Chester Medical School

Combined Clinical Education & Clinical Supervision Guidance

2025/26

Purpose

This guidance sets out the principles and expectations for clinicians undertaking the roles of clinical supervisor and educational supervisor for medical students at Local Education Providers (LEPs) affiliated with Chester Medical School. It blends GMC standards, Academy of Medical Educators (AoME) domains, and school-specific requirements to ensure safe, effective, and high-quality supervision. A background to the curriculum of the MBChB programme at Chester Medical School and teaching and learning methods are also included which forms a backdrop the supervision being provided by those we are in partnership with.

Scope

This document applies to all clinicians acting as supervisors for undergraduate medical students in clinical placements (Years 2–4).

Introduction

Dear Supervisor,

On behalf of Chester Medical School, I would like to firstly thank you for working in the role of a clinical and/or educational supervisor for our students. The time and energy brought to these roles by yourselves can be a source of some of the most influential learning students will receive as part of their undergraduate experience. Supervision at its core is integral for student and patient safety, but extending from this, it can provide a source of role modelling, support and professional development for students in medical education.

To support you with this role this, this document covers core principles surrounding the clinical and educational supervision of medical students from Chester Medical School whilst on clinical placement. During 2nd year of the MBChB programme students will undertake 3, 9-week clinical blocks, referred to as core clinical education. This includes medicine, surgery & anaesthetic and community & speciality placements. In the 3rd year, students will undertake 7 specialist placement blocks including musculoskeletal, mental health, obstetrics and gynaecology, general practice, emergency medicine and paediatrics. 4th year of the programme includes a further speciality placement and a series of assistantships. Throughout this time, students will require the highest standard of clinical and educational supervision as they progress through training and develop the values and behaviours, skills and knowledge they will need to meet the GMC Outcomes for graduates (2020).

This document will outline the roles and expectations Chester Medical School has of clinical and educational supervisor involved with the clinical placement of medical students on the MBChB programme. Please see the 'Clinical Placement Requirements' document for further details on core requirements for year 2 placements.

These roles and expectations are derived from GMC Promoting Excellence (2016) guidance, the 7 domains of supervision from Academy of Medical Education (2021) and GMC Outcomes for graduates (2020). Further descriptions are given below regarding these.

With many thanks,

The Chester MBChB Programme Team

The MBChB Programme

The MBChB programme curriculum is a graduate entry spiral curriculum delivered over a 4 -year period. It includes core university and clinically based modules with integrated opportunities for 'student selected components' (SSCs).

Students all have prior degrees in any academic discipline rather than just having a science or clinical degree which will widen access to medicine for many students. All students have had to undertake 70 hours of relevant health/care experience to join the programme. Most of our students are NHSE commissioned ('home') students with a smaller number of international students.

The first year of the programme, while largely based on the university campus, offers early patient contact and a focus on patient care. This is achieved through GP and 'community' placements, and hospital-based teaching, which provide experience within a variety of settings and with a diversity of patient groups. Students have the opportunity to follow patients through their care pathway and learn about the roles of health and social care workers. Clinical exposure increases across subsequent years, with placements in primary and secondary care settings and across clinical specialties on a rotational basis in years 2-4.

SSCs are the project-based elements of the programme delivered throughout the programme. These provide an opportunity for students to develop transferable, lifelong skills with a research focus, in an area of their choice, to include the broader scientific, clinical, and social sciences.

A strength of the University of Chester MBChB programme is in the longitudinal integration of core themes throughout the 4-year curriculum. The themes provide a scaffolding around which different specialties coordinate learning objectives and collaborate to deliver an integrated programme. This spiral curriculum approach synchronises the introduction of new content which is level appropriate.

The curriculum themes are:

- Personal & Professional Development
- Social & Population Perspectives
- Cell & Tissue Biomedicine
- Pharmacology, Prescribing & Therapeutics
- Clinical Anatomy & Imaging
- Clinical & Communication Skills
- Values, Law & Ethics
- Community learning
- Research, Education & Leadership

Teaching & Learning Methods

Small group teaching and learning features throughout the curriculum and includes case-based learning (CBL), clinical and communication skills. The small group format facilitates a high degree of learner engagement, role play and reflection.

