ARRS Staff and Learners Supervision collaborative agreement

Between

The Health Triangle PCN

And

The Health Triangle PCN Member Practices

PCN Overall Educational Lead – Dr.Ashish Singh

HEE PCN Learning Environment Lead - Dr.Ivan Aloysius

Evergreen Practice – Dr.Prash Nelli

Crownwood Practice – Dr.Venkat Rao

Ringmead Medical Group – Dr.Ashish Singh

PCN Manager for training and supervision – Vonnie Phillips

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Purpose

This guidance supports member practices of The Health Triangle PCN (Ringmead Medical Group, Evergreen Medical Practice and Crownwood Medical Practice) to provide employment model and effective supervision for their growing multidisciplinary teams (MDTs) as well as trainees placed as part of PCN as learning environment.

It:

- Sets out principles of supervision for roles new to general practice and learners.
- Identifies best practice to support the development of good clinical governance.
- Provides guidance on training and developing the workforce.

The guidance is intended to be a supporting resource; it should not be considered as contractual guidance or be used as a lever for contractual enforcement.

It should be read in conjunction with the Network Contract DES, which sets out the minimum supervision requirements for staff recruited through the Additional Roles Reimbursement Scheme (ARRS), and other relevant guidance from NHS England, regulatory bodies, royal colleges and professional bodies.

While the focus of the guidance is for staff hired by PCNs via ARRS, the principles outlined will be applicable to other members of general practice teams.

The Health Triangle PCN

The Health Triangle PCN mission for our team is to maintain a supportive, fulfilling and rewarding working environments for all, to promote a no-blame, learning progressive culture, to encourage personal development through regular and effective appraisal and educational events, to listen to all team members and value comments, suggestions and contributions, to project a positive and professional image of ourselves both within and outside the practice. Regular feedback is sought from placement students and acted upon.

We have

1. The Health Triangle PCN is approved as a PCN as a learning environment and all 3 practices of Primary Care Network has been approved as joint Learning Environments.
2. Monthly PCN led educational meeting.
3. Weekly MDT meeting where all ARRS team meet up to share learning and discuss cases.
4. PCN MDT lead is Dr.Ashish Singh who supports and chairs the weekly MDT meeting.
5. We have a monthly protected learning time event for shared learning for all clinicians at the practice.
6. All our ARRS staff also participate in CPD events relevant to their field such as CEPA for physician associate, CPPE for clinical pharmacist and Weekly MDT meeting for mental health practitioners.
7. Each practice also supports in-house training and teaching for all their clinical and non-clinical staff during in-house protected learning time event.
8. Each member practice indemnifies each other for any employment issues with regards to the MDT being employed by different practices.

Role of PCN Education Lead

1. Staff are operating within the limits of their capability, scope of practice and competency.
2. Allow sight of present and future workforce needs of practices and the collective PCN, improving understanding of workforce and training gaps.

3. Provides a visible system leader in valuing and developing the PCN workforce; making primary care a first career option.
4. Provides a role model and support matrix in recruitment and retention of primary care workforce, sharing best practice across Frimley ICB
5. Provides a PCN link for greater understanding ARRS across the PCN, improving multi-disciplinary working, induction and training.
6. Enables a key link with the Training Hub team including the GP Tutor and Primary Care Workforce Tutor to ensure the PCN fully benefits from all training and funding opportunities, securing a sustainable and highly skilled workforce for the future.
7. Allows opportunity for PCN to link with partner organisations and HEIs to foster collaboration and influence workforce development with the knowledge of local need, drawing on PCN training needs analysis.
8. To link with training organisations and Training Hub to improve opportunities to host new learners and student placements, help address barriers around capacity, improving workforce recruitment.
9. Responsive to new educational needs of PCN e.g. COVID related training or workforce changes, ARRS related training and induction

Role of PCN Manager and Training facilitator for training and supervision

Ensure that.

