University Hospitals of Leicester NHS
NHS Trust

Supervision of non-consultant grades undertaking within UHL

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CONTENTS

Section		Page
1	Introduction and Overview	
2	Policy Scope – Who the Policy applies to and any specific exemptions	
3	Definitions and Abbreviations	
4	Roles- Who Does What	
5	Policy Implementation and Associated Documents-What needs to be done.	
6	Education and Training	
7	Process for Monitoring Compliance	
8	Equality Impact Assessment	
9	Supporting References, Evidence Base and Related Policies	
10	Process for Version Control, Document Archiving and Review	

Appendices		Page

REVIEW DATES AND DETAILS OF CHANGES MADE DURING THE REVIEW

New document

KEY WORDS

Supervision, anaesthetist, trainee

1 INTRODUCTION AND OVERVIEW

1.1 This document sets out the University Hospitals of Leicester (UHL) NHS Trusts Policy and Procedures for local supervision arrangements for non-consultant grade anaesthetists providing anaesthetic care within UHL.

1.2 The Royal College of Anaesthetists Guidelines for the provision of anaesthetic services (GPAS) 2023 provides guidance for supervision of non-consultant anaesthetists – specifically (Chapter 1: The Good Department)

> 2.41 - All patients requiring anaesthesia, pain management or perioperative medical or critical care should have a named and documented supervisory autonomously practising anaesthetist who has overall responsibility for the care of the patient.
>
> 2.42 - At all times trainees should be supervised at an appropriate level (1-4) of sessional supervision, which varies depending on both the level of the trainee, including their stage of training, their previous experience and capability, and the case or cases for which they are being supervised.
>
> 2.43 - At all times SAS and specialist anaesthetists who are not autonomously practising anaesthetists should be supervised at an appropriate level (1-4) of sessional supervision, varying depending on both their level, including their previous experience and capability, and the case or cases for which they are being supervised doing
>
> 2.45 - Where an anaesthetist is supervised by a sessional supervisor, the individual should be aware of their supervisor's identity, location and how to contact them
>
> 2.46 - Sessional supervisors should know who they are supervising, where their supervisees are and their clinical activity

2 POLICY SCOPE –WHO THE POLICY APPLIES TO AND ANY SPECIFIC EXCLUSIONS

Who does this policy apply to?

2.1 This policy applies to the supervision arrangements for all non-consultant grade (and non-autonomously practicing) anaesthetists within UHL

2.2 An autonomously practicing anaesthetist is a consultant grade, or SAS doctor functioning within locally agreed clinical governance frameworks for defined competencies

2.2 The term non-consultant grade anaesthetist includes all staff undertaking anaesthetic practice not employed as consultants or autonomously practicing anaesthetists. This includes all grades of medical staff within a training programme, locally employed doctors (specialty doctors, fellows, staff and trust grades), associate specialists, anaesthetic associates and physician's assistants in anaesthesia.

2.3 Anaesthetic practice is defined as the provision of general or regional anaesthesia or sedation at any site within UHL, including, but not limited to labour ward, theatre suites, intensive care, ED, angiography, CT, catheter suites or interventional radiology.

3 DEFINITIONS AND ABBREVIATIONS

Autonomously practising anaesthetists are SAS Doctors who can function autonomously to a level of defined competencies, as agreed within local clinical governance frameworks, or Consultants.

Supervisees are doctors in training, staff grades or locally employed doctors, specialty doctors and anaesthesia associates. Anaesthesia associates and SAS doctors (if practicing outside of local frameworks) are included in this group.

Supervision falls into the categories below:

1	Physically present in theatre throughout	Direct
2A	Supervisor in theatre suite, available to guide aspects of activity through monitoring at regular intervals	Indirect
2B	Supervisor within hospital for queries, able to provide prompt direction/assistance	
3	Supervisor on call from home for queries able to provide directions via phone or non-immediate attendance	
4	Should be able to manage independently with no supervisor involvement (although should inform supervisor as appropriate to local protocols	
5	Autonomously practising anaesthetist requiring no supervision	Autonomous

Non-autonomously practicing anaesthetists leading anaesthetic lists in theatre must have a defined supervisor (mentor) on the CLWrota system. For areas such as critical care or labour ward, the supervising consultant will by default be the consultant responsible for that area.

- Supervisees must know who their supervisor is and how to contact them
- Supervisors must be contactable by a method agreed with the supervisee

4 ROLES – WHO DOES WHAT

An overview of the individual, departmental and committee roles and responsibilities, including levels of responsibility and any education and training requirements

4.1 Responsibilities within the Organisation

a) CMG lead – Christopher Allsager, Trust lead – Andrew Furlong (Medical Director)

b) Implementation will be supported by the rota consultants and anaesthetic office staff on each site, by consultant anaesthetist supervisors, non-consultant supervisees and by the wider theatre team for highlighting cases where there is inadequate supervision.

c) All staff in theatres are responsible for responding to clinical risk, where there is no consultant supervisor for a non-consultant anaesthetist, reporting this to the anaesthetic office for the site. Where there is no source of help identified, the list will not be permitted to continue until a supervising consultant has been identified, and an appropriate level of immediate or distant supervision is

available, the supervisor is contactable and the anaesthetist running the list is able to work safely.