Case Based Learning

CBL is at the core of the Chester MBChB curriculum and is integrated across all 4 years of the programme. CBL is a learner-centred method of teaching and learning that we regard as 'directed discovery'. It identifies what is essential to know about a case in an holistic manner, while encouraging students, individually and in small groups, to take an active role in identifying what they need to learn and how they can learn it. CBL also acknowledges that students have existing knowledge and experience which they can draw upon.

The cases used in CBL are realistic, typically based on common conditions and reflect current clinical practice. CBL sessions are supported by interactive lectures, other small group sessions, anatomy and imaging, clinical skills sessions, e-learning and experiences in the community, primary and secondary care.

Each teaching week is based around the cases delivered in the CBL sessions, which extend knowledge and understanding through guided study and in students' own time.

Small Group Work – Clinical and Communication Skills

Clinical and communication skills sessions begin in Year 1 and continue throughout the four years of the programme. University based clinical skills teaching takes place in the integrated 'clinical skills and simulation' facility located in the Wheeler Building. Most sessions will be facilitated by a qualified healthcare practitioner, although in later years students will be able to use the facilities for self-directed revision sessions in

preparation for assessments. The clinical skills facility is also used by other healthcare professionals and provides the location for interprofessional learning sessions across the programme.

Students also haveclinical and communication skills teaching on their clinical placements. This will be provided by experienced clinical specialists in the relevant field and monitored through the logbook and e-portfolio records.

Practical Anatomy

The anatomy content delivered on the MBChB programme each week relates to the themes of the CBL cases and links closely to the clinical skills sessions so students can see the practical application. Students build on their knowledge of anatomy delivered through seminars in an accompanying practical anatomy session each week. The practical sessions are provided by experienced anatomists in the newly built 'anatomy facility', located alongside the 'clinical skills and simulation suites' in the Wheeler Building. We take a multimodal approach to anatomy learning and teaching, which includes the use of plastinated human cadaveric specimens, 3D anatomical software, Augmented Reality (AR) and medical imaging. This blended approach offers students hands on, interactive learning experiences with human specimens which demonstrate the intricacies and variations of human anatomy, as well as its clinical application.

Contingency Medical School and GMC Assurance Process

All new UK medical Schools must have a contingency Medical School to support their development and implementation. Warwick University is the contingency school for the University of Chester. The programme at Chester is based on the highly successful Warwick course, although we have adapted the course to give it a real Chester "flavour" and reflect the local community with a view to building the medical workforce capacity in our region. As a new programme we undergo regular monitoring including document submissions and visits by the GMC to ensure regulatory standards are being adhered to and ensure the quality of the programme.

Chester MBChB Clinical and Educational Supervisors

Supervisors have a unique and crucial role in the education and training of student doctors. CMS views the role of Clinical and Education Supervisor as fundamental to the development of student skill and knowledge acquisition. Having the support of dedicated and experienced clinicians who work in the same or similar clinical settings as the students is essential during clinical placements to protect the safety of patients and others.

Regulatory Requirements

The GMC in “Promoting Excellence: standards for medical education and training” and in its guidance “Clinical Placements for Medical Students” states that educational and clinical supervision is a fundamental part of the clinical training of medical students.

This is also echoed by NHS England in their Tripartite Education Agreement:

“5.2 Placement providers should ensure that all learners have access to appropriately qualified and up to date educators/supervisors in line with professional body and Educator Provider requirements who can provide an appropriate level of support, supervision and assessment of competency.” Importantly, students should be integrated and valued within clinical teams.

Core Principles of Supervision

Eligibility and Professional Standards

- Supervisors must be registered medical practitioners, normally at consultant or equivalent level, and recognised by the GMC
- Completion of training in medical education mapped to GMC and AoME professional standards is required prior to supervising
- Supervisors must engage in ongoing continuing professional development (CPD) in medical education

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Roles and Responsibilities

Clinical Supervisor

A Clinical Supervisor is a trainer who is selected and appropriately trained to be responsible for overseeing a specified trainee’s clinical work and providing constructive feedback during a training placement.

As per GMC guidance, ‘Medical students must always be supervised according to their level of competence, so they only perform tasks they are trained for and safe to undertake.