1. Ensure ARRS recruitment according to national requirement including appropriate checks such as professional registrations, Qualifications, appropriate occupational assessment conducted, references and DBS check done. Appropriate induction done for member practices.
2. Mentor is allocated for each ARRS staff.
3. Have annual appraisal organised and learning needs acted upon.
4. Liaise with practices / supervisor about complaints from patients or staff about member of clinical/ARRS team and any learning is actioned and shared with wider team if necessary.
5. Ensure evidence of the mandatory training for their role.
6. Learners are inducted across PCN practices and ensure their training needs are met according to placement requirements.

What is supervision?

Supervision is a process of professional learning and development that enables individuals to reflect on and develop their knowledge, skills and competence, through regular support from another professional.

Supervision can have different forms and functions and a number of terms are used to describe these. For this guidance we use the below terms and define them as follows:

Clinic/practice supervision: day-to-day support provided by a named/duty senior/more experienced clinician for issues arising in the practice.

Clinical/professional supervision: regular support from a named senior/experienced clinician/practitioner to promote high clinical standards and develop professional expertise.

Educational supervision: supports learning and enables learners to achieve proficiency.

Why provide supervision?

Supervision underpins good and safe patient care, enabling healthcare professionals to develop their knowledge, skills and abilities to practice safely and effectively. Supervision is also a regulatory requirement; the Care Quality Commission (CQC) expects primary care providers to assure the capability, scope of practice and competency of their staff.

The benefits of effective supervision include:

- Improved quality of patient care through professional practice and reflection, helping to develop insights, maintain and refine care standards and increase confidence.
- Continued patient safety, through ensuring that staff work within their scope of practice and competence.
- Improved productivity through continuous professional development (CPD), ensuring that skills and knowledge are up to date.
- Enhanced job satisfaction, staff retention and wellbeing through improved team relationships and support from colleagues; including improved retention through support of staff working in isolation.
- Reduced stress and anxiety through the sharing of skills, knowledge and resources in a supportive environment.

Regulatory requirements – CQC

The Health and Social Care Act 2008 (Regulated Activities) 2014 Regulations set out a provider's responsibilities. The CQC's guidance for providers on meeting the regulations explains that providers are responsible for the staff they 'employ'. The meaning of 'employed' in the regulations is wider than staff directly employed on an employment contract: it means anyone who works for the provider, under its ongoing direction and control.

Clinical Negligence Scheme for General Practice

The Clinical Negligence Scheme for General Practice (CNSGP) is a state indemnity scheme for general practice in England, administered by NHS Resolution on behalf of the Secretary of State for Health and Social Care.

The CNSGP provides cover for NHS general practice clinical negligence liabilities arising from incidents occurring on or after 1 April 2019 and offers a fully comprehensive indemnity for all claims within its scope.

All providers of NHS primary medical services are covered under CNSGP, including out of hours providers. The scheme extends to all GPs and others working for general practice who carry out activities in connection with the delivery of primary medical services.

In addition to NHS primary medical services, any other NHS services provided by general practice are also covered under CNSGP (namely, NHS activities carried out by or for a provider whose principal activity is to provide NHS primary medical services). These 'other' NHS services are referred to in the CNSGP regulations that established the scheme as 'ancillary health services'. This means general practices are covered for all their NHS services, including local authority commissioned public health services.

Claims against GP practices or other organisations providing NHS primary medical services or ancillary health services are covered under the scheme. This includes claims in respect of liabilities that arise as a consequence of the acts or omissions of employees and others engaged to carry out activities connected to the provision of such services.

Staff must be employed or engaged by a primary medical services contract holder for indemnity under the CNSGP to apply. Where a primary medical services contract holder engages temporary staff, including third sector volunteers, to support service delivery of NHS services for general practice, we recommend GPs put in place a secondment agreement, honorary contract or volunteer agreement to reflect the arrangement.

