

Supporting Clinical Supervision: ‘An exploration of the applicability, utility and effectiveness of the National Minimum Standards for Supervision toolkit as an enabling and facilitatory resource for Clinical Supervisors within the Primary and Community Care settings’

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Background

High quality workplace supervision for trainee Advanced Clinical Practitioners (tACPs) undertaking a master’s programme of training is essential for safe and effective patient care, robust professional development, and the maintenance of personal wellbeing during transition¹.

Currently, there is variation in the extent to which Clinical Supervisors within specialty areas have been trained, supported and given resources to facilitate and enhance their crucial role in providing high quality supervision to tACPs^{1,4}. Recent HEE publications including the Multi-Professional Advanced Clinical Practice Framework³, ‘Workplace Supervision for Advanced Clinical Practitioners’¹, HEE Quality Framework⁴, Advanced Clinical Practice Workplace Supervision: National Minimum Standards for Supervision² set out the essential guiding principles that Clinical Supervisors should employ when providing supervision within the workplace. What is not known however, is whether these tools and resources are user friendly and specific enough to the primary and community care settings to be easily and readily applied and provide sufficient information and guidance to prepare and enable Clinical Supervisors to fulfil their role.

Overall Aims

The overall aim of the project was to:

- explore the extent to which these national tools and resources facilitate and enable Clinical Supervisors within Primary and Community Care settings to confidently undertake their role as Clinical Supervisors
- discover whether any gaps exist in the guidance
- identify what additional tools and resources would improve their utility and effectiveness.

Method

A rapid literature review was undertaken, and a semi-structured interview guide developed by the project lead utilising the findings. This was piloted and subsequently modified after feedback to enhance conversation flow.

A cohort of Primary and Community tACP Clinical Supervisors were identified and invited to participate in the project. All sixteen respondents took part in a series of semi-structured interviews conducted by the project lead. Each interview was transcribed, summarised, and shared with participants by the project lead to confirm accuracy. Once verified, the project lead analysed the resultant summaries and identified and collated all arising themes and key findings.

Results and key findings

Main themes

Five main themes were identified from the data analysis:

- Ineffective communication and dissemination of the national resource pack for Clinical Supervisors
- Support in preparing the system and workplace setting
- Provision of tools to support learning needs analysis of trainees
- Provision of tools to support job planning and facilitating and monitoring skills development
- Standardised templates to enable quality assurance of capability and competence in the specialty area.

Conclusion and Recommendations

Conclusion

Accessing key insights from a cohort of Clinical Supervisors situated within the Primary and Community Care setting has increased the knowledge and understanding around what additional guidance and resources would empower Clinical Supervisors within this setting to help the transition of their trainees into safe and competent ACPs.

Recommendations

1. Identify ways to improve the dissemination of the national resource pack amongst the Primary and Community Clinical Supervisors.
2. Produce a summary of HEI courses within the NW footprint that offer Primary and Community care pathways, outlining the curriculum and modules available on these programmes.
3. Develop advice and information on Core and Speciality specific competence frameworks that match the identified role(s) in a specific service setting and produce a self-assessment tool that facilitates learning needs analysis against these frameworks.
4. Generate an overall guide/ series of ‘bite-sized’ briefings, videos, or podcasts that explain how to plan an induction, undertake job planning, ensure wellbeing, encourage critical thinking, analysis, clinical reasoning, develop professional behaviours in others and encourage learning from all aspects of practice through reflection.
5. Facilitate the recording of competence and capability through enabling access to a standardised portfolio and templates to record evidence.
6. Set up a community of practice for Clinical Supervisors to enable the sharing and dissemination of knowledge and learning about supervision practice and co-production of the outlined resources.

References

1. HEE (2020) *Workplace Supervision for Advanced Clinical Practice: An integrated multi-professional approach for practitioner development advanced*. Available at: advanced-practice.hee.nhs.uk/reports-and-publications/
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 3. HEE (2017) *Multi-Professional framework for Advanced Clinical Practice in England*. Available at: <https://advanced-practice.hee.nhs.uk/multi-professional-framework-for-advanced-clinical-practice-in-england>
 4. HEE (2021) *HEE Quality Framework from 2021*. Available at: <https://nshcs.hee.nhs.uk/publications/health-education-england-hee-quality-framework-from-2021/>
- Fothergill LJ, AlOraibi A, Houdmont J, et al. Nationwide evaluation of the advanced clinical practitioner role in England: a cross-sectional survey. *BMJ Open* 2022;12:e055475. doi:10.1136/bmjopen-2021-055475