Supervisors must be available to advise and intervene promptly if needed.’

GMC Promoting Excellence 2015

Clinical supervision is the provision of guidance and feedback on matters of personal, professional and education developments in the context of the student's experience. It underpins high quality and safe patient care.

Clinical supervision can be direct or indirect, direct supervision occurs when the supervisor is physically present with the student and the patient as care is being provided.

Indirect supervision is where the supervisor is not physically present with the student and the patient but is immediately available to provide guidance and is available to provide direct supervision as required. In such cases, the supervisor should not be engaged in any activities that would delay their ability to provide direct supervision if the need arose.

Students should be supervised according to their level of training and demonstrate progression towards competence at this level.

Students require either direct or indirect supervision or oversight in all patient care activities. As a clinical supervisor you will act as a professional role model, teacher, and mentor. You will facilitate a student's progress in gaining clinical experience and competence and help to ensure they acquire the breadth of clinical experience in your clinical area to successfully prepare for unsupervised clinical practice.

A clinical supervisor is responsible for overseeing a student's clinical work during any episode of patient contact in a medical or clinical settings. In addition, supervisors must be trained in equality, diversity, and cultural awareness. It is the responsibility of the clinical supervisor to review a student's clinical or medical practice during the placement and contribute to the educational supervisor's summative report at the end of the placement.

Roles and Responsibilities of a Clinical Supervisor

1. Orientation of the student into clinical area/s
2. Provision of a safe and supportive learning environment that encompasses clinical governance and ensures patient safety
3. Monitoring Scope of Practice and Learning Outcomes
4. Coordinating the observation and supervision of the student's practice
5. Monitoring and assessing progress during placement
6. Provision of feedback appropriate to experience and year of study
7. To ensure patient safety, ensure that the student does not perform activities or procedures outside their individual level of knowledge and skill and stage of training
8. Ensures that clinical care is valued for its learning opportunities; learning and teaching must be integrated into service provision
9. Undertakes clinical supervision of a student, giving regular, appropriate feedback according to the level of training and expected competence of the student
10. Liaises with the appropriate Educational Supervisor over trainee progression

Delegating Clinical Supervision

Clinical supervisors must delegate some day-to-day supervision to another registered health professional when they are not available to work directly with the student, to safeguard patients and aid the student's learning. A registered professional, appropriate to the nature of the placement and ability of the student, must always supervise the student either directly or indirectly. Clinical supervisors can be any appropriately trained Health Care Professional registered with an appropriate regulatory body for example, GMC, HCPC, NMC and GPHC. They can assess students on any skill and procedure which they undertake regularly as part of their role.

In such cases, delegated supervisors should ensure that even under direct supervision, under no circumstances should a student perform any clinical care that is not part of the clinical experience required by the programme or for the placement area.

Summary expectations of Clinical Supervisors

- Oversees day-to-day clinical work and safety of students.
- Provides constructive feedback during placements.
- Ensures students only undertake tasks they are trained and safe to perform.
- Supports learning by integrating teaching into service delivery.
- Undertakes workplace-based assessments (or delegates appropriately).

Educational Supervisor

A designated senior clinician has overall responsibility for an individual student doctor’s progress on a placement. He/she will see the student doctor on a regular basis (weekly, for at least an hour), either individually or as a small group.
Compared to the Clinical Supervisor for medical students, Regarding the ES;

The educational supervisor focuses on overall progression and achievement of learning outcomes across the placement or academic year.
The clinical supervisor focuses on day-to-day clinical work and safety during specific activities. GMC Promoting Excellence 2015

What is expected of an educational supervisor:;

1. Is responsible for the educational progress of a student over an agreed period of training set against knowledge of a mandated curriculum.
2. Understand student learning needs and agree their learning plan for the placement
3. Understand the requirements of the curriculum for your placement (a placement handbook outlining this has been shared with placement sites)
4. Act as an advocate for students to support their access to appropriate clinical experiences

