

**Supervision of Doctors in Training**

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| Version Control Sheet | | | |
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| This must be completed and form part of the document appendices each time the document is updated and approved | | | | |
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**CONTENTS**

[Version Control Sheet 1](#_Toc37858278)

[Consultation / Acknowledgements with Stakeholders 1](#_Toc37858279)

[1 Introduction / Purpose 3](#_Toc37858280)

[2 General Principles / Target Audience 3](#_Toc37858281)

[2.1 Supervisors: 3](#_Toc37858282)

[2.2 Medical Education and Workforce Managers: 4](#_Toc37858283)

[3 Definitions and Abbreviations 4](#_Toc37858284)

[4 Process 5](#_Toc37858285)

[4.1 Identification of doctors requiring supervision and allocation of supervisors: 5](#_Toc37858286)

[4.2 Roles and Responsibilities 5](#_Toc37858287)

[4.2.2 Educational Supervisor: 6](#_Toc37858288)

[4.2.3 Clinical Supervisor: 8](#_Toc37858289)

[4.3 Evaluation and Quality Assurance: 9](#_Toc37858290)

[4.3.1 External mechanisms: 9](#_Toc37858291)

[4.3.2 Internal mechanisms: 9](#_Toc37858292)

[4.3.3 Process for Evaluating the Effectiveness of Supervision of Medical Trainees 10](#_Toc37858293)

[5 References and Associated Documents 10](#_Toc37858294)

[Appendix 1: Gold Guide 7th Edition - Appendix 5: Report on Academic Trainees’ Progress 12](#_Toc37858295)

[Appendix 2: The Gold Guide 7th Edition – Section 4 PAGES 44-72 14](#_Toc37858296)

[Appendix 3: Educational Supervision In Health Education North West 15](#_Toc37858297)

[Appendix 4: GMC Outcomes for graduates 21](#_Toc37858298)

[Appendix 5: GMC Promoting excellence: standards for medical education and training – pages 21 & 42 21](#_Toc37858299)

[Appendix 6: Academy of Medical Educators: Professional Standards for medical, dental veterinary educators 21](#_Toc37858300)

[Appendix 7: NHS Employers: Factsheet for Educational Supervisors 21](#_Toc37858301)

[Appendix 8: Equality Impact Assessment Form 22](#_Toc37858302)

# Introduction / Purpose

Blackpool Teaching Hospitals is a Local Education Provider (LEP) and fulfils a statutory role in Quality Control, namely ensuring that medical doctors in training receive education, training, and supervision that meets the professional standards set by the General Medical Council (GMC). The fulfilment of these standards is overseen by Health Education England (North West), also referred to as the North West Deanery in its role as the Local Education and Training Board (LETB) for the North West of England.

The Trust is committed to fulfil its statutory responsibility for the delivery of safe patient care by ensuring that there is an effective system of supervision in place for all doctors in training. This document provides guidance to relevant staff on the process of supervision and explains how this process will be delivered, monitored, reported and managed to ensure compliance with national regulatory requirements.

# General Principles / Target Audience

## Supervisors:

* A Clinical Supervisor (CS) 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.
* An Educational Supervisor (ES) is 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.
* Trust Specialty Training Leads (TSTL) are responsible for liaising with specialty Training Programme Directors, GPST training programme directors and Foundation Programme Directors. The TSTL will be responsible for allocating clinical and some educational supervisors to trainees working within their specialty.
* Local Training Programme Directors for the Foundation Programme (FPD) and GP (GPTPD) Training Programme.

**Doctors in training:** Also referred to as **trainee**. (The outdated term junior doctor should no longer be used.)

* Foundation Year 1 Doctors (F1). Provisionally registered with GMC.
* Foundation Year 2 Doctors (F2)
* Core Training Doctors (CT)
* Speciality Training Doctors (ST)
* Trust Grade / Locally Employed Doctors. These are doctors on a local contract working at trainee level (LED)
* Clinical Fellow and Research Fellow doctors
* Locum Doctors on non-standard contracts including Locum Appointment for Service (LAS) doctors (contracted for three or more months)

## Medical Education and Workforce Managers:

* Director of Medical Education (DME)
* Head of Medical Education
* Postgraduate Medical Education manager (PGMEM)
* Education and Quality Manager
* Medical Resourcing Team (MRT)
* Local Recruitment Team

# Definitions and Abbreviations

ARCP Annual Review of Competence Progression

ADME Association for Doctor of Ministry Education

Clinical Supervisor / CS  
Senior Medical Doctors who have been adequately trained to HEE NW standards and have been recognised at that level by the GMC

CT Core Training Doctor

DME Director of Medical Education

Educational Supervisor / ES   
Senior Medical Doctors who have been adequately trained to HEE NW standards and have been recognised at that level by the GMC

