EDUCATIONAL SUPERVISION IN HEALTH EDUCATION NORTH WEST

OVERVIEW

The purpose of this document is to outline the roles, responsibilities, knowledge and skills required of an Educational Supervisor (ES) working in postgraduate medical education in Health Education North West (HENW).

This guidance will also support Trusts and other Local Education Providers (LEPs) in their quality control as they educationally support, manage, audit and resource the educational role of an ES.

This guidance is mapped to the Gold Guide to Specialty Training [May, 2014]; The GMC Trainee Doctor [February 2011] and the Foundation Programme.

DEFINITION

Each trainee should have a named ES who is responsible for overseeing that trainee’s educational progress over a period of time [Gold Guide 4.22].

The GMC defines an ES as:

“A trainer who is selected and appropriately trained to be responsible for the overall supervision and management of a specified trainee’s educational progress during a training placement or series of placements. The Educational Supervisor is responsible for the trainee’s Educational Agreement.”

The ES role is to help the trainee to plan their training and achieve agreed learning outcomes. S/he is responsible for the Educational Agreement and for bringing together all relevant evidence to form a summative judgement at the end of the clinical training placement and/or series of placements.
Some training schemes appoint an ES for each training placement. The roles of Clinical Supervisor (CS) and ES may then be merged. These individuals will require a higher level of educational development for their role than a CS which will usually be significantly more demanding.

An overview of Clinical Supervision can be found at [https://www.nwpgmd.nhs.uk/educator-development/standards-guidance/clinical-supervisor](https://www.nwpgmd.nhs.uk/educator-development/standards-guidance/clinical-supervisor)

In many instances the same person may undertake both CS and ES roles for a given trainee. However, in specialty training (including GP trainees in secondary care attachments) some doctors may act as ES for more than one trainee and receive feedback on trainee performance from multiple CS. Some doctors may act as CS only.

**ROLES AND RESPONSIBILITIES OF AN EDUCATIONAL SUPERVISOR**

This is a complex role which spans the areas of educational management, educational supervision and feedback, an understanding of the role of assessment in learning, the use of portfolios as a learning and assessment tool, an understanding of how to identify, support and manage a trainee in difficulty, and of supporting trainee career decision making. It also requires an understanding of the role of the CS and how to link with that individual in situations where the 2 roles are separated. The standards for trainers are outlined in *The Trainee Doctor* (Domain 6 pages 30-32) and are met in the outline of roles and responsibilities of an ES given below.

1. EDUCATIONAL MANAGEMENT

The ES:

1.1.1 Enables trainees to learn by taking responsibility for patient management within the context of clinical governance and patient safety.

1.1.2 Ensures that clinical care is valued for its learning opportunities; learning and teaching must be integrated into service provision.

1.1.3 Is responsible for the educational progress of a trainee over an agreed period of training set against knowledge of a mandated curriculum (foundation, specialty or GP).

1.1.4 Undertakes supervision of a trainee, giving regular, appropriate feedback according to the stage and level of training, experience and expected competence of the trainee.
1.1.5 Undertakes or delegates assessment of trainees as appropriate, has been trained in assessment and understands the generic relationship between learning and assessment and particularly that within a specific curriculum.

1.1.6 Meets with trainees at agreed specified times in accordance with the requirements of foundation or specialty curricula.

1.1.7 Liaises with clinical supervisors to gain an overview of trainee progression.

1.1.8 Attends Faculty Group Meetings as required and disseminates relevant information to clinical supervisors and trainees as appropriate.

1.1.9 Liaises with the appropriate Trust Specialty Training Lead and Training Programme Director [Foundation or Specialty] over trainee progression.

1.1.10 Liaises with the postgraduate centre about requested information on trainee progression.

1.1.11 Ensures appropriate training opportunities in order for trainees to gain the required competencies.

1.1.12 Acts as first port of call for trainees who have concerns and/or issues about their training and manages this in accordance with the Trust/LEP & HENW's guidelines.

