

A Guide to Supervision in Kent, Surrey and Sussex Primary Care



Allison Hawes RN SCPHN MSc Queens Nurse – Clinical Lead Primary Care School Kent, Surrey and Sussex

Professor Kim Stillman MB ChB FRCGP MA(Ed) FHEA – Head of Primary Care School Kent, Surrey and Sussex

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Purpose	This guidance brings together in one document the supervision requirements for new roles in Primary Care as well as established learners such as GP trainees and student nurses
Authors	Allison Hawes, Clinical Lead Primary Care School and Professor Kim Stillman Head of Primary Care School
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A Guide to Supervision in KSS Primary Care

Supervision can mean many things to different health care professionals, and it is important that there is clarity between supervisor and supervisee about the purpose of their supervisory relationship. This document clarifies both the requirements for specific learners and employees in specific roles in primary care. This document does not include reflective clinical supervision, restorative supervision, appraisal, CPD supervision or management supervision. Where this document refers to clinical supervision this is defined as day-to-day supervision of clinical activity which is a professional duty and employer responsibility. [The Care Quality Commission \(2008\)](#) remind us that ‘*all staff must receive the support, training, professional development, supervision and appraisals that are necessary for them to carry out their role and responsibilities*’. Where the term accredited GP clinical supervisor is referred to this is a GMC accredited role and can only be carried out by those who have completed the relevant course and subsequent accreditation.

The reader is reminded that the language within this guidance is nuanced by the perspective of whether it is taking place as part of contractual requirements, educational or day to day workplace culture¹.

Role	Supervision
Personalised Care/Unregistered roles	
Social Prescribing Link Worker (DES guidance)	<ol style="list-style-type: none"> 1. Access to a first point of contact for general advice and support (any member of the PCN team) 2. Access to a GP to provide advice on patient related concerns and to support with appropriate safeguarding procedures 3. A GP to provide supervision for SPLW 4. This may be provided by one or more individuals within the PCN 5. Must provide monthly access to clinical supervision with a relevant health care professional 6. Attendance at the peer support networks delivered at place or system by NHSE or ICS in the region <p>Note: 1, 2 and 3 may be the same person or different. EG: senior admin carries out role 1, a GP role 2, and an AHP or nurse role 5.</p>

¹ https://www.fons.org/Resources/Documents/Journal/Vol12No1/IDPJ_12_01_04.pdf

Care Coordinator (DES guidance)	<ol style="list-style-type: none"> 1. Access to a first point of contact for general advice and support 2. If this is not a GP – then a GP to provide supervision. This could be provided by one or more named individuals within the PCN 3. The GP must discuss patient related concerns and provide support to follow appropriate safeguarding procedures (e.g., abuse, domestic violence and support with mental health)
Health & Wellbeing Coach (DES guidance)	<ol style="list-style-type: none"> 1. Access to a first point of contact for general advice and support 2. If this is not a GP – then a GP to provide supervision for. This could be provided by one or more named individuals within the PCN. 3. Access to regular supervision from a health coaching mentor 4. Formal and individual group coaching supervision must come from a suitably qualified or experienced health coaching supervisor 5. The GP must discuss patient related concerns and provide support to follow appropriate safeguarding procedures (e.g., abuse, domestic violence and support with mental health)
General Practice Assistant (GPA)	<p>The GPA learner should receive half a day per week of mentoring, in addition to monthly reviews. Whilst the GP mentor is overseeing the learner’s development and has responsibility to sign off the competencies, this may include support from other members of the multi-disciplinary team.</p>
Pharmacy	
Clinical Pharmacist	<p>Each Pharmacist must receive a minimum of one supervision session per month by a senior clinical pharmacist and be part of a professional clinical network.</p> <p>The senior clinical pharmacist must receive a minimum of one clinical supervision session every three months by a GP.</p> <p>Have access to an assigned clinical supervisor who should be a GP for support and development. This does not need to be an HEE accredited GP CS (trainer) but any appropriate member of the GP team.</p> <p>Ratio of one senior clinical pharmacist to no more than five junior clinical pharmacists (including peer supervision and support).</p> <p>Clinical pharmacists can be newly registered (Year 6’s) or more experienced. Therefore, supervision requirements will vary.</p>