5. Enables students to learn by taking responsibility for patient management within the context of clinical governance and patient safety.
6. Ensures that clinical care is valued for its learning opportunities; learning and teaching must be integrated into service provision.
7. Please meet the student(s) at the agreed location and specified times, **at least one hour per week**.
8. Understand and support your students' progress with their workplace assessments, Undergraduate Medical Education Portfolio (UMEP) and workbooks
9. Be familiar with Chester Medical School processes such as dress code and reporting a concern
10. Obtain regular feedback from those in contact with the student to gain an overview of their progress and any areas that need support
11. Provide constructive feedback to students
12. Act as a first point of contact for students who have concerns over patient safety or concerns about individual teachers or departments. Advise students of the concern processes and to complete the School's Raise a Concern Form
13. Report any concerns about individual students initially to the Clinical Sub Dean/Undergraduate Lead and then inform the School's Year, Professionalism or Student Support Lead depending on the nature of the concern
14. Participate in any quality visiting processes as required
15. Be a positive ambassador for students on behalf of the School of Medicine and the speciality and support their exploration of future careers

Educational Supervisors will be at either consultant, fully qualified GP or SAS level unless agreed otherwise with the university.

Student Non-Compliance

If a student does not respond to your communications or fails to attend an arranged meeting, please contact the Clinical Sub Dean/Undergraduate Lead who will contact students on your behalf. Supervisors should be aware that failure by a student to attend scheduled sessions is regarded as a professionalism concern. Repeated instances must be reported at the earliest opportunity, as they may result in the student being required to attend a formal professionalism meeting, where the matter will need to be addressed satisfactorily before progression can occur.

The placement supervision processes dovetail with the University Personal Academic Tutor system to ensure that academic and clinical progress is coordinated and that issues can be resolved by timely advice and support.

Many students experience some stresses and anxieties, particularly in the clinical years. Many of these problems can be addressed if the student can talk and be listened to by their Educational Supervisor and Personal Academic Tutor. The Student Support Lead at the School is also available to provide support and the student can be directed to studentservices@chester.ac.uk or by telephoning 01244 511550.

What to do at the initial meeting with the student

A. Confirm the student has received an induction and placement timetable.
B. Also check that the student is aware of how to access support and report
C. concerns
D. Review the student's placement objectives in their placement handbook or UMeP and discuss how these are to be achieved. Students are expected to enter these objectives prior to the meeting
E. Discuss the placement learning outcomes (see placement handbook) and the UMeP evidence needed, noting any concerns the student may have regarding these and arranging support where required
F. Also review any additional opportunities the student is hoping to achieve and
G. how these might be accessed
H. Record your initial meeting in the student's UMeP (see Technical Guide)

For 1-week placements, only end of placement meetings need to be documented in the UMeP

Educational supervisors should liaise with and delegate where appropriate formal teaching and supervision and day to day assessment to clinical supervisors. The Educational Supervisor is responsible for reviewing these assessments in the portfolio ahead of the final sign off at the end of the placement.

Summary expectations of ES

- Has overall responsibility for a student's progression and achievement of learning outcomes across a placement or year
- Meets with students regularly (recommended minimum: one hour per week)
- Monitors progression, provides feedback, and documents reviews
- Liaises with clinical supervisors and the undergraduate team regarding student progress.
- Acts as first point of contact for concerns, escalating issues in line with LEP/university policy
- Discusses career intentions and signposts to further support where appropriate

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Further Guidance for Clinical & Educational Supervisors

Assessment Process

Assessment is making a judgement about someone's performance, using defined criteria. Assessment and feedback should be completed through direct observation both formal and informal as well as feedback from other colleagues including nurses and allied health professionals.

In-training assessment

Judgments are based on observing the student's performance. This can be based on:

- Outcomes (e.g. patient outcomes)
- Processes (e.g. how well students have carried out the task, communicated, assessed a patient and written notes
- Volume (e.g., how many procedures) What we need to judge is broad – covering clinical competence, communication, and professional skills

After consultation and discussion with the student and other clinical team members who have observed or supervised the student in practice. The educational supervisor must complete the end of placement report. This is an end of placement evaluation of the student's clinical skills competency and safety to practice. It requires the supervisor to determine if the student is practicing 'at the expected level' in relation to the clinical exposure they have had to date.

What to do?

