THE UNIVERSITY OF BUCKINGHAM

MEDICAL SCHOOL

MB ChB

Standards for Clinical Supervision

1 Introduction

The purpose of this document is to define a set of standards and guidance to ensure that the clinical supervision of undergraduate medical students from the University of Buckingham meets regulatory and educational standards and that students gain the best possible clinical education in partner clinical organisations.

These standards for clinical supervision complement a related set of standards for educational supervision, and it is required that clinical and educational supervisors work together to ensure that standards are met.

In this document, like other documents from the Medical School the terminology of the General Medical Council 'Standards for Medical Education' applies. The use of the word '**must**' means that an activity is obligatory and will be monitored. The use of the word '**should**' means that clinical supervisors will normally comply with the guidance but have discretion as to how they do so. The use of the word **'may'** indicates that an activity can take place if supervisors wish.

Nothing in these standards is intended to inhibit the motivation or creativity of clinical teachers.

2 The role of the clinical supervisor

The clinical supervisor is the senior doctor or other health professional who takes overall responsibility at any given time for the work of a named undergraduate medical student in the clinical environment.

The clinical supervisor **must**:

- **Ensure that each student attached to them has the best possible opportunities to learn through active clinical work, whilst at all times preserving the safety and dignity of patients**
- **Observe the work of students, undertake or facilitate workplace based assessments and provide effective feedback to each individual student to help their learning.**
- **Monitor the work and conduct of students to identify any professional, educational or patient safety concerns and take timely action to mitigate immediate risk and report those concerns promptly to the Medical School.**

Students will move around between clinical environments both during and between blocks in Phase Two, and the clinical supervisor will change as they do. The local education provider (LEP), through the block lead and block administrator **must** ensure that.

- Every student **has a named clinical supervisor at all times**, and they are clearly informed who that supervisor is.
- Clinical supervisors are **properly informed of the individual students for whom they are responsible** at any given time.

Records **must** be kept within the LEP in such a way that the Medical School or any legitimate authority or regulator can establish very quickly who the clinical supervisor for any particular student is.

2.1 The roles of clinical and educational supervisor

In each block in Phase Two, each student has an educational supervisor who remains the same throughout the block. The role of the educational supervisor is distinct to that of the clinical supervisor. The Standards for Educational Supervision define that role and who may undertake it.

In summary:

Educational supervisors:

- Help students to monitor their own learning and progress through the block, but do not, in their educational supervisor role, directly supervise clinical work and learning.
- Meet students each week, review progress and ensure that the necessary records of student learning are complete.
- Complete the formative assessment report for each student at the end of the block.
- Provide educational and pastoral support for students in difficulty and liaise with the Medical School to ensure that students gain the support they need.

There is clearly some overlap with the role of clinical supervisors, and some educational supervisors will also be clinical supervisors at some times, but these roles must be seen as separate.

Clinical supervisors:

- May change as the block progresses and students move between clinical environments
- Supervise directly the clinical work and learning of students in their clinical environment.
- Take responsibility for the safety and dignity of patients involved in clinical work and learning by the students they are supervising
- Perform such workplace based assessments as are defined in the block workbook.
- Liaise with block leads, educational supervisors and the Medical School if there are educational or professional concerns about a student.

3 The regulatory framework

The work and learning of undergraduate medical students in clinical environments is subject regulation by the General Medical Council, and the requirements of the UK Departments of Health. Local Education Providers, working with the Medical School **must** ensure that all relevant regulatory standards are met and guidance followed.

3.1 Regulation by the General Medical Council

The General Medical Council prescribes standards for medical education in its document *'Promoting excellence – standards for medical education and training'.*

This defines a set of standards in five themes, each associated with a set of requirements that **must** be met. Clinical supervision is subject to most of the standards and requirements, but there are some requirements which are particularly relevant and so summarised here. The full document is always available on the General Medical Council website.

