**Criteria for accessing the short-term supervision offer - HWbCs**

We are offering access to a temporary supervision offer to a limited number of HWbCs who do not currently have access to supervision. These sessions will support HWbCs to review and discuss their caseload to support them to manage patient risk factors and to manage the emotional impact of their work.

The sessions will be delivered virtually in small groups of 4-6 participants by a suitably qualified supervisor over a limited number of sessions. This offer is only available to HWbCs funded through the Additional Roles Reimbursement Scheme in primary care.

As outlined in the PCN DES B4.1 HWbCs must have access to regular formal individual and group coaching supervision from a suitably qualified or experienced health coaching supervisor with access offered monthly as a minimum for HWbCs who work full time. This supervision should enable HWbCs to receive the following:

* Reflective discussions on individual practice and discussion of individual cases, including specific issues or problems
* Experiential learning (learning by reflecting on experiences with health coaching) with a focus on skills practice
* Guidance on managing patient risk factors
* Guidance on managing the emotional impact of their work and personal challenges
* Conversations on continuing professional development including reflections on practice and training needs and action planning to achieve particular skills or competencies
* The opportunity to discuss potential ethical dilemmas

**HWbCs who qualify for the offer:**

* You do not currently have access to health coaching supervision in your role, as outlined above, where you can safely and confidentially discuss issues and receive support.
* You have emerging caseload or practice issues developing in your current work that you need to review in supervision.
* You have approached your PCN around your requirement for supervision but have been unsuccessful in securing appropriate support at this time.
* Your needs cannot be met by coaching, mentoring or peer support from elsewhere in the system, including the NHS Looking After You Too [individual coaching support](https://people.nhs.uk/lookingafteryoutoo/) offer for primary care staff
* You can commit to attending the sessions you are offered (2 minimum)
* You are willing to complete an evaluation of the sessions you attend.

**Form for submission - return to** **england.socialprescribing@nhs.net** **by 17:00 on the 5th March, 2021.**

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| --- | --- |
| **Name** |  |
| **Contact Email** |  |
| **Assigned GP supervisor** |  |
| **PCN** |  |
| **Region** |  |
| **Role** |  |
| **Date started in post (dd/mm/yy)** |  |
| **Please select all that apply from the below:**  |
| You do not currently have access to supervision for your role as outlined above where you can safely and confidentially discuss issues and receive support.  |[ ]
| You have emerging caseload or health coaching practice issues developing for you in your current work that you need to reflect on in supervision.  |[ ]
| You have approached your PCN around your requirement for supervision but have been unsuccessful in securing appropriate support at this time.  |[ ]
| Your needs cannot be met by coaching, mentoring or peer support from elsewhere in the system, including the NHS Looking After You Too [individual coaching support](https://people.nhs.uk/lookingafteryoutoo/) offer for primary care staff  |[ ]
| You can commit to attending the sessions you are offered (2 minimum)  |[ ]
| You are willing to complete an evaluation of the sessions you attend. |[ ]

You will also be asked to complete an equalities monitoring form at a later stage in the process. Completion of the equalities monitoring form is voluntary but will help us to ensure that the supervision offer has not excluded any groups from accessing this offer. The equalities monitoring form is anonymous and will not be linked to your application.

By submitting this form, you consent to have your name and email address shared with the Personalised Care Institute and the provider of this supervision for the purposes of the delivery of this supervision.

Date:

Signed: