Worcestershire Acute Hospitals NHS Trust

Policy for Clinical Supervision of temporary or locum members of Junior Paediatric staff

Key Document code:	WAHT-TP- 055	
Key Documents Owner:	Dr P Watson	Consultant Paediatrician
Approved by:	Paediatric Quality Improvement meeting	
Date of Approval:	9th February 2024	
Date of review: **This is the most current version and should be used until a revised document is in place**	9th February 2027	

Key Amendments

Date	Amendment	Approved by
19th Nov 2020	Document extended for 1 year	Paediatric QI/Dr J West
26th March 2021	Approved with no amendments	Paediatric QIM
9th February 2024	Reapproved with new amendments	Paediatric QIM

Introduction

With increased vacancies at middle grade junior doctor level, we are often reliant on temporary staff and locum doctors to complete the middle grade junior doctor 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 Paediatrics at WAHNHST.

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 junior doctors working within the Directorate of Paediatrics at WAHNHST.

This guidance is available for 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.

Directorate of Paediatrics WAHNHST includes the Paediatric and Neonatal Units at Worcestershire Acute Hospitals NHS Trust and the Alexandra Hospital Redditch.

Temporary staff: Staff members who are employed on a temporary basis either utilising a zero hours contract or an employment agency (the later also referred to as locums).

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 clinical supervisor.

Responsibility and Duties

This policy is to be followed within the Directorate of Paediatrics WAHNHST.

The Rota coordinator (or Clinical Director in the absence of the Rota coordinator) will allocate a consultant supervisor for all temporary or locum doctors fulfilling attachments at WAHNHST. The named supervisor will often be a consultant that the temporary or locum doctor will work with during their first few days. The Rota coordinator will try to allocate temporary doctors fairly across the consultant body.

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 RCPCH Tutor or Clinical Director.

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 – usually a consultant working at the site of the base hospital.

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.

Ideally commencement of temporary or locum contracts should **not** be scheduled for night shifts. Consultant staff will not routinely be available to welcome and orientate new staff outside the working day (8 til 6 weekdays, 8-1 weekends). It is likely that temporary and locum staff will settle and perform better with a supervised start.

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 rota coordinator 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 on the protected 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.

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, the doctors Clinical Supervisor (named consultant) 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 Children's Directorate and Directorate Support Officer with the help of Human Resources at WAHNHST.

Monitoring and Compliance

This section should identify how the Trusts plan to monitor compliance with and the effectiveness of this Treatment pathway. It should include auditable standards and/or key performance indicators (KPIs) and details on the methods for monitoring compliance.

WHAT?	HOW?	WHO?	WHERE?	WHEN?
These are the 'key' parts of the process that we are relying on to manage risk.	*What are we going to do to make sure the key parts of the process we have identified are being followed?*	*Who is responsible for the check?*	*Who will receive the monitoring results?*	*Set achievable frequencies.*
	Through regular review of the paediatric dashboard at Quality Review meetings	Lead for Risk Management		
Oral rehydration salts Against NICE recommendations	Local audit	Dr Bindal	Results presented at Paediatric Audit Meeting	Annual
Childrens collaborative advance care plan	Audit	Carol Farrell (Paediatric Community nursing team-Orchard)	Research project- In conjunction with University of Birmingham	2018
Childrens Advance care plan	Audit	Carol Farrell (Paediatric Community nursing team-Orchard)	Research project- In conjunction with University of Birmingham	2018
Inpatient full capacity Portocol	Datix form completed when policy is initiated	Lara Greenway	Riverbank ward	Ad hoc as and when needed
Recorded supervision of temporary and locum junior doctors in Paediatrics at WAHNHST.	Meeting documentation recorded and stored on shared M: Drive in individual staff folders.	Temporary or Locum staff meet consultant supervisors within 2 weeks of start of post and then every 4 months in line with policy. Relevant documents to be completed and stored	Results to be given to Clinical Director	When requested

Responsibility of the consultant paediatrician on call Audit of transfers out to PICU and NICU	Through regular review of the paediatric dashboard at Quality Review meetings	Lead for Risk Management	Perinatal and Paediatric Mortality and Morbidity meetings	Meetings held regularly through the year
Guideline for the admission of children and young to inpatient wards	Datix form completed when patient inappropriately admitted to ward		Ward Manager Lara Greenway	Ad hoc basis as and when this incidence occurs

References:

GMC Good Medical Practice April 2013 www.gmc-uk.org
www.nact.org.uk