3.1.1 Theme one – Learning environment and culture

Standards:

- **S1.1 The learning environment is safe for patients and supportive for learners and educators. The culture is caring, compassionate and provides a good standard of care and experience for patients, carers and families.**
- **S1.2 The learning environment and organisational culture value and support education and training so that learners are able to demonstrate what is expected in Good Medical Practice and to achieve the learning outcomes required by their curriculum.**

Requirements:

The requirements that impact particularly on clinical supervisors are:

- **R1.1** Organisations must demonstrate a culture that allows learners and educators to raise concerns about patient safety, and the standard of care or of education and training, openly and safely without fear of adverse consequences.
- **R1.2** Organisations must investigate and take appropriate action locally to make sure concerns are properly dealt with. Concerns affecting the safety of patients or learners must be addressed immediately and effectively.
- **R1.3** Organisations must demonstrate a culture that investigates and learns from mistakes and reflects on incidents and near misses. Learning will be facilitated through effective reporting mechanisms, feedback and local clinical governance activities.
- **R1.4** Organisations must demonstrate a learning environment and culture that supports learners to be open and honest with patients when things go wrong – known as their professional duty of candour – and help them to develop the skills to communicate with tact, sensitivity and empathy.
- **R1.5** Organisations must demonstrate a culture that both seeks and responds to feedback from learners and educators on compliance with standards of patient safety and care, and on education and training.
- **R1.6** Organisations must make sure that learners know about the local processes for educational and clinical governance and local protocols for clinical activities. They must make sure learners know what to do if they have concerns about the quality of care, and they should encourage learners to engage with these processes.
- **R1.8** Organisations must make sure that learners have an appropriate level of clinical supervision at all times by an experienced and competent supervisor, who can advise or attend as needed. The level of supervision must fit the individual learner's competence, confidence and experience. The support and clinical supervision must be clearly outlined to the learner and the supervisor. Foundation doctors must at all times have on-site access to a senior colleague who is suitably qualified to deal with problems that may arise during the session.* Medical students on placement must be supervised, with closer supervision when they are at lower levels of competence.
- **R1.9** Learners' responsibilities for patient care must be appropriate for their stage of education and training. Supervisors must determine a learner's level of competence, confidence and experience and provide an appropriately graded level of clinical supervision.
- **R1.10** Organisations must have a reliable way of identifying learners at different stages of education and training, and make sure all staff members take account of this, so that learners are not expected to work beyond their competence.
- **R1.11** Doctors in training must take consent only for procedures appropriate for their level of competence. Learners must act in accordance with General Medical Council (GMC) guidance on consent. Supervisors must assure themselves that a learner understands any proposed intervention for which they will take consent, its risks and alternative treatment options.
- **R1.13** Organisations must make sure learners have an induction in preparation for each placement that clearly sets out:
    a) their duties and supervision arrangements
    b) their role in the team
    c) how to gain support from senior colleagues
    d) the clinical or medical guidelines and workplace policies they must follow
    e) how to access clinical and learning resources.

- As part of the process, learners must meet their team and other health and social care professionals they will be working with. Medical students on observational visits at early stages of their medical degree should have clear guidance about the placement and their role.
- **R1.17** Organisations must support every learner to be an effective member of the multi-professional team by promoting a culture of learning and collaboration between specialties and professions.
- **R1.22** Organisations must support learners and educators to undertake activity that drives improvement in education and training to the benefit of the wider health service.

3.1.2 Theme two – Educational Governance and Leadership

Standards:

- **S2.1 The educational governance system continuously improves the quality and outcomes of education and training by measuring performance against the standards, demonstrating accountability, and responding when standards are not being met.**
- **S2.2 The educational and clinical governance systems are integrated, allowing organisations to address concerns about patient safety, the standard of care, and the standard of education and training.**

The requirements that impact particularly on clinical supervisors are:

- **R1.5** Organisations must demonstrate a culture that both seeks and responds to feedback from learners and educators on compliance with standards of patient safety and care, and on education and training.
- **R2.7** Organisations must have a system for raising concerns about education and training within the organisation. They must investigate and respond when such concerns are raised, and this must involve feedback to the individuals who raised the concerns.
- **R1.2** Organisations must investigate and take appropriate action locally to make sure concerns are properly dealt with. Concerns affecting the safety of patients or learners must be addressed immediately and effectively.
- **R2.9** Organisations must collect, manage and share all necessary data and reports to meet GMC approval requirements.
- **R2.10** Organisations responsible for managing and providing education and training must monitor how educational resources are allocated and used, including ensuring time in trainers' job plans.
- **R2.11** Organisations must have systems and processes to make sure learners have appropriate supervision. Educational and clinical governance must be integrated so that learners do not pose a safety risk, and education and training takes place in a safe environment and culture.

