filed in their individual case record and on the shared M Drive .

Subsequent Review of Progress Meetings will take place as required and at least every 4 months (Appendix 3). This is in line with doctors in training.

Temporary or locum members of middle grade staff who have already worked within the unit over the previous 6 months will be expected to have a Review of Progress at the start of their attachment rather than an Induction Meeting.

Any raised concerns (Appendix 4), complaints or clinical incidents must be discussed with evidence of formal reflection on the part of the temporary doctor, either as part of the Review of Progress Meetings or as a face to face one-to-one meeting (Appendix 5) led by the consultant supervisor.

Multi-Source Feedback (MSF) can be obtained for temporary or locum doctors alongside the doctors in training in November or March every year. This must be requested of the RCOG College Tutor by the temporary doctor or consultant supervisor. Outside this time temporary doctors will need to make their own arrangements for MSF.

All doctors will be revalidated every 5 years and it is important that accurate records are kept to facilitate this process.

Raising concerns about temporary or locum members of junior medical staff

Any concerns to be raised must be discussed with the temporary doctor, recorded on the attached Raising Concerns Form (Appendix 4) and communicated to the Clinical Director and Directorate Support Officer as soon as practically possible.

If any significant event or complaint is brought to a meeting such as a round table meeting, the temporary doctor must be invited to attend. This should be co-ordinated by the Clinical Risk Manager for Obstetrics or Gynaecology and Directorate Support Officer with the help of Human Resources at WAHNHST

Appendix 1

Induction Meeting Form

Meeting Date:

Doctors Name:

Supervisors Name:

Supervisors Contact Details:

Date of Start of Appointment:

Intended Employment End Date:

Last Revalidation Date:

Responsible Officer for Revalidation:

Last Appraisal Date:

Last Progress Meeting Date:

1. Knowledge, Skills and Performance:

(Includes clinical competencies, qualifications, strengths and weaknesses)

2. Safety and Quality:

(Includes complaints, incidents, significant events and audit)

3. Communication, Partnership and Team work:

(Includes attitudes, attributes, relationships with patients, families, medical staff)

4. Maintaining Trust:

(Includes patient respect and dignity, honesty and probity)

Appendix 2

Competencies of Obstetrics & Gynaecology Trainees in Worcestershire Acute Hospitals NHS Trust Hospital

Date

Name of Trainee / Locum & Grade

Competency sheet filled by (Name / Signature)

Procedure	Competent to perform the procedure independently (Yes / NO)
CTG Interpretation (Mention what type of training K2/ RCOG)	
Fetal Blood Sampling	
Forceps Delivery – Non rotational	
Ventouse delivery – Non rotational	
Rotational Ventouse	
Anal Sphincter Tear – 3o	
Anal Sphincter Tear – 4o	
Manual Removal Placenta	
Caesarean section (CS) –I stage	
CS - II stage	
Trial of instrumental delivery –Including CS if fails	
CS for transverse lie	
Preterm CS mention up to what gestation	
Twins	
Vaginal Breech delivery	
Ultrasound scan for fetal viability / fetal heart presence	
Ultrasound scan for fetal presentation	
Suction Evacuation of uterus / D & C	
Diagnostic Laparoscopy	
Laparoscopic management of ectopic pregnancy	
Marsuplisation of Bartholin Cyst	

Please note that the key documents are not designed to be printed, but to be used on-line. This is to ensure that the correct and most up-to-date version is being used. If, in exceptional circumstances, you need to print a copy, please note that the information will only be valid for 24 hours and should be read in conjunction with the key document supporting information and/or Key Document intranet page, which will provide approval and review information.

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Appendix 3

Review of Progress Meeting Form

Meeting Date:

Doctors Name:

Supervisors Name:

Supervisors Contact Details:

Date of Start of Appointment:

Intended Employment End Date:

Last Revalidation Date:

Responsible Officer:

Last Appraisal Date:

Last Progress Meeting Date:

1. Knowledge, Skills and Performance:

(Includes clinical competencies, qualifications, strengths and weaknesses)

2. Safety and Quality:

(Includes complaints, incidents, significant events and audit)

3. Communication, Partnership and Team work:

(Includes attitudes, attributes, relationships with patients, families, medical staff)

4. Maintaining Trust:

(Includes patient respect and dignity, honesty and probity)

Appendix 5

Case Based Discussion Following an Incident

Patient details –

Title of incident –

Web incident number web –

Date of discussion –

Person investigating –

Case discussed with –

ISSUES DISCUSSED	ACTIONS

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Arrangements for sharing the learning points

This form should be completed at the time of every one to one discussion following an incident and emailed to Karen Kokoska – Maternity Risk Manager.

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