Pharmacy Technician	<p>Work under supervision, direction or guidance of a pharmacist to ensure safe, effective, and efficient use of medicines.</p>
Trainee Pharmacist (Formerly known as pre-reg pharmacist, now foundation trainee pharmacist/foundation training year/Year 5)	<p>13 week or 6 months (partnering with secondary care or community pharmacy). Trainee pharmacists require both a designated and a practice supervisor. Practice supervisor – day to day clinical supervision - GP/nurse/AHP/pharmacist – (this can be GP CS/ES or Practice Assessor/Practice Supervisor). Designated supervisor (DS) – responsible for the overall supervision and management of educational progress during training year or series of placements. Must be registered with the General Pharmaceutical Council and meet their requirements to be a named DS. Regular documented meetings with the DS. Longer progress meetings at 13, 26, 39 and 52 weeks DS networks for support. Case based discussions.</p>
Nursing	
Nursing associate (NA)	<p>Has access to appropriate clinical supervision and an appropriate named individual in the PCN to provide general advice and support on a day-to-day basis. This would typically be an NMC registered nurse but may be another registered health care professional as appropriate.</p> <p>This role is intended to free up Registered Nurses to lead, co-ordinate and deal with complex care. The NA can contribute to care, including delivery and monitoring and are accountable to the NMC.</p>
Trainee Nursing Associate (TNA)	<p>Is provided with an NMC registered, named practice assessor, that does not have to work in the same practice, in addition to a practice supervisor, that is within the practice. The assessor and supervisor cannot be the same person.</p>
Pre-registration Nursing Students	<p>2300 hrs of clinical placement activity over 3 years for undergraduates (reduced for accelerated post-graduate programmes). Placements are of varying lengths in primary care from one day 'spoke' visits up to 12 weeklong placements at any point in the programme.</p> <p>Requires 1 or more practice supervisors (any registered health care professional) and a practice assessor (a registered nurse).</p> <p>The Practice Supervisor cannot be the Practice Assessor for the same student.</p>

Healthcare Support Worker/Healthcare Assistant (HCA)	Work must be appropriately delegated and clinically supervised by a registered healthcare professional until competence is demonstrated by the HCA. Day to day clinical supervision should be available as required.
Allied Health Professionals	
Trainee ACP Paramedic Placements (Specialist Paramedic Placements - KSS and SECAMB specific)	Placed in a GP training practice, with day-to-day clinical supervision with an appropriate practitioner (either a GP CS, GP ES or Advanced practitioner who has completed RMSV course) and an accredited GP ES for oversight.
Trainee First Contact Practitioners Podiatry, Occupational Therapy, Dietician, MSK, Paramedic	<p><u>Portfolio route</u> - stage 1 and 2 of the roadmaps - a trainee FCP should be supported by a Centre for Advancing Practice approved roadmap supervisor or GP trainer educational supervisor to verify their training. This should be one hour per week usually over one year. Whilst time for supervision should be negotiated locally, in line with apprenticeships, it is recommended that a job plan of 80% clinical and 20% non-clinical be used to create time for supervision of these trainees. In addition, 20-30 mins per day de-brief (not necessarily face to face) should be provided.</p> <p><u>Taught route</u> - the university will be responsible for academic progress, and the GP practice will provide a clinical mentor. This can be provided by an advanced practitioner or GP that has completed any of the Practice Supervisor/Practice Assessor/CS/ES/RMSV supervision courses. The clinical placement is 75 hours within this course.</p>
Qualified First Contact Practitioners Podiatry, Occupational Therapy, Dietician, MSK, Paramedic	Once qualified has access to appropriate day to day clinical supervision and an appropriate named individual in the PCN to provide general advice and support on a day-to-day basis.
Pre-registration Allied Health Professionals	<p>Minimum of 1,000 hours of placement learning over a 3-year programme.</p> <p>AHP's require a named supervisor (practice educator) within the team to be identified as the person who will complete the paperwork with the student and the student is encouraged to compile their supporting evidence from all the professions involved in their learning and development to support their assessment. If the supervisor is not from the same profession as the learner, they would also</p>