1. Be familiar with the learning outcomes expected for students on their designated placement
2. Find assessable moments, assess multiple events to make assessment more authentic and reliable and involve multiple people (including direct observation and feedback from others).
3. Review the appropriate content of the student's e-portfolio for the placement to ensure that minimum requirements have been met.
4. Check that any Workplace Based Assessments have been completed and duly signed by an appropriate clinician or healthcare professional.
5. Complete an end of placement assessment (where required)
6. Record an end of placement report that reflects the student's progress over the placement, providing constructive feedback. Consider completing a commendation form for any demonstrations of excellence.
7. Discuss any students graded as a 'fail' with the clinical sub-dean and the CMS year lead.
8. Students can be failed for not meeting attendance requirements on placement.
9. For any professionalism concerns please complete the Report a Concern form.

Feedback

We expect timely feedback given in an appropriate manner, for example, feedback should be delivered in a private and undisturbed setting. It should be constructive, using positive critique to encourage student self-assessment and emphasise the positive.

Reasonable Adjustments for Students in Placements

It is the joint responsibility of Chester Medical School and placement providers to ensure that reasonable adjustments are put in place for disabled students during any practice/work placements. A Reasonable Adjustment Placement Plan (RAPP) will be prepared by all parties, where required, including the student, academic and placement staff. This will help identify any potential barriers to learning and ensure a successful placement experience.

The placement plan will also support educational and clinical supervisors and students in monitoring and evaluating individual learning and professional progress whilst undertaking a placement.

All medical students regardless of whether they have a disability or long-term health condition, need to meet the competencies set out in each stage of the MBChB programme including the GMC Outcomes for Graduates'

Training

As well as the information in this handbook staff from the CMS will provide regular information about the course at relevant meetings such as grand rounds and PCN meetings. Training will take place either online or face to face ahead of students undergoing placements each academic year and will include updates on the programme and guidance on the ePortfolio. These will be recorded for anyone unable to attend.

Standards and Domains of Supervision (AoME) for Clinical and Educational Supervision

Please refer to these domains during your annual appraisal and refer to them in working as a clinical and educational supervisor with students from Chester Medical School.

1. Ensuring safe and effective patient care through training
2. Establishing a learning environment
3. Teaching and facilitating learning
4. Enhancing learning through assessment
5. Supporting and monitoring educational progress
6. Guiding personal and professional development
7. Continuing professional development as an educator

Process and Expectations

- Induction: Educational Supervisors must meet students at the start of each block an document this on the Undergraduate Medicine E Portfolio (UMeP) as a clinical tutor on the 'Meeting with Clinical Personal Tutor' form
- Reviews: Provide formative feedback during placements and complete assessments as required for each particular block as per guidance for each block. Complete an End of Placement Review at the end of each placement
- Accessibility: Be available for advice, support, and escalation
- Records: Keep accurate documentation of meetings, feedback, and concerns
- Contact: Minimum agreed frequency (weekly for ES; ongoing as required for CS)

Governance and Quality Assurance

- Educational supervision must be recognised in job plans and be subject to annual appraisal. It is recommended by the GMC that supervisors receive 0.25PA per 2 students being supervised to fulfil this role
- Supervisors are expected to contribute to faculty development, calibration sessions, and quality assurance processes
- LEPs and the medical school will provide support, training, and opportunities for reflection

Professionalism and Conduct

- Model the highest standards of professional behaviour
- Provide a respectful, inclusive environment for students
- Act promptly to escalate concerns regarding student performance, wellbeing, or patient safety

Block Lead Roles (CCE)

These roles may have been established or not yet set up within the hospital trusts that supervisors are working for. A recommendation to LEPs is that each hospital based, specialty block has a lead clinician overseeing the formal education and practical implementation of curriculum learning in that block and the supervision being provided by colleagues. This role would be supported/enacted by any appointed Subclinical Dean in post.

- Act in capacity as a lead educational supervisor for the block
- Support other supervisors in the block
- Be available to discuss concerns and feedback
- Work with the year lead and medical education team to address issues and strive to improve the quality of formal teaching and placement experience being offered in the block

If you have any questions or queries about anything raised in this handbook then please email medicine@chester.ac.uk

References

- GMC Promoting Excellence (2016)
- GMC Outcomes for Graduates (2020)
- AoME Professional Standards for Medical Educators (2021)