Types of supervision

Clinic/practice supervision

A named senior clinician provides day-to-day supervision for issues arising in the practice. Senior clinicians are typically operating at a more advanced level of practice than the member of staff being supervised, with appropriate qualifications in relevant areas of clinical practice. This supervision should be provided for all staff working in practice, though its frequency and intensity may change depending on the needs of the team working and of the patients presenting in practice that day.

Includes:

- day-to-day access to a first point of contact for general advice and support
- support with patient-related concerns and safeguarding procedures
- debriefs focusing on patient and practitioner safety, providing the opportunity for clinical reasoning and decision-making.

All staff should have access to an appropriate named individual in the practice who can provide general advice, support and the opportunity for a debrief, on a day-to-day basis. This clinic supervision can be provided in different ways. Example models are provided below, but practices may choose to provide this supervision in other ways that best meets their organisational arrangements.

The Health Triangle PCN practice will ensure that ARRS and trainees have direct supervision by GP/senior clinician on named basis. Supervising clinician name on any given date should be visible at ARRS/Trainee EMIS book and EMIS slots made available in the diaries of named senior or experienced clinicians for debriefing.

Clinical/professional supervision

Regular support is provided by a named senior/experienced clinician/practitioner to promote high clinical standards and develop professional expertise.

Training needs should be identified, and appropriate training should be given either inhouse of external providers such as Frimley Training Hub /CPPE/ CEPA program etc.

PCN Training lead for ARRS is Dr. Ashish Singh who is an Oxford Deanery GP trainer. He also conducts weekly MDT meeting that should be attended by all the ARRS/MDT team and the team is given protected time to attend.

Clinical/professional supervision should be provided for all staff. Practices/employers do not have to individually provide all elements of clinical/professional supervision as long as they are assured that staff working under their direction and control are receiving appropriate supervision and operating within the limits of their competency.

The frequency and content of this supervision will vary depending on the experience and career stage of the member of staff being supervised, to comply with professional and regulatory requirements.

Includes:

- Reviewing and reflecting on performance
- Discussing individual cases, caseload and reflecting on incidents/events at a frequency required by the specific occupation and type of work undertaken
- Supporting changes in practice where necessary
- Evidencing maintained capabilities, competencies and CPD
- Identifying any learning needs, opportunities and support; developing and reviewing a training and development plan.

Different forms of clinical/professional supervision and support

Some elements of clinical supervision are more suited to group settings, or peer support, which do not have to be delivered by the employees' direct clinical supervisor. In such instances, clinical supervisors have a co-ordination role, ensuring that the individual needs of the member of staff being supervised are being met. This can be monitored through regular 1-to-1s, alongside other clinical, educational and CPD supervision activities.

For example, health and wellbeing coaches require monthly supervision from a person experienced in health coaching within the NHS. This supports the ongoing development of health coaching skills and expertise. It is particularly important in a health and wellbeing coach's first 6 months of practice to support them to practise safely and effectively. Health coaching supervision could be provided by an experienced health and wellbeing

coach or a clinical professional with relevant health coaching experience, within or outside the practice. This element of supervision would be co-ordinated and overseen by the health coach's

Enablers for effective clinical supervision

To make the most of clinical supervision sessions, staff and employers have recommended:

1. Having a regular time slot for supervision that is protected to ensure that it takes place.
Supervisory relationships develop over time. They therefore need to be sustained over time and from early in a person's career/employment.

Time can be protected in job plans for activities related to professional development or supervision, as it is in the salaried GP model contract.

2. Deciding an optimal meeting length and frequency.
Practices/PCNs may want to consider the experience of the member of staff and whether they work in isolation and offer more frequent supervision where required.

3. Providing flexibility to meet the working practices of the members of staff being supervised.
Enables staff working extended hours to access clinical supervision.

4. Recording supervision sessions.
The notes taken as part of the supervision can be used as evidence for the CPD and professional revalidation of the member of staff being supervised.