	<p>receive long-arm supervision for clinical supervision once a week from an external profession specific supervisor. The on-site educator would also provide daily support as needed.</p> <p>The practice educator should have completed one of the following supervision courses: GP CS, GP ES, Practice Assessor, Practice Supervisor, Roadmap Supervisor, LASE pharmacy Designated Supervisor or other AHP educator courses run by the HEI placing the learners.</p>
Medical	
Medical students	<p>Determined by each medical school but governed by the GMC.</p> <p><u>KMMS</u> places in GP training practices, with GP trainers (Educational supervisors) signing off assessments. Supervision can be delegated to other healthcare professionals as appropriate. <u>BSMS</u> does not require you to have had teaching experience but provides half day training to those interested.</p> <p>Other medical schools may require different supervision. Please liaise as appropriate.</p>
Foundation Year 2 Doctors	<p>The Education Supervisor is designated by their first rotation (usually hospital based) and Primary Care provides the clinical supervision element when placed in primary care, provided by an accredited GP Clinical supervisor in an approved learning environment.</p>
GP Trainees ST1-3	<p>GP Training is a 36-month program. 12 months in secondary care and 24 months in primary care in training practices. All GP trainees have a GP educational supervisor overall and clinical supervisors within each post.</p>
Physician Associate (PA)	<p>As a dependant practitioner, a PA is working under the clinical supervision of a doctor as part of the medical team. The PA should have a named GP supervisor who works for the same employer (legal requirement), has regular contact and a deputy nominated for annual leave etc. Day to day supervision can be delegated to other Doctors if necessary and other members of the MDT can be involved in induction and training.</p>
For PA's completing the SE PA faculty preceptor programme:	<p>The PA will have a named accredited GP clinical supervisor within the GP practice. They will require access to a mentor (who is not required to work in the same practice). They must also have regular access to an accredited GP educational supervisor.</p>
Student Physician Associates	<p>A student must be supervised by a GP clinical or educational supervisor (but may spend time with others from the MDT) at all times whilst on placement. This may be direct or indirect as appropriate for their level of competence as assessed by the delegating Doctor.</p>

	<p>2-year programme – 1840 clinical hours. 440 hrs in General Practice. 280 hrs in year 1 and 160 hrs in year 2.</p> <p>Supervised by a GP but will spend time with all members of the multi-disciplinary team.</p>
Multi-professional roles	
Mental Health Practitioner	<p>May be from a nursing, occupational therapy or clinical psychologist background and has access to appropriate clinical supervision and an appropriate named individual in the PCN to provide general advice and support on a day-to-day basis (this could be provided by a nurse, GP, AHP with appropriate mental health experience).</p>
Independent Prescribers	<p>Independent prescribers should be supervised by a '<i>designated prescribing practitioner supervisor</i>'. This role can be carried out by any experienced independent prescriber of any registered health care professional background.</p> <p>The programme requires approximately 90 hours of supervision although this doesn't need to all be provided by the main supervisor. Each university will have their own specification. NMC trainee prescribers should have access to both a practice assessor and practice supervisor.</p>
Trainee Advanced Practitioners	<p>Have access to a named '<i>co-ordinating education supervisor</i>' before commencing training and '<i>associate workplace supervisors</i>'. They do not need to be from the same professional background but have expert knowledge of the area they are supervising</p> <p>The trainee ACP can expect to work with a variety of associate workplace supervisors, each matched to support the development of specific, identified aspects of ACP capability or competence. An associate workplace supervisor should be appraised of the multi-professional considerations associated with ACP development and supervision.</p> <p>Minimum of 1-hour scheduled supervision a week, of which one in four (once a month) is with the co-ordinating education supervisor. In some practice contexts it may be necessary to debrief with daily supervision to ensure patient and practitioner safety.</p>