3.1.3 Theme 3 – Supporting learners

Standards:

- **S3.1 Learners receive educational and pastoral support to be able to demonstrate what is expected in Good Medical Practice and to achieve the learning outcomes required by their curriculum.**

The requirements that impact particularly on clinical supervisors are:

- **R3.1** Learners must be supported to meet professional standards, as set out in Good Medical Practice and other standards and guidance that uphold the medical profession. Learners must have a clear way to raise ethical concerns.
- **R3.2** Learners must have access to resources to support their health and wellbeing, and to educational and pastoral support, including:
    a) confidential counselling services
    b) careers advice and support
    c) occupational health services.
- Learners must be encouraged to take responsibility for looking after their own health and wellbeing.
- **R3.3** Learners must not be subjected to, or subject others to, behaviour that undermines their professional confidence, performance or self-esteem.
- **R3.4** Organisations must make reasonable adjustments for disabled learners, in line with the Equality Act 2010. Organisations must make sure learners have access to information about reasonable adjustments, with named contacts.
- **R3.7** Learners must receive timely and accurate information about their curriculum, assessment and clinical placements.
- **R3.13** Learners must receive regular, constructive and meaningful feedback on their performance, development and progress at appropriate points in their medical course or training programme, and be encouraged to act on it. Feedback should come from educators, other doctors, health and social care professionals and, where possible, patients, families and carers.
- **R3.14** Learners whose progress, performance, health or conduct gives rise to concerns must be supported where reasonable to overcome these concerns and, if needed, given advice on alternative career options.
- **R2.16** Organisations must have systems and processes to identify, support and manage learners when there are concerns about a learner's professionalism, progress, performance, health or conduct that may affect a learner's wellbeing or patient safety.
- **R2.17** Organisations must have a process for sharing information between all relevant organisations whenever they identify safety, wellbeing or fitness to practise concerns about a learner, particularly when a learner is progressing to the next stage of training.
- **R2.18** Medical schools (and the universities of which they are a part) must have a process to make sure that only those medical students who are fit to practise as doctors are permitted to graduate with a primary medical qualification. Medical students who do not meet the outcomes for graduates or who are not fit to practise must not be allowed to graduate with a medical degree or continue on a medical programme. Universities must make sure that their regulations allow compliance by medical schools with GMC requirements with respect to primary medical qualifications. Medical schools must investigate and take action when there are concerns about the fitness to practise of medical students, in line with GMC guidance. Doctors in training who do not satisfactorily complete a programme for provisionally registered doctors must not be signed off to apply for full registration with the GMC.

3.1.4 Theme four – supporting educators

Standards:

- **S4.1 Educators are selected, inducted, trained and appraised to reflect their education and training responsibilities.**

- **S4.2 Educators receive the support, resources and time to meet their education and training responsibilities.**

The requirements that impact particularly on clinical supervisors are:

- **R4.1** Educators must be selected against suitable criteria and receive an appropriate induction to their role, access to appropriately funded professional development and training for their role, and an appraisal against their educational responsibilities.
- **R4.2** Trainers must have enough time in job plans to meet their educational responsibilities so that they can carry out their role in a way that promotes safe and effective care and a positive learning experience.
- **R4.3** Educators must have access to appropriately funded resources they need to meet the requirements of the training programme or curriculum.
- **R4.4** Organisations must support educators by dealing effectively with concerns or difficulties they face as part of their educational responsibilities.
- **R4.5** Organisations must support educators to liaise with each other to make sure they have a consistent approach to education and training, both locally and across specialties and professions.

3.1.5 Theme five – Developing and implementing curricula

Standards:

- **S5.1 Medical school curricula and assessments are developed and implemented so that medical students are able to achieve the learning outcomes required for graduates.**

The requirements that impact particularly on clinical supervisors are:

- **R5.1** Medical school curricula must be planned and show how students can meet the outcomes for graduates across the whole programme.
- **R5.2** The development of medical school curricula must be informed by medical students, doctors in training, educators, employers, other health and social care professionals and patients, families and carers.
- **R5.3** Medical school curricula must give medical students:
    a) early contact with patients that increases in duration and responsibility as students progress through the programme
    b) experience in a range of specialties, in different settings, with the diversity of patient groups that they would see when working as a doctor
    c) the opportunity to support and follow patients through their care pathway
    d) the opportunity to gain knowledge and understanding of the needs of patients from diverse social, cultural and ethnic backgrounds, with a range of illnesses or conditions and with protected characteristics
    e) learning opportunities that integrate basic and clinical science, enabling them to link theory and practice
    f) the opportunity to choose areas they are interested in studying while demonstrating the learning outcomes required for graduates
    g) learning opportunities enabling them to develop generic professional capabilities
    h) at least one student assistantship during which they assist a doctor in training with defined duties under appropriate supervision, and lasting long enough to enable the medical student to become part of the team. The student assistantship must help

prepare the student to start working as a foundation doctor and must include exposure to out-of-hours on-call work.