5. Agreeing a shared purpose and boundaries of supervision that embed it within the organisation's culture, defined in a written supervision agreement.
This avoids any confusion regarding what supervision entails. It can make people aware of what to expect and their role in supervision and makes managerial buy-in visible.

It is good practice to establish a supervision agreement – covering the aims and the structure of the supervision – to establish the collaborative nature of supervision and help ensure that the supervisor and the member of staff being supervised have a shared understanding of what the supervision will entail.

6. Providing training for supervisors.
Training supports supervisors to develop in this role. Training can cover communications, listening skills and methods to give staff the confidence to solve problems in practice. Where supervision is provided by someone not from the same profession as the member of staff being supervised, an understanding of the different professional standards set by regulators and scope of practice of the roles is needed.

7. Basing supervision on the individual needs of the member of staff being supervised.
This helps provide a safe place to self-reflect. It also allows a more intensive focus on clinical issues and personal professional development, rather than organisational concerns that are dealt with through line management supervision. Matching the supervisor to the needs of the member of staff being supervised is important.

Educational supervision

This supports learning and enables learners to safely achieve proficiency. Educational supervision is required for those undertaking educational courses or training via portfolio routes.

This is in addition to clinical/professional supervision and is provided by an appropriately trained and accredited educator using a range of models depending on the profession of the member of staff being supervised. They are responsible for the overall supervision of the member of staff while in training and their progression during the training programme.

While educational supervision is a different function from clinical/professional supervision, the two may be provided by the same person. It may also be provided by a different person and by someone not employed by

the same organisation, e.g. employed by a training hub or higher education institution, depending on the individual needs of the learner.

It is expected that the clinical supervisor will support the learner during this time through routine 1-to-1s.

Includes:

- Working with the learner to support their learning.
- Undertaking and providing feedback on assessments and the learner's engagement.

Example:

Trainee nursing associates have an educational supervisor within the workplace to develop and assess their clinical competence, leadership and reflective practice skills while in the nursing associate training programme.

What is the expectation per role in the ARRS?

It is our recommendation that in order to support both patient and practitioner safety, each clinical role recruited through the ARRS has access to the following types of supervision:

Clinical roles	Clinical supervision	CPD supervision	An appropriate named individual in the PCN to provide general advice and support on a day to day basis
Pharmacy Technician	☑	☑	
Physician Associate	☑	☑	
First Contact Physiotherapist	☑	☑	
Dieticians	☑	☑	
Podiatrist	☑	☑	
Occupational Therapists	☑	☑	
Nursing Associate and	☑	☑	☑
Trainee Nursing Associate	☑	☑	☑

What is the expectation per role in the ARRS?

It is our recommendation that in order to support both patient and practitioner safety, each personalised care role recruited through the ARRS has access to the following types of supervision:

	Social Prescribing Link Worker	Health and Wellbeing Coach	Care Co-ordinator
A first point of contact for general advice and support and (if different) a GP to provide supervision. This could be provided by one or more named individuals within the PCN.	☑	☑	☑
It is recommended that link workers are also able to access clinical supervision as described in the Social prescribing link workers: Reference guide for primary care networks - Technical Annex (Annex F), which can be from their GP supervisor or another relevant health professional in the PCN.	☑		
Access to a GP (either their named supervisor or another appropriate GP) to provide advice on patient related concerns and to support with appropriate safeguarding procedures.	☑	☑	☑
Attendance at the peer support networks run by NHS England and NHS Improvement at ICS/STP level.	☑		
Access to regular supervision from a health coaching mentor, and individual and group coaching supervision from a suitably qualified or experienced health coaching supervisor.		☑	

Recruitment Process

The PCN is allocated a budget for employment of ARRS staff. Job advertisements are done on Indeed and NHS Jobs for the various ARRS roles that are needed. Staff are informed internally of potential roles that have been advertised and encouraged to apply. We are equal opportunities employer and our PCN is one of the participants of NHS Exemplar Programme. The PCN Manager has overall view of the applicants and shortlists then interviews are undertaken with the PCN Manager and either MDT Lead or a Clinical Director. ARRS staff are recruited on behalf of the PCN by one of the Member Practices.