F1 Foundation Year 1 Doctor

F2 Foundation Year 2 Doctor

FACD Foundation Achievement of Competence Document

Foundation Programme Director / FPD   
Senior Medical Doctors who are appointed to this role to oversee the training of Foundation Doctors

General Practice Training Programme Director / GPTPD   
Senior Medical Doctors who are appointed to this role to oversee the training of General Practice Specialty Trainees

GMC General Medical Council

GPST General Practice Specialty Trainee

HEE (NW) Health Education England (North West)

LAS Locum Appointment for Service

LED Locally Employed Doctor

LEP Local Education Provider

LETB Local Education and Training Board

MEC Medical Education Committee

MRT Medical Resourcing Team

PGMEM Postgraduate Medical Education Manager

RAG Red, Amber, Green

SMT Senior Management Team

ST Specialty Training Doctor

Trust Specialty Training Lead/TSTL   
Senior Medical Doctors who are appointed to this role to oversee the training in a particular specialty

TCS 2016 2016 Terms and Conditions for Doctors and Dentists in Training

TSTL Trust Specialty Training Leads

# Process

## Identification of doctors requiring supervision and allocation of supervisors:

The Lead Employer for HEE (NW) will inform the MRT of all trainees rotating to Blackpool Teaching Hospitals NHS Trust via ESR and email notifications. PGMEM will also have access to this information.

When a LED is employed by Blackpool Teaching Hospitals NHS Foundation Trust, the Trust Recruitment Team will notify the PGMEM of the appointment and employment details.

The PGMEM will liaise with relevant Trust Specialty Training Leads (appropriate Consultant in department if no TSTL in post), FPD and GPTPD to ensure that each trainee is allocated appropriate Clinical and/or Educational Supervisors. For trainees, the PGMEM will ensure that the allocated supervisors meet the GMC standards to be recognised as a trainer.

## Roles and Responsibilities

* + 1. **Trust Specialty Training Lead:**

The Trust Speciality Training Lead is responsible, within their defined area, for overseeing the delivery of the education programme to all postgraduate medical trainees. They should ensure a learning environment at departmental level which is challenging, supportive and, where appropriate, multi-professional.

#### General responsibilities with respect to supervision of trainees:

* Ensure all trainees have an allocated named Educational and/or Clinical Supervisor and that both trainee and supervisor are aware of their responsibilities.
* Ensure rotas comply with educational requirements and provide supervised practice capacity.
* Ensure that the educational, pastoral and career planning needs of trainees in specialty are being addressed.
* Ensure, along with the DME, that all those supervisors involved in training and assessing trainees have received appropriate training and provide evidence yearly they are up to date.
* Manage trainee performance issues in line with Trust policy and in conjunction with Educational Supervisors and DME.

#### General responsibilities with respect to supervision of Locally Employed Doctors:

* Ensure all LED’s have an allocated named Clinical and/or Educational Supervisor and that both are aware of their responsibilities.

### 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 met in the outline of roles and responsibilities of an ES given below.

#### 3.2.2.1. Educational Management

The ES:

* Enables trainees to learn by taking responsibility for patient management within the context of clinical governance and patient safety.
* Ensures that clinical care is valued for its learning opportunities; learning and teaching must be integrated into service provision.
* 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).
* Undertakes supervision of a trainee, giving regular, appropriate feedback according to the stage and level of training, experience and expected competence of the trainee.
* 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.
* Meets with trainees at agreed specified times in accordance with the requirements of foundation or specialty curricula.
* Liaises with Clinical Supervisors to gain an overview of trainee progression.
* Attends Faculty Group Meetings as required and disseminates relevant information to clinical supervisors and trainees as appropriate.
* Liaises with the appropriate Trust Specialty Training Lead and Training Programme Director [Foundation or Specialty] over trainee progression.
* Liaises with the Postgraduate Centre about requested information on trainee progression.
* Ensures appropriate training opportunities in order for trainees to gain the required competencies.
* 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 and HEE (NW)’s guidelines.
* Participates in any visiting processes as required.
* Discusses career intentions as appropriate, and offers support either individually or via Trust/LEP and HEE (NW) career advice structure.
* Must ensure that all doctors and non-medical staff involved in training and assessment understand the requirements of the curriculum (Foundation, Specialty or GP).
* Has overall responsibility of responding to exception reports (TCS 2016) which can be delegated to the CS.
* Must have knowledge of and comply with the GMC regulatory framework.

#### Educational Meetings: Initial

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

* Check that the trainee has received a local induction.
* Ensure that competency check lists have been completed.
* Ensure that the trainee has relevant handbooks; specialty, faculty etc.
* 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.)
* 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.)
* Discuss the range of evidence which might contribute to the building of a portfolio of training progression.
* Record all meetings, outcomes of meetings as required and communicate these to trainee, Faculty Group, Trust Specialty Training Lead, Training Programme Director as appropriate.