- **R5.4** Medical school programmes must give medical students:
  a) sufficient practical experience to achieve the learning outcomes required for graduates
  b) an educational induction to make sure they understand the curriculum and how their placement fits within the programme
  c) the opportunity to develop their clinical, medical and practical skills and generic professional capabilities through technology enhanced learning opportunities, with the support of teachers, before using skills in a clinical situation
  d) experiential learning in clinical settings, both real and simulated, that increases in complexity in line with the curriculum
  e) the opportunity to work and learn with other health and social care professionals and students to support inter-professional multidisciplinary working
  f) placements that enable them to become members of the multidisciplinary team, and to allow team members to make reliable judgements about their abilities, performance and progress.

3.2 Requirements of the UK Departments of Health

The UK Departments of Health publish guidance on Medical Students in Hospitals. LEP **must** ensure compliance with this guidance at all times.

This guidance has been prepared in association with the representatives of Health Authorities, the General Medical Council, the Joint Consultants Committee and the Committee of Vice-Chancellors and Principals.

3.2.1 Scope

The guidance applies to bona fide medical students who are either:

- 'On attachment': students who have access to patients and assist in clinical work while attending in hospitals under agreed arrangements (including periods of elective study) in fulfilment of the curricular arrangements of their medical schools; or
- 'Assistants': students in the final stages of their training who voluntarily assist those practitioners who are undertaking the duties of absent house officers

For these purposes a 'bona fide student' is a medical student who is registered for and attending a course of study leading to a degree or diploma from:

- A licensing body in the United Kingdom; or
- An overseas university, provided that either the qualifications of that university are registerable for full or limited registration with the General Medical Council; or
- The student is temporarily registered with a medical school in the United Kingdom for the purpose of pursuing a period of clinical training in the United Kingdom.

3.2.2 Consent – Patients' Rights

Any hospital where clinical teaching takes place should include in its booklet of introductory advice to patients and explanation of the importance of clinical teaching and an outline of what it might involve. In addition, patients should be reminded on admission, or as soon as possible thereafter, that they are entitled to decline to be observed or attended by students without affecting in any way the treatment they receive.

Wherever practicable, the student's status and the reason for his/her presence must be obtained before the first occasion on which a medical student is present during the examination or treatment of a patient or interviews or examines a patient. The explanation should be given by the supervising registered medical practitioner or by a member of the nursing or midwifery staff but not by the student unless specifically authorised in advance by the supervising registered medical practitioner.

3.2.3 The Medical Act 1983

By virtue of section 47 of the Medical Act 1983, an appointment as a physician, surgeon or other medical officer can only be held by a person fully registered with the General Medical Council. Persons with provisional or limited registration may be deemed to be fully registered to the extent permitted by sub-sections 15(3) and 22(7) of that Act. Students are excluded from these provisions. Authorities are liable at law for the acts and omissions of students they admit to their premises.

3.2.4 Conditions Governing Students' Clinical Work

To ensure that the interests of patients, Authorities and Trusts are safe guarded the Department and the profession have agreed on the conditions under which students may undertake clinical work. All medical, nursing, midwifery, pharmacy and radiography staff, and in particular staff responsible for patient care in units where students will be present, should be familiar with these conditions which must also be fully understood by the students themselves.

3.2.5 Conditions for all Medical Students

The admission of a medical student to the premises of a Health Authority or a Trust is subject to the prior written approval of that body. Only 'bona fide medical students' may have access to patients and take part in any clinical procedure involving patients, including all forms of clinical examination, even under supervision. Students must be readily identifiable as such, e. G. Wear a suitable lapel badge.

3.2.6 Before admitting a Medical Student:

Health Authorities and Trusts should make any necessary inquiries into the health of students, and may request and arrange for them to undergo a medical examination as a condition of their attendance in hospital if they are satisfied that the interests of patients require it;

Health Authorities and Trusts must ensure that any clinical assistance by a student, whether or not on their premises, is given under the close supervision of a registered medical practitioner; save that, where a student assists with a maternity case, the supervision of a registered midwife is acceptable.