Glossary of Educators

Role	Who can they supervise? Where to find a course?	Additional information
<p>Advanced Practice supervision (not a specific supervisor role)</p>	<p>Can supervise APs or FCPs or other members of the multi-disciplinary team. Day to day clinical supervision but not assessment of medical learners in collaboration with a GP accredited clinical supervisor or educational supervisor.</p> <p>There is currently no specific programme of learning for an AP supervisor. Recommended guidance can be found here.</p> <p>The '<i>co-ordinating education supervisor</i>' role in Primary Care can be delivered by the GP ES or a qualified AP with three years post AP qualification (some caveats to this please read minimum standards for more info). The AP multi-professional should complete RMSV training to develop their supervision skills but should use the AP workplace supervision minimum standards document as a guide. A GP CS with the RMSV course could also carry out this role.</p> <p>The '<i>associate workplace supervisor</i>' role could be carried out by a healthcare professional who has completed some form of supervision training. For example, the Practice Assessor or Practice Supervisor courses, AHP Practice Educator courses, RMSV, GP CS or ES or pharmacy specific supervision programmes.</p>	<p>The co-ordinating education supervisor provides a consistent supervisory relationship throughout the AP's development, guiding them from uni-professional to hybrid professional at an advanced clinical practice level.</p> <p>The associate workplace supervisors are practice based practitioners who are experienced in practice-based education and the supervision of experienced registered professionals.</p>
<p>Designated Prescribing Practitioner (previously designated medical practitioner)</p>	<p>Any learner completing an independent prescribing or non-medical prescribing programme.</p> <p><i>No specific course – see University programme specific requirement. They should be able to demonstrate the competencies within the Royal Pharmaceutical Society Competency Framework</i></p>	<p>Can be any registered healthcare professional with the necessary prescribing annotation as required by their regulator with at least 3 years' experience.</p> <p>For General Practice this would include, GP CS/ES, Nursing Practice Assessors, AHP Practice Educators or Pharmacist ES or PS</p>

<p>GMC Clinical Supervisor and CS-GPST</p>	<p>Clinical supervisors oversee the clinical activity of trainee doctors (Foundation Year two students – FY2).</p> <p>CS-GPST supervisors may also supervise GP speciality trainees (ST1/2).</p> <p>They may also supervise other multi-professional learners in primary care, including PA preceptees. In addition, a GP CS can carry out the role of associate workplace supervisor for trainee advance practitioners.</p> <p>To carry out function of co-ordinating educational supervisor for trainee advance practitioners or supervise FCPs on portfolio route, they should also complete the roadmap supervision course.</p> <p>GP CS course CS-GPST course</p>	<p>A CS completes a one-day course in KSS with online e-learning as preparation.</p> <p>A CS-GPST completes an additional half day learning introducing workplace-based assessments and specific supervision requirements for GP speciality trainees (years 1 and 2).</p>
<p>GMC Educational Supervisor (GP trainer)</p>	<p>GP trainees, PA preceptees, trainee FCP's completing the roadmaps to practice and other multi-professional learners in primary care, including the role of co-ordinating educational supervisor or associate workplace supervisor for trainee advanced practitioners.</p> <p>They <i>cannot</i> perform the role of practice assessor for pre-registration nurses or designated supervisor for pharmacists.</p> <p>GP ES course</p>	<p>A named GP trainer who has completed the KSS GP school educator pathway (6 days virtual learning), including the PG Cert in Strategic Leadership and Multi-Professional Education in Healthcare.</p> <p>Responsible for overall education of a GP trainee and has completed approval process to become an ES (accreditation paperwork and virtual visit from senior educator).</p>
<p>GP training programme directors</p>	<p>Manage and run the General Practice Specialty Training 3-year programme, and support for trainees in need of support (can be multi-professional).</p> <p>See NHS jobs for vacancies</p>	<p>HEE employed, usually GP trainers with a PG Certificate in Medical Education.</p>
<p>London and South East Pharmacy</p>	<p>Can supervise trainee pharmacists and carry our practice supervisor role for nurses or AHPs. Day to day supervision but</p>	<p>Educational/Designated supervisor – overall responsible and must be a registered</p>

