Assessing supervision

Guidance to support the implementation of the *Model Standards for specialist medical college accreditation of training settings*

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V1.0

Australian
Medical Council Limited

1. Purpose

1.1 This document sets out guidance on how colleges will assess supervision at Australian training settings for the purposes of accreditation under the *Model Standards for specialist medical college accreditation of training settings* (the model standards).

2. Model standards and criteria relevant to supervision

2.1 Supervision sits at the heart of specialist medical training and is a wide-ranging concept that covers many elements of training. The main standard related to supervision is model standard 2.2, which sits within the domain of 'Supervision, management and support structures.' Other standards that are relevant to supervision include model standards 1.1, 2.1, 2.3, 3.1 and 3.2.

3. Relationship of this document to the model standards

3.1 The model standards set out the overall outcomes that training settings are to achieve in relation to specialist medical training. This document provides guidance on how colleges will assess whether the overall outcomes in the model standards are met.

4. Clinical supervision and educational supervision

4.1 This document makes a distinction between clinical supervision and educational supervision.

4.2 **Clinical supervision** refers to the day-to-day oversight of the clinical practice of trainees at the setting. The role includes providing guidance, support and feedback on practice and conduct to guide the trainee's learning and ensure the trainee's clinical practice is safe, competent, ethical and aligned with professional standards.

4.3 **Educational supervision** refers to the role of college fellows in overseeing the delivery of the college training program, including the provision of guidance, assessment, feedback and support of the trainee. The role also encompasses liaison with the training setting to connect the training program with the setting's overall governance, priorities and activities. Colleges define educational supervisors differently, but some common terms include Director of Training, Supervisor of Training and Educational Supervisor. Educational supervisors are sometimes appointed under specific position descriptions or roles governed by the training setting and/or the college.

4.4 In some college training programs, the roles of clinical and educational supervisor are combined.

5. Principles upon which this guidance is based

5.1 When assessing supervision at a training setting, colleges will consider the following principles.

5.2 Effective supervision is essential for specialist medical training.

5.3 Effective supervision is a person-centred, curricula-guided activity that is additional to service delivery. Supervision is carried out by individual supervisors and is tailored to the needs of individual trainees. Supervisors need time to carry out effective supervision, and this time may vary according to a number of factors including the number of trainees being supervised and the skill level and the individual learning needs of the trainee. While clinical supervision takes place during service delivery, it involves tasks over and above those necessary for service delivery. Educational supervision is a specific and discrete task that imposes an administrative burden on supervisors and requires sufficient time to be allotted away from service delivery.

5.4   Supervision arrangements should be flexible to accommodate and support learning in rural, regional and remote settings, smaller practices, and private settings, while still maintaining safety and achieving training outcomes. Flexible models incorporating face-to-face and remote supervision should be supported by the training setting as appropriate to the setting, the specialty and the trainee.

5.5   Face-to-face (in-person) supervision is an essential part of effective learning and patient safety. However, remote supervision enables access to expertise, especially in rural and remote areas, and is an important part of emerging models of care in many specialties. The balance between face-to-face supervision and remote supervision will differ depending on a number of factors such as: the nature of the specialty; the seniority of the trainee and their level of competency; the activity being supervised; patient complexity; and the effectiveness of alternative supervision models in meeting trainee need. Trainees in some specialties will require more face-to-face supervision than trainees in other specialties.

5.6   In general, clinical supervision is primarily conducted by specialists in the same field as the trainee. However, appropriate opportunities may exist for specialists in other fields, as well as other appropriate clinicians, to play a role in certain aspects of clinical supervision. This will depend on factors such as: the nature of the specialty; the risk involved in the supervised activity; and college curricula.

6.   Use of this guidance

6.1   College accreditors will use this document to assist them to:

- identify the elements of effective supervision relevant to their training program based on outcome measures;

- consider whether those elements are present at the training setting being accredited;

- make judgements as to whether supervision at the setting is sufficiently safe and effective to support training;

- provide a transparent framework for discussing with training settings:

  o   the strengths and weaknesses in supervision at their setting; and

  o   the basis upon which the college makes any accreditation decisions related to supervision (for example, granting/not granting accreditation; imposing/removing a condition on accreditation, revoking accreditation).

6.2   Elements of effective supervision are listed below. They are grouped into:

- elements relevant to both clinical and educational supervision;

- elements specifically relevant to clinical supervision;

- elements specifically relevant to educational supervision.

although there may be some cross-over between these areas.

6.3   Listed below each element are questions that could be asked by college accreditors when assessing supervision (accreditation questions). References in italics indicate the relevant model standard(s) to each accreditation question.