The PCN Manager works closely with the Practice Management and new HR Administrators and Payroll Administrators to ensure all paperwork is completed prior to the employee's start date.

With the recent employment of HR admin and Training facilitator, an induction plan is created for each new member of staff and depending on their role, this will be for 2 – 4 weeks. HR admin lead will ensure that candidate completes all mandatory training modules that is required for the role.

If the member of staff is clinical, prior to their start date, the employing practice will apply for an Enhanced DBS check. Non-clinical members of staff require a Basic DBS check.

Following a successful induction plan, and receipt of the Enhanced DBS Check, Clinical members of staff will spend time with the PCN Education Lead to ensure they have completed a skills list that lists their skills within their scope of practice. Clinics are then added to the system and monitored by the PCN Manager and Education Lead. Regular reviews are conducted.

Supervision Arrangements

Supervision arrangements are followed as per above detailed in this collaborative agreement.

Appraisals

The PCN and it's member practices conduct annual appraisals for all members of the team. This is an opportunity for staff and PCN Leadership to highlight any changes that are required to job descriptions, training wants and needs, furthering CPD and for staff to highlight any issues.

Appraisal feedback is collated and shared to gain an understanding of common themes for the Leadership team to make any changes that are required, any further training needs identified are acted upon via weather internal process or in conjunction with Frimley Training Hub or external course providers

Performance Management

Any performance issues identified about any particular staff are dealt within stipulated urgency of the matter. We have ARRS MDT clinical lead, PCN clinical directors, PCN manager and individual mentors offer leadership support along with each practice managers and HR leads.

Training, mentoring and compliance

Covered in above

Determining scopes of competence

Individual ARRS staff has clear job plan and job descriptions. Their competency is assessed and signed off by the MDT manager or MDT clinical lead

Professional registrations

As part of the recruitment process, the PCN Manager checks Professional Registrations of all clinical staff joining the team. Each year, the registers are checked to ensure clinicians are still registered.

Resources

1. Quick reference summery for ARRS role

NHS England » Additional roles: A quick reference summary

2. General advice, guidance and support on supervision

- NHS England Network Contract Directed Enhanced Service (DES)
- NHS England Innovative employment models
- NHS Employers Clinical supervision models for registered professionals
- Health Education England Workplace supervision for advanced clinical practice – advanced practice
- Centre for Advanced Practice Advanced practice supervision
- Health Education England Roadmaps to practice for first contact practitioners
- Health Education England Quality Framework from 2021
- Royal College of Nursing RCN position on clinical supervision
- Health Education England Regional training hub contacts for workforce support

3. Role specific advice and guidance

- NHS England Paramedics in general practice
- NHS England Personalised care workforce development frameworks – PCNs and practices support hub – integrated care
- Health Education England Physician Associates
- Faculty for Physician Associates Guidance for employers and supervisors
- CPPE Primary care pharmacy education pathway for pharmacists and pharmacy technicians
- General Pharmaceutical Council Guidance to support the implementation of the standards for the education and training of pharmacist independent prescribers
- British Dietetic Society Practice supervision
- Chartered Society of Physiotherapy Clinical supervision: a brief overview
- Royal College of Occupational Therapists Supervision: Guidance for occupational therapists and their managers
- Health and Care Professionals Council What our standards say

4. Regulatory requirements

- Care Quality Commission Regulations for service providers and managers
- Care Quality Commission GP mythbuster 106: Primary care first contact practitioners (FCPs)
- NHS Resolution Clinical Negligence Scheme for General Practice (CNSGP)

5. Supporting Educators and Learners

- Health Education England, Educational Supervisor Handbook v2.0_draft.pdf (hee.nhs.uk)