5. POLICY IMPLEMENTATION AND ASSOCIATED DOCUMENTS –WHAT TO DO AND HOW TO DO IT

All anaesthesia practice performed by non-consultant grade anaesthetists (supervisees), who are not autonomous practitioners must be supervised by a consultant anaesthetist (supervisor). The supervisee must know who their supervisor is and how to contact them, and the supervisor must be aware of their supervisee(s). The supervisor's name should be documented on CLWRota, ORMIS and on the anaesthetic chart. Supervisors will be identified in advance and allocated on the CLWRota rostering system. Where short notice changes lead to non-consultants being unsupervised, this should be highlighted to the anaesthetic office, and anaesthesia must not commence without adequate supervisory arrangements being agreed.

Supervisory requirements (immediate, local or remote site) will differ depending on the competence of non-consultant anaesthetists and case complexity, to be decided in discussion between the supervisor and supervisee. Where a non-consultant is under direct supervision, the supervisor should be working directly with the supervisor. Where under indirect or remote supervision, the supervisor may be >10 minutes away. At all times, the consultant supervisor should be free to attend if requested by the theatre team or supervisee and should be immediately contactable for advice.

Responsibilities

Rota consultant: Ensure that all non-consultant led lists have an allocated consultant mentor on CLWrota.

Supervisee: Familiarise themselves with the name and contact details of the named consultant responsible for the list, ensuring that any issues are identified and discussed with the supervisor prior to the team briefing.

Supervisor: Familiarise themselves with the non-consultant lists that they are supervising. Discuss with the anaesthetists leading those lists, be aware of the clinical activity, proactively identify any issues, learning opportunities, and debrief as appropriate following the list.

Ensure that you are contactable, and that a colleague will take over your supervisory responsibilities if you become unavailable, with appropriate handover to both supervisor and supervisee. Examples of this may include resident emergency theatres consultant handing over to non-resident consultant, or last-minute changes to theatre lists.

Troubleshooter/Recovery (PACU)/Trauma /Emergency Paediatric (EPA)/Preassessment (SOPAC) Support consultant: Be aware of non-consultant led lists in your area, liaise with the anaesthetists leading those lists and support as required. Ensure that you are contactable, via personal or baton phones depending on site arrangements

Associated Documents –None.

6 Education and Training Requirements

All anaesthetic medical staff to be aware of the RCoA Guidance on supervision arrangements for anaesthetists (2021).

7 Process for Monitoring Compliance

7.1 Compliance with this policy will be monitored by audit of the following standards, derived from the Guidelines for Provision of Anaesthetic Services (GPAS), 2023.

7.2 Specific standards for monitoring are stated below

- All patients undergoing anaesthesia should have a documented supervisory consultant anaesthetist who has overall responsibility for the care of the patient
- All non-consultant grade anaesthetists must have a supervisory (mentor) consultant specified on CLWRota
- All non-consultant grade anaesthetists must know who their nominated supervising consultant is and how to contact them for support
- Supervising consultants should be contactable by trainees for whom they are responsible

7.3 Compliance with these standards will be assessed using a Cappuccini audit-based process audit of ≈ 20 cases selected from non-consultant led theatre lists (with indirect or remote supervision) during office hours

- Supervisee
  - Who is supervising you?
  - How would you contact them if you needed them now?
- Supervisor
  - Which list(s) are you currently supervising?
  - What specialty are they doing now and are there any issues?
  - If they required your help, would you be available to attend?

8 Equality Impact Assessment

8.1 The Trust recognises the diversity of the local community it serves. Our aim therefore is to provide a safe environment free from discrimination and treat all individuals fairly with dignity and appropriately according to their needs.

8.2 As part of its development, this policy and its impact on equality have been reviewed and no detriment was identified.

9 Supporting References, Evidence Base and Related Policies

RCoA: Cappuccini audit: an audit of supervision

RCoA: Guidance on supervision arrangements for anaesthetists (2021)

10 PROCESS FOR VERSION CONTROL, DOCUMENT ARCHIVING AND REVIEW

The updated version of the Policy will then be uploaded and available through INsite Documents and the Trust's externally accessible Freedom of Information publication scheme. It will be archived through the Trusts PAGL system

POLICY MONITORING TABLE

The top row of the table provides information and descriptors and is to be removed in the final version of the document

What key element(s) need(s) monitoring as per local approved policy or guidance?	Who will lead on this aspect of monitoring? Name the lead and what is the role of other professional groups	What tool will be used to monitor/check/ observe/asses/ inspect Authenticate that everything is working according to this key element from the approved policy?	How often is the need to monitor each element? How often is the need complete a report? How often is the need to share the report?	How will each report be interrogated to identify the required actions and how thoroughly should this be documented in e.g. meeting minutes.
Element to be monitored	**Lead**	**Tool**	**Frequency**	**Reporting arrangements Who or what committee will the completed report go to.**
All non-consultant grade anaesthetists must have a supervisory (mentor) consultant specified on CLWRota	Chris Hebbes Elinor Wighton	Annual audit CLWrota data pull	Annual	
All non-consultant grade anaesthetists must know who their nominated supervising	Chris Hebbes Elinor Wighton	Annual audit Cappuccini	Annual	

consultant is and how to contact them for support (where a supervisor is allocated)				
Supervising consultants should be contactable by trainees for whom they are responsible (where a supervisor is allocated)	Chris Hebbes Elinor Wighton	Annual audit Cappuccini	Annual	