3.2.7 Students must in no circumstances:

- Initiate, alter or stop the treatment of a patient on their own diagnosis; both diagnosis and treatment must be confirmed by the registered medical practitioner supervising them;
- Prescribe, request radiological examinations or other diagnostic investigations, or order blood to be cross-matched. If students complete an order form for any of these purposes it must then be signed by the registered medical practitioner supervising them before it is executed;
- Take any part in obtaining or witnessing the signature by or on behalf of a patient on a form of consent to treatment;
- Take a history from, examine or undertake a procedure on a patient unless his/her prior informed consent has been obtained. If it is practicable to obtain specific consent, the student must seek authorisation in advance from the supervising registered practitioner.

This will apply in the case of those patients unable, for whatever reason, to make a decision on consent. Exceptionally, this may include some anaesthetised patients, though normally such consent should have been sought from the patient in advance.

A student acting in an emergency e. G. A cardiac arrest, has the same rights and responsibilities as any other citizen.

3.2.8 Conditions for medical students on attachment:

The consultant to whom the student is attached will determine the degree of supervision required, will provide such supervision personally, or will arrange for its provision by one or more identified registered medical practitioners.

4 Selection of clinical supervisors

The clinical supervisor is the senior clinician responsible for supervising the work of named students at any given time.

Clinical supervisors **must** be:

- Registered medical practitioners or registered midwives of sufficient seniority to take direct responsibility for the work of students, normally, in the case of doctors, holding a specialist registration or a senior associate specialist.
- Working for a major part of their clinical duties in the clinical environment where the student is working.

Aspects of clinical supervision **may** be delegated to junior medical staff provided it is clear that the ultimate responsibility remains with the clinical supervisor who **must** establish that the level of delegation is consistent with the maintenance of patient safety.

Normally the allocation of clinical supervisors will be driven by the structure of the clinical block, and the Block Lead **must** ensure that appropriate clinical supervisors are allocated to every student at all times during the block.

5 Detailed guidance for the role of clinical supervisor

The following sections aim to help clinical supervisors in their role, and the LEP **must** ensure that clinical supervisors are aware of and follow the guidance as appropriate.

5.1 Ensuring effective and safe learning

Medical students can only learn how to be competent and safe new doctors if they are allowed to engage actively in clinical work. Simple observation has a very limited role to play in ensuring the competence that is required. The challenge for the clinical supervisor is to facilitate as much active learning as possible within the requirements of patient safety and ongoing service delivery.

5.1.1 The paradox of clinical learning

All training in performance tasks affecting people faces the same need to balance the interests of current patients with those of the patients that the practitioner will deal with in the future. Naive and inexperienced learners will always pose some risk to patients, even if it is nothing more than inconvenience or minor disruption to service delivery. On the other hand, graduates who have not been allowed to learn effectively because of over emphasis on minor risk will pose a much greater

risk to their patients as new doctors, and the need for intense supervision at that stage can be much more disruptive of service.

Clinical supervisors are the only people who can (and **must**) make the day to day judgements of where to place the balance between present and future risk. Most will be thoroughly familiar with making such judgements in the case of postgraduate trainees, so this guidance aims to help provide the context for making those judgements in the case of medical students.

5.1.2 Balancing the risks

The key to this balance is accurate judgement of what a student can be trusted to do at various levels of supervision from direct to remote.

This involves having a clear understanding of what it is reasonable to expect any student at that stage of education can do, and information to place an individual student appropriately within the range of capabilities of their peers.

5.1.3 The capability of a typical student beginning Phase Two

All students entering Phase Two will have completed successfully two years of study with a significant clinical component, and they will have demonstrated key competence in summative clinical assessments to progress.

