

Changes to Educational Supervisor role from September 2019, HENW School of Paediatrics

Background

With the introduction of the Progress Curriculum from September 2018, the way in which trainee progression is assessed has changed. Trainees now need to demonstrate achievement of competencies at the end of each level of training, rather than at the end of each year of training. The level of detail required of the trainee to demonstrate that they have met the required competencies is considerably greater than before. This also means that there will need to be greater input from the educational supervisor to review the information that the trainee has provided to demonstrate these competencies, and provide assurance that this has been done to the ARCP panel. We currently allocate trainees a new Educational Supervisor (ES) in each post- for most this means that they have two ES in a training year, and as many as 6 in a level of training. Our justification for this previously had been that the geography of the region may make it difficult to assign an ES for the whole of training. However trainees have indicated that this would not be an objection from their side.

Proposal

From September 2019, across the School, we will allocate trainees an ES that they will keep for all of that level of training.

For this September 2019 **only** trainees in **all** training years will acquire an ES that they will keep until the end of that current training level, for some (ST1, ST6), this will be for 3 years; for others (ST3, ST5, ST8) this will only be for a year.

From September 2020 onwards trainees will be allocated an ES when they enter level 1 (ST1), level 2 (ST4) and level 3 (ST6) training.

Trainees would meet with their ES every 3 months (Initial, mid-point and end of placement) as at present, and will need a trainee led Educational supervisor report (ESR) prior to each ARCP (i.e. annually). The trainee will have a report every 6months (clinical supervisor report or trainee led Educational Supervisor report). The end of 6 month meeting(s) should / could also be used for start of next 6 months meeting to set PDP and objectives as initial meeting for next rotation; although if the trainee is moving departments / hospitals they will need a brief initial meeting with the new CS to review the proposed PDP. Trainees will have a clinical supervisor (CS) in each subsequent clinical placement, who will continue the PDP and objectives set and agreed with ES and trainee and need a report from their CS at the end of each placement, prior to their meeting with their ES.

training level	level 1 training			level 2 training		level 3 training		
ST training yr	1	2	3	4	5	6	7	8
induction (Sept)	ES1	CS	CS	ES2	CS	ES3	CS	CS
mid	ES1	CS	CS	ES2	CS	ES3	CS	CS
end	ES1	CS & then ES1	CS & then ES1	ES2	CS & then ES2	ES3	CS & then ES3	CS & then ES3
induction (Mar)	CS	CS	CS	CS	CS	CS	CS	CS
mid	CS	CS	CS	CS	CS	CS	CS	CS
end pre ARCP	CS & then ES1 to complete ESTR	CS & then ES1 to complete ESTR	CS & then ES1 to complete ESTR	CS & then ES2 to complete ESTR	CS & then ES2 to complete ESTR	CS & then ES3 to complete ESTR	CS & then ES3 to complete ESTR	CS & then ES3 to complete ESTR

Advantages

- For the trainee this system will offer better continuity of supervision across the training level. It will mean that oversight of their training progress and training needs is better and avoid the need for repeated information sharing every 6 months.
- It will allow better planning of training across a level. For the ES it will be easier to monitor trainee progression, and it will be far easier to complete ES reports.
- It will be easier to complete the ES sign off at the end of a training level, and this process will be more robust.
- As there will not need to be an induction meeting with the ES every 6 months, there will be less meetings- with a meeting every 3 months there would be 13 meetings over 3 years as opposed to 18 at present.

Practicalities

Trainees will have a CS as well as an ES (in all but their first 6 months at a training level). They will end up having more meetings. However, meetings with the CS will not need to be lengthy, as educational plans for each 6 months will have already been decided with the ES at the end of the previous post. Trainees will (ideally) physically return to the base hospital of their ES every 6 months during that level of training. Trainers may be both ES and CS to different trainees, and RCPCH tutors at each department may need to consider this when allocating a new trainee to an ES.

The distribution of ESs would depend upon the existing set-up of the rotation.

For the Greater Manchester and Lancashire side ESs for Level 1 trainees would be mostly from General Paediatrics, ESs for Level 2 trainees would usually be half from Neonatology and half from General Paediatrics, and ESs for level 3 trainees would be mostly from Paediatric Specialities. This may be different on the Mersey / Cheshire side. The distribution of ESs would need to be monitored, and if this distribution was not equitable then there is scope for this to be revised.

Grid trainees currently usually keep their ES for the duration of their grid training, and this would not need to change.

Provision would need to be made for replacement of an ES, either permanently (if the relationship breaks down or the ES leaves the region or in case of a grid trainee is the first ES in ST6 is from a different specialism), or on a temporary basis (in the event of maternity leave or sickness). One proposal would be that the CS takes over in this situation, unless the CS had too onerous a workload with existing trainees. This can be negotiated with the RCPCH Tutor on a case by case basis.

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(adapted from Guy Makin's proposal June 2019)