Designated/Educational Supervisor	<p>not assessment of medical learners in collaboration with a GP accredited clinical supervisor or educational supervisor.</p> <p>Terms used interchangeably (for trainee pharmacists they are designated). 3–6-month online learning with both formative and summative assessment (12 hr fast track available)</p> <p><i>Designated and Clinical Supervisors Course</i></p>	<p>pharmacist. A pharmacy specific online learning package is available. 3 years post reg and familiar within the sector. Must work a minimum of 28 hrs in the PCN/practice. Not regulated by GPhC so could complete another educator pathway when available.</p> <p>No registers of designated supervisors exist.</p>
London and South East Pharmacy Practice Supervisor	<p>Can supervise trainee pharmacists and carry our practice supervisor role for nurses or AHPs. Day to day supervision but not assessment of medical learners in collaboration with a GP accredited clinical supervisor or educational supervisor.</p> <p><i>Designated and Clinical Supervisors Course</i></p>	<p>Any healthcare professional with supervision training – EG a Practice Assessor, PS, CS or ES or a pharmacy specific online learning package is available.</p> <p>Trainee pharmacists must also have a designated supervisor.</p>
NMC Practice Assessor	<p>Nurses and nursing associates. Supervision but not assessment of AHP's, pharmacists and medical learners in collaboration with a GP accredited clinical supervisor or educational supervisor.</p> <p>The learner and assessor must be in the same profession.</p> <p><i>Courses: Local HEI or Training Hub add URL</i></p>	<p>Practice assessors are registered nurses, midwives, or nursing associates or for a prescribing programme a qualified prescriber also. They must be a different person to the Practice Supervisor and on the same part of the register as the learner. They assess and confirm the student's achievement of practice learning for a placement. They do not need to be physically based or employed in each of the environments. They must have sufficient opportunities to observe the student to inform their decision.</p>
NMC Practice Supervisor (PS)	<p>Supervision but not assessment of nurses, nursing associates, AHPs and pharmacists. Supervision but not assessment of medical learners in collaboration with a GP accredited clinical supervisor or educational supervisor.</p> <p>The learner and supervisor may be in different healthcare professions</p>	<p>Practice supervisors can be any registered health and social care professionals working in a practice environment (NMC, HCPC or GMC registered for example) A PS should be prepared for the role, but this does not have to a formal preparatory course. Short courses are available at local Universities. A PS role is to</p>

	<i>Courses: Local HEI or Training Hub add URL</i>	support and supervise learners in the practice learning environment.
Practice Educators (AHPs)	Responsible for an AHP learners' education. Also day to day practice/clinical supervision for other members/learners of the practice clinical team. <i>Courses being designed on ELfH in 2022 – contact local HEI for local programmes</i>	If from a different part of register can still provide day to day supervision for the AHP with a long arm external profession specific supervisor.
Roadmap Supervisor and Verification (RMSV) GP's and AP's	GPs that have completed the RMSV course can supervise and verify Stage 1 - 3 of the portfolio route for trainee FCPs or trainee APs on any route. APs who have been qualified for 3 years and have completed the RMSV may carry out the role of co-ordinating educational supervisor for trainee APs. (In their first 3 years they may carry out role of associate supervisor for trainee APs only following the RMSV course). All AP's who have completed the RMSV course may supervise and verify trainee FCPs. In addition, the RMSV may carry out day to day clinical supervision for the whole multi-professional team. RMSV courses	A two-day course provided by Primary Care Schools and nationally approved HEE trainers.
Roadmap Supervisor and Verification (RMSV) FCPs	A qualified FCP that has completed their 2-day RMSV course can supervise & verify Stage 1 and 2 portfolio routes for trainee FCPs. In addition, the FCP RMSV may carry out day to day clinical supervision for the whole multi-professional team including the associate supervisor role for AP. RMSV courses	

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Further reading:

<https://www.nmc.org.uk/globalassets/sitedocuments/standards-of-proficiency/standards-for-student-supervision-and-assessment/student-supervision-assessment.pdf>

<https://www.england.nhs.uk/primary-care/primary-care-networks/network-contract-des/>

https://www.lasepharmacy.hee.nhs.uk/dyn/_assets/_folder4/educational-frameworks/professional_development_framework_for_educators_2020_2021.pdf

<https://pgme.info/resources/gold-guide/>

https://www.gmc-uk.org/-/media/documents/promoting-excellence-standards-for-medical-education-and-training-2109_pdf-61939165.pdf#page=24

<https://www.hcpc-uk.org/globalassets/standards/standards-for-prescribing/standards-for-prescribing2.pdf>

[Minimum standards for supervision PILOT V1 \(1\) \(002\).pdf](#)

<https://www.rpharms.com/Portals/0/RPS%20document%20library/Open%20access/Professional%20standards/DPP%20Framework/DPP%20competency%20framework%20Dec%202019.pdf?ver=2019-12-18-150746-160>