A typical student entering Phase Two will therefore be able to:

- Demonstrate a professional approach to clinical work, including
    - Identifying themselves clearly as medical students
    - Appropriate dress and conduct in the clinical environment
    - Due regard for the comfort and dignity of patients
    - Maintenance of patient confidentiality
    - Understanding of the duty of candour and the duty to report concerns
    - Know their limitations and working within them
- Follow normal infection control procedures
- Establish rapport with a patient and communicate effectively with them
- Take an uncomplicated history from a competent and cooperative patient and record it in a systematic way
- Perform a straightforward clinical examination of body systems and detect obvious, but not necessarily subtle signs.
- Focus their bio-psychosocial understanding on a patient's problem and suggest some, but necessarily all, likely differential diagnoses.
- Identify some appropriate investigations and be able to interpret major, but not necessarily subtle abnormalities in the results
- Perform some simple clinical procedures according to their record of competence in their e-portfolio

A typical student entering Phase two will also however:

- Lack confidence – the clinical environment is intimidating and a common reaction of students is to underplay the competence they have for fear of being asked to demonstrate it. A good clinical supervisor will distinguish between true and professed competence in this situation.
- Lack sophistication – the students will have had a very limited range of clinical experience, and sophistication can only develop as they see and do more and more.
- Be slow – speed only comes with endless practice

Clinical supervisors **must** appreciate that the typical student will increase in capability, confidence, sophistication and speed as the blocks progress and should adjust expectations accordingly.

5.1.4 Judging the individual student

Clinical supervisors **must** take appropriate steps to evaluate the capability of each student attached to them in relation to the typical student.

Clinical supervisors **must** observe students as much as is feasible in busy clinical environments and place each student in one of three categories:

- Exceeding the typical capability of a student at that stage – can be trusted to undertake a wider range of tasks under less intensive supervisions than other students and should be given as much opportunity as possible for active work
- Matching the typical capability of a student at this stage – can be trusted to undertake a range of tasks under supervision and should be given good opportunities for active work.
- Falling below the typical capability of a student at this stage – needs closer supervision and support to develop into a trusted learner.

Clinical supervisors **may** consider evidence of workplace based assessments in the student portfolio and **should** be guided by the student's educational supervisor in making this judgement.

5.1.5 Facilitating learning

Most clinical supervisors will be very familiar with teaching in the clinical environment, and many will have received specific training, so what follows are some simple principles that all supervisors **should** apply:

Supervisors should:

- *Respect students*. – supervisors **should** stimulate and challenge, but **must not** intimidate
- *Involve students* – supervisors **should** encourage students to participate in discussion and make time to interact with students both in the presence of patients as appropriate, and after the patient encounter.
- *Allow students to participate in care* – supervisors **should** ask students as often as possible to perform tasks (such as clerking a patient) within the individual judgement of risk made as in section 5.1.4 above.
- *Observe and feedback* – supervisors **should** observe students undertaking task as often as possible and provide feedback

5.2 Providing feedback

Students can only learn effectively if they have some external judgement of how well they are performing at different aspects of clinical work. This feedback can come from many sources, but the clinical supervisor **must** provide as much feedback as possible in the course of clinical learning.

Most clinical supervisors will be thoroughly familiar with providing feedback to postgraduate trainees, and many will have had specific training, so what follows are some simple principles that all supervisors **should** apply:

- *Make time for feedback* – supervisors **should** allocate time in their work-plans to spend a few minutes (5 minutes minimum) with each student in each teaching session to provide feedback.

- *Provide feedback on the basis of observation* – supervisors **should** ensure that there has been sufficient interaction with the student during the session to provide meaningful feedback.
- *Make it constructive and specific* - Feedback **should** always be as constructive and specific as possible
- *Be systematic* - Supervisors **may** find it helpful to follow Pendleton's rules:
    - Ask the student what they think they have done well.
    - State what aspects you think they have done well
    - Ask the student what has gone less well
    - Provide constructive criticism of the student's performance
    - Agree an action plan as to how the student may improve

Some clinical supervisors may be involved in more formal work-place based assessments as determined by the structure of the block. Clinical supervisors **must** undertake such work-place based assessments as are prescribed by the block lead and complete the appropriate forms in the student portfolio.

5.3 Managing concerns

It is a key responsibility of clinical supervisors to identify and manage risks arising from clinical learning by undergraduate medical students. These may be risks to patients, which **must** be managed and reported with the absolute minimum of delay, or risks to student learning arising from health, conduct or performance which **must** be reported to the medical school for ongoing management through formal processes.

5.3.1 Risks to patient safety

Clinical supervisors **must** be vigilant for risk to patient safety arising from students. These risks may arise from:

Student health – supervisors **must** act if it is apparent that a student is unwell or impaired in the clinical environment

Conduct – supervisors **must** act if a student is behaving erratically or inappropriately in the clinical environment

Professionalism – supervisors **must** act if the student demonstrates unprofessional behaviour that might offend patients of staff or put patients at risk.