1.1.13 Participates in any visiting processes as required.

1.1.14 Discusses career intentions as appropriate, and offers support either individually or via Trust/LEP and HENW career advice structure.

1.1.15 Must ensure that all doctors and non-medical staff involved in training and assessment understand the requirements of the curriculum (Foundation, Specialty or GP).

1.1.16 Must have knowledge of and comply with the GMC regulatory framework.

2. EDUCATIONAL MEETINGS: INITIAL

The ES arranges to meet trainees at the beginning of each attachment to:

2.1.1 Check that the trainee has received a local induction.

2.1.2 Ensure that competency check lists have been completed.

2.1.3 Ensure that the trainee has relevant handbooks; specialty, faculty etc.

2.1.4 Review the trainee’s portfolio, including any feedback from previous placements, ARCP etc. and adapt/monitor learning needs in relation to these and curricular requirements (Foundation, Specialty or GP).

2.1.5 Discuss trainee learning needs, how these will be developed and which assessment methods will be used to evaluate whether the trainee is meeting required competencies (i.e. complete a learning agreement).
2.1.6 Discuss the range of evidence which might contribute to the building of a portfolio of training progression.

2.1.7 Record all meetings, outcomes of meetings as required and communicate these to trainee, Faculty Group, Trust Specialty Training Lead, Training Programme director as appropriate.

3. EDUCATION MEETINGS: MID POINT

The ES arranges to meet the trainee at the mid-point of each attachment to:

3.2.1 Discuss and review progress to date. If necessary amend learning outcomes.

3.2.2 Discuss taster opportunities if appropriate and ensure that these are relevant and appropriate to career intentions.

3.2.3 Review learning portfolio and support trainee development of evidence of competency.

3.2.4 Ensure that the trainee is appropriately engaging in the assessment process, learning from this, and achieving the expected competencies for the stage and level of training.

3.2.5 Negotiate remedial efforts if required.

4. EDUCATION MEETINGS: END POINT OF ROTATION

The ES arranges to meet the trainee at the end of each attachment to:

1.1 Review progress to date in relation to the requirements of the curriculum and the learning agreement for the placement.

1.2 Ensure that all appropriate assessments have been completed, review with the trainee which competencies have been met, and amend professional development plan as appropriate, noting what needs to be carried forward to the next rotation and forward plan future trainee learning needs.

1.3 Ensure that all relevant documentation has been completed including that for the ARCP.

5. ANNUAL REVIEW OF COMPETENCE PROGRESSION [ARCP], APPRAISAL, AND ANNUAL PLANNING [GOLD GUIDE 7.8; APPENDIX 5 AND HEALTH EDUCATION NORTH WEST’S GUIDELINES]

The ES:

5.1 Appraises each trainee annually as appropriate using the NHS Appraisal Documentation (Gold Guide 7.11 & 7.14).
5.2 Is responsible for bringing together the structured report which looks at evidence of progress in training and submitting this together with other documentation as required to the ARCP process (Gold Guide 7.13 & 7.35). In the Foundation Programme the Educational Supervisor signs off the FACD which is then countersigned by the Training Programme Director.

### KNOWLEDGE AND SKILLS REQUIRED FOR EDUCATIONAL SUPERVISOR ROLES

ES will need to demonstrate that they have the following core knowledge and skills:

1. **Coaching, mentoring and pastoral care:**
   - An understanding of the importance of one to one support for individual learners as appropriate.
   - An awareness of the range of support mechanisms available for personal and professional development.
   - A basic understanding of the principles of coaching and mentoring, including the differences and overlap between them.
   - Promote self-awareness and reflection.

2. **Careers support:**
   - Willingness to support learners in managing their career exploration and decision making.
   - An awareness of medical careers resources available in order to signpost trainees.
   - An appreciation of current and future workforce trends in own specialty.