6.4   College accreditors are not required to use these elements or accreditation questions as a rigid checklist. Rather, the elements and accreditation questions are intended to guide accreditors as to the matters they may wish to consider when assessing supervision at a setting.

6.5   Not all questions are applicable to all college training programs or settings. For example, supervision arrangements are often different in community-based settings, primary care, private practice, or non-clinical settings. In some colleges, it is the college's responsibility (rather than the setting's

responsibility) to ensure that some of the elements of effective supervision are provided.

6.6 Accordingly, accreditors should use their discretion in determining whether the elements in the framework and the accreditation questions are relevant to their training program and the types of settings they are accrediting. Whether any concerns have been raised about supervision at the setting may impact the depth with which colleges interrogate the matters listed below.

7. Elements of effective supervision common to clinical and educational supervision

Element 1. Supervision is safe, respectful and constructive.
This element relates to a college's assessment of whether the behaviour of supervisors is appropriate, and whether supervisors engage effectively with trainees to support their learning, cultural safety, health and wellbeing.
Q1a. Do supervisors treat trainees with respect, free from behaviours such as bullying, discrimination, racism or harassment of any kind? (*1.1.3; 1.1.4*)
Q1b. Do supervisors treat trainees equitably, not inappropriately favouring one individual or group of trainees above another? (*3.2.2*)
Q1c. Do supervisors engage with trainees to allow for two-way effective and constructive feedback? (*2.2.2*)
Q1d. Do supervisors practise culturally safe supervision? (*2.2.5*)
Q1e. Do trainees know how to make a complaint to the setting or raise a grievance about their supervisor? Are any barriers in place at the setting affecting trainees' ability to raise a complaint/grievance about a supervisor and are these barriers recognised and minimised by the setting as far as reasonably practicable? (*1.1.1; 1.1.2*)
Element 2. The training setting values effective supervision.
This element relates to a college's assessment of whether the training setting values the role of supervisors, provides appropriate opportunities for supervision, and supports the professional development, health and wellbeing of supervisors.
Q2a. Does the setting make suitable arrangements to cover the supervision responsibilities of supervisors to enable them to take leave? (*2.2.5*)
Q2b. Does the setting provide feedback to supervisors? (*2.2.5*)
Q2c. Does the setting support supervisors to undertake the training/professional development required by the college? (*2.2.5*)
Q2d. Does the setting provide reasonable time and relevant opportunities for structured and unstructured supervision that is effective for trainee learning?

Element 2. The training setting values effective supervision *continued*
Q2e. Does the setting enable flexible models of supervision, including remote supervision, that are safe and fit for purpose in the context of the specialty and the trainee? *Examples may include: supporting innovation in remote supervision; providing reasonable time for clinicians to undertake remote supervision; providing reasonable and appropriate technology for remote supervision; and co-operating with other training settings in the provision of remote supervision. (2.2.1)*
Q2f. Does the setting provide the right balance of face-to-face and remote supervision, noting the different needs of training programs and trainees? (*2.2.1*)

8. Elements of effective supervision specific to clinical supervision

Element 3. Clinical supervision is sufficient to ensure that patients are safe and trainees are exercising an appropriate level of autonomy. This element relates to a college's assessment of whether the setting provides a sufficient level and quality of clinical supervision to ensure: patient safety is maintained; the trainee's clinical practice is supervised to a level appropriate to the trainee's competency; and the supervision arrangements do not make trainees feel unsafe.
Q3a. Does the level of supervision (including the number of supervisors available) enable the trainees at the setting to deliver appropriate and safe care within their level of competency? (*2.2.1*)
Q3b. Are trainees at the setting able to access clinical supervision when needed to support appropriate and safe patient care? (*2.2.1*)
Q3c. Where supervision is required out of hours, is appropriate out of hours/on call support available at the setting? Where attendance at the setting by a clinical supervisor is required to ensure safety, is attendance timely? (*2.2.1*)
Q3d. Do trainees and supervisors have confidence in the level of supervision provided at the setting? Do trainees reasonably feel "out of their depth", i.e. that they are expected to do things without supervision that they are not yet competent to do? (*2.2.1; 2.3.1, 3.2.1*)
Q3e. Do supervisors at the setting have the relevant skills and competencies? (*2.2.1*)
Q3f. Do supervisors carry out their responsibilities at the setting by attending to supervision tasks as required, for example: responding within appropriate timeframes; providing appropriate support and advice to trainees; attending supervised sessions/outpatient clinics in a timely manner? (*2.2.1*)

9. Elements of effective supervision specific to educational supervision

Element 4. Educational supervision is sufficient to allow trainees to achieve the requirements of their training program.