It is recognised that other members of the clinical team may be the first to detect concerns. Any person may report concerns to the medical school through a 'concerns reporting' process. Local Education Providers **must** ensure that all staff are aware of the requirement to report concerns. Clinical supervisors **should** ensure that all direct members of their clinical teams are aware of the need to report concerns, and it **must** be made clear that a serious concern requiring immediate action should be brought to the clinical supervisor or, in their absence, the block lead or any other suitable senior doctor.

5.3.2 Risks to student learning

Clinical supervisors are well placed to detect early signs of problems that are impacting on student learning without necessarily putting patients at immediate risk. Clinical supervisors **should** be vigilant for such concerns and report them promptly to the medical school.

These concerns may arise in many ways, but some common scenarios are:

Poor attendance or time keeping – this is usually the most sensitive indicator of problems. The Medical School, working with LEPs monitors attendance electronically, but it is of course possible that a student may sign in at the site but not attend clinical learning. Supervisors **must** report any absent students to the block administrator who will investigate the situation. It is expected that students who are legitimately absent will inform their clinical supervisor in good time.

Disengagement – supervisors should always try to involve students, but some with problems will withdraw and hide in the clinical situation. Supervisors must report students who are consistently disengaged.

Obvious distress – it is not unusual for students on occasion to become distressed in the clinical environment, and this should be handled as sensitively as possible. Repeated occurrences **should** however be reported.

Evidence of alcohol or substance abuse: If supervisors are aware that a student is hung over or otherwise impaired, but not an immediate risk to patients, they **must** report this to the Medical School. Frank intoxication is an immediate risk that **must** be dealt with as a risk to patients.

Erratic behaviour: Supervisors must report if students are exhibiting repeated lower level erratic behaviour that is not an immediate risk to patients. Frank erratic behaviour **must** be considered as a risk to patients and dealt with accordingly.

5.3.3 Managing concerns that might impact on patient safety

All concerns **must** be managed as follows:

- The student **must** leave the clinical area immediately and not return until the Medical School permits.
- If it is considered that they are a risk to themselves, then they **must** be supervised at all times by a suitable person.
- The concern **must** be reported immediately to the block administrator, or in their absence the block lead or any other suitable senior person with connections to the medical school.
- The block administrator and block lead **must** report the concern to the Medical School office by telephone as soon as possible.
- The clinical supervisor **must** provide a statement to assist the medical school and LEP in assessing and managing the risks and deciding appropriate action to take.

5.3.4 Reporting concerns about students

Where there is not judged to be any immediate risk to patient safety, concerns **must** be reported through the Medical School 'concerns process'. Any person - doctor, other health professional, other staff or patients **may** report a concern directly by this route, but many will not be aware of it and may bring their concerns to the clinical supervisor directly or indirectly. The clinical supervisor **must** report any concerns they have personally, or are reported to them. Clinical supervisors **may** report their concerns through the block administrator or block lead if they do not wish to do so directly, though those concerns should not be anonymous.

The concerns process is accessed through:

https://emer.buckingham.ac.uk/concerns/new

6 Quality management of clinical supervision

The Medical school will employ its quality processes to manage the quality of clinical supervision in each provider of clinical education. These processes are modelled on the General Medical Council Quality Improvement Framework, with four components.

Approval against standards

Each provider must demonstrate that it has in place quality control processes to ensure that the standards defined in this document can be met, and that evidence can be provided that they are. These statements are held in the quality register.

Shared data base

The Medical School and each provider collects quality information that is held in a shared data base which can be analysed to identify quality issues that need to be managed, and to establish a risk register. The quality data include first, evidence of student reaction, collected electronically, and the reactions of staff and of patients. Second, evidence of student learning from analysis of performance in assessments, and third evidence of behaviour collected by a variety of means.

In the case of clinical supervision student reaction will be critical, and students reaction will be analysed to establish whether clinical supervisors are meeting the standards, and if they are not then the risks identified and managed.

Visits and checks

The Medical has formal quality review visits with all providers at regular intervals, and evidence about the effectiveness of clinical supervision will be a major part of such reviews.

Response to concerns

Students, staff or patients may raise concerns about the quality of educational provision, and if such concerns are raised about clinical supervision then they will be managed according to the procedures defined in the codes.

It is likely that there will be quality issues with clinical supervision, as these are common in other medical schools. The University of Buckingham Medical School is committed to managing such issues pro-actively and aggressively, and providers **must** cooperate with such management.

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