3. **Learning agreements/educational needs:**
   - Understand the importance of assessing an individual’s needs and appropriate goal setting.
   - Is familiar with the framework of a learning agreement.
   - Appreciate the need to balance support and challenge for each learner as appropriate.
   - Understand the importance of maintaining accurate written records of educational meetings with trainees.

4. **Assessment and appraisal:**
   - An understanding of the difference between assessment and appraisal and the connection between them.
   - An understanding of the importance of both to learning and to learner progression.
• Appreciation of the importance of timely and specific feedback and objective setting.

5. Principles of ARCPs/RITAs:
• An understanding of the function of the ARCP panel.
• An understanding of the importance of the educational supervisors report as key evidence to the panel.
• An understanding of what makes a good quality educational supervisors report.
• An appreciation of the importance of the cycle of supervision before and after the ARCP panel.

6. Managing trainee’s with difficulties
• An awareness of the range of symptoms of a trainee in difficulty.
• An understanding of the importance of early diagnosis and intervention.
• Is approachable and open to trainees.
• Has an awareness of when and how to use reporting routes for onward referral.

7. Basics of Quality control – HENW and GMC standards
• Understand the importance of measuring the quality of education.
• Understands own role in relation to GMC standards and local educational governance.
• Pays attention to monitoring and improving own educational performance.

Plus the Knowledge and Skills of a CS:

1. Equality, diversity and cultural awareness.
2. Core CS Knowledge and Skills, which includes:
   2.1. Workplace based (‘on the job’) teaching, including clinical skills teaching.
   2.2. Workplace Based Assessments/Foundation Competency Assessments (including calibration for those involved in supervising secondary care placements for GP trainees).
   2.3. Giving feedback to trainees of all abilities.
   2.4. Adult learning principles – a brief overview of the following to help understand how trainees learn best.
   2.5. Relevant specialty portfolios/e-portfolios/Horus for Foundation.
   2.6. Communication/team working.
   2.7. Ethics.
2.8. Understanding GMC requirements of CS.

3. Recruitment and selection. All those taking part in recruitment will need to have completed the requisite training.

4. All CS will be expected to undergo annual appraisal which must include an element of educational appraisal (For more information see: https://www.nwpgmd.nhs.uk/educator-development/standards-guidance/appraisal).

The knowledge and skills of a CS are outlined in full in ‘Clinical Supervision in Health Education North West’ document or found at: https://www.nwpgmd.nhs.uk/educator-development/standards-guidance/clinical-supervisor.

ACHIEVING THE KNOWLEDGE AND SKILLS OF AN EDUCATIONAL SUPERVISOR

Trusts are responsible for providing training to ensure these requirements are met. HENW has a contract with Edge Hill University to provide a bespoke PG Cert and the first two modules provide training to the standard of ES (followed by Educational Lead in module 3). More information about this course can be found at https://www.nwpgmd.nhs.uk/pg-cert.

It is recognised that other bodies, such as Royal Colleges, Universities, and other education providers also provide training which individuals may be able to use to demonstrate that they have met the required standards. More information on other training available can be found at https://www.nwpgmd.nhs.uk/conferences-courses.

Demonstrating equivalence by portfolio (formerly known as the ‘Grandfather clause’): It is recognised that some clinicians will have many years’ experience as a trainer and some may have previously undertaken training which may go some way towards meeting these requirements. These individuals will have had the opportunity to submit a portfolio of evidence to their Trust DME (or designated deputy) to ascertain if they meet the new standards at the time they were introduced (January 2010).

All ES will be expected to demonstrate that they continue to meet the standards outlined through annual appraisal. This will form part of the five yearly revalidation process. More information on appraisal can be found at https://www.nwpgmd.nhs.uk/educator-development/standards-guidance/appraisal.
Under the GMC’s quality assurance proposals it is the LEP’s responsibility to ensure that all ES are adequately prepared for their role and this forms part of the annual Quality Control report to HENW. Corroboration evidence is sought at the biannual HENW Quality Monitoring visits.

HENW Educator Development Team
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