This element relates to a college's assessment of whether the setting provides a sufficient level and quality of educational supervision to give trainees the time, guidance and support they need to progress through the training program.

Q4a. Do supervisors at the setting identify trainees in difficulty in a timely manner and respond appropriately to support them to continue in the training program? (*2.2.3*)

Q4b. Do supervisors at the setting co-operate in developing learning/training plans for trainees and engage in monitoring trainees' progress? (*2.2.2; 2.2.3*)

Q4c. Is there an effective liaison point between the college and the training setting to discuss matters related to the training program? (*2.1.1; 2.1.5*)

Element 5. The training setting enables and supports the role of educational supervisors

This element relates to a college's assessment of whether the training setting values educational supervision and provides supervisors with appropriate support.

Q5a. Is the Supervisor/Director of Training (or equivalent) provided with sufficient reasonable authority to have input into the educational governance processes of the setting? (*2.1.1; 2.2.4*)

Q5b. Is there effective two-way communication between the Supervisor/Director of Training (or equivalent) and the setting to enable constructive and timely engagement? *(2.1.1, 2.1.5*)

Q5c. Are educational supervisors provided with sufficient time within their employed/contracted working hours to undertake educational supervision tasks and manage the administration associated with their role?

Supervisory tasks may include: meeting with trainees; supporting trainees in difficulty; reviewing trainee progress; oversighting training plans; conducting Work Based Assessments (WBAs); and engaging with the setting's educational governance mechanisms.

Administration associated with being an educational supervisor may include: completion of college documentation regarding training matters; completion of supervision paperwork; time spent liaising with other supervisors; meetings related to supervision and training issues.

Noting that supervisors may have duties in relation to college trainees, prevocational trainees, international medical graduates (IMGs) and specialist international medical graduates (SIMGs) and also noting that some supervisory duties may be carried out by individuals other than educational supervisors. (*2.2.5, 2.1.3*)

10. Evidence colleges will use to assess supervision

10.1 This section gives guidance on the types of evidence that college accreditors may consider when assessing the above elements of supervision. However, not all evidence will be available at, or appropriate to, all types of settings. For example, the evidence available at primary care settings will be different to that available for hospital settings. Colleges will use their discretion in determining the types of evidence that are relevant to their assessment.

10.2 It is good practice to triangulate evidence, noting that one piece of evidence may not, on its own, demonstrate inadequate supervision. However, when combined with multiple factors, a pattern of inadequate supervision may emerge. College assessors will triangulate evidence to the extent that it is reasonably practicable to do so and will make professional judgements informed by the evidence.

Evidence
Training provider self-assessment, providing information in relation to any of the above questions
Governance diagram and/or roles and responsibilities, showing where the Director/Supervisor of Training (or equivalent) sits in the structure of the setting.
Position descriptions for relevant supervisory positions such as Director/Supervisor of Training (or equivalent)
Governing/executive body/records, showing that supervision issues can be escalated through an accountable governance structure
Example rosters to show levels of clinical supervision either remote or face-to-face, including on-call arrangements
Policies and procedures relevant to supervision, and the ability of concerns and grievances to be raised about supervisors
Previous accreditation and/or monitoring reports that raise issues about supervision that require investigation
Survey data from surveys of trainees, supervisors etc, for example, the questions related to supervision in the Medical Training Survey (where available) and/or any setting or rotation surveys undertaken by the college
Video or other documentation/recording of teaching/feedback sessions (recorded with consent)
Information from interviews that explore supervision issues, including interviews with trainees, supervisors, managers, nursing or other clinical staff, the Director of Training (or equivalent), heads of department, administrative staff and other relevant stakeholders during (in-person or virtual) site visits
Information from yarning circles or wananga feedback about the cultural safety of supervision
Information from visits to the training setting to examine resources that are available to supervisors
The facilities available at the setting to enable remote supervision
Any data that may be available on the safety and effectiveness of remote supervision within the specialty/setting/clinical context

Evidence
Data on workplace-based assessments - timeliness of completion, results
Examination completion rates/results
Evidence of whether performance reviews/appraisals are regularly being undertaken with both trainees and supervisors

11. Managing non-compliance

11.1 Where a college is of the view that a training setting is not providing or enabling effective clinical or educational supervision, the college should follow the same model as for other issues regarding compliance with the model standards. That is, the college and the setting should discuss the issue with the aim of resolving the matter through an agreed path forward.

11.2 If issues of supervision cannot be resolved through discussion, the risk framework set out in the *Model Procedures for specialist medical college accreditation of training settings* is to be used in determining any accreditation decisions.