#### Education Meetings: Mid-Point

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

* Discuss and review progress to date. If necessary amend learning outcomes.
* Discuss taster opportunities if appropriate and ensure that these are relevant and appropriate to career intentions.
* Review learning portfolio and support trainee development of evidence of competency.
* 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.
* Negotiate remedial efforts if required.

#### Education Meetings: End Point of Rotation

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

* Review progress to date in relation to the requirements of the curriculum and the learning agreement for the placement.
* 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.
* Ensure that all relevant documentation has been completed including that for the ARCP.

#### Annual Review of Competence Progression [ARCP], Appraisal, and Annual Planning [Gold Guide 7.8; Appendix 5 and HEE (NW) guidelines]

The ES:

* 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. In the Foundation Programme the Educational Supervisor signs off the FACD which is then countersigned by the Training Programme Director. This to include completing the declaration on trainees involvement in critical incidents, complaints, probity and health declarations for revalidation purposes.

The full guidance can be downloaded in the following document: [‘Overview: Educational Supervision in Health Education North West’](https://www.nwpgmd.nhs.uk/sites/default/files/ES%20in%20HENW%20-%20Overview%202014.pdf)

This guidance is based on the [*Gold Guide to Specialty Training*](https://www.copmed.org.uk/gold-guide-7th-edition/the-gold-guide-7th-edition) [January 2018]; T[he GMC's *Outcome's for Graduates*](https://www.gmc-uk.org/-/media/documents/dc11326-outcomes-for-graduates-2018_pdf-75040796.pdf) [June 2018] and the Foundation Programme.

### 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) and Foundation placements some doctors act as CS only. For GPST and Foundation doctors it is expected that the named Clinical Supervisor will fulfill the requirements of the Educational Supervisor for that placement in addition to the overall supervision provided by the ES.

The roles and responsibilities of a CS given below as outlined in [*Promoting Excellence*](https://www.gmc-uk.org/-/media/documents/Promoting_excellence_standards_for_medical_education_and_training_0715.pdf_61939165.pdf) (p.21 and 42):

1. Enables trainees to learn by taking responsibility for patient management within the context of clinical governance and patient safety.
2. Ensures that clinical care is valued for its learning opportunities; learning and teaching must be integrated into service provision.
3. Undertakes clinical supervision of a trainee, giving regular, appropriate feedback according to the stage and level of training, experience and expected competence of the trainee.
4. Undertakes assessment of trainees (or delegates as appropriate) using the dedicated workplace based assessment tools, has been trained in the use of these and understands the generic relationship between learning and assessment.
5. Liaises with the appropriate Educational Supervisor over trainee progression.
6. Must ensure that all doctors and non-medical staff involved in training and assessment understand the requirements of the curriculum, including the workplace based assessment tools (Foundation, Specialty or GP) as it relates to a particular trainee.
7. Conducts work schedule reviews (TCS 2016).

Further information can also be found in the GMC's [*Outcome's for Graduates*](https://www.gmc-uk.org/-/media/documents/dc11326-outcomes-for-graduates-2018_pdf-75040796.pdf)

## Evaluation and Quality Assurance:

Compliance with the standards established by the GMC regarding the supervision of trainees is measured through various external and internal quality assurance mechanisms, namely:

### External mechanisms:

* Annual GMC National Training Survey to be completed by all medical trainees (with the exception of Trust Grade Doctors).
* Bi-annual visit and subsequent report from HEE NW.

Clinical Supervision is a mandatory item on both the GMC survey and at the HEE NW inspection. Any issues relating to supervision that are identified through these mechanisms are escalated to the Strategic Workforce Committee.

### Internal mechanisms:

* Focus groups (with the exception of Trust Grade doctors), provide rich data to inform the Senior Management Team (SMT), Local Education Provider (LEP) and the Medical Education Committee (MEC) of areas of good practice for dissemination, as well as areas of concern where action plans will be developed to improve the quality and standards of medical education / supervision.
* End of placement surveys provide a benchmark across the organisation around areas of compliance and non-compliance in order to target areas for improvement. Supervision is a standard item on the survey and compliance is audited on an on-going basis using a percentage / Red, Amber, Green (RAG) rating system. This information is subsequently reported at the Strategic Workforce Committee. In instances where there are no concerns, 100% compliance will be reported.
* A general survey, undertaken annually, informs us of the trainees’ overall experience and helps us to understand why trainees have chosen Blackpool Teaching Hospitals to undergo their training. The survey also highlights those who did not choose Blackpool and enables us to understand their reasons why. The insights from this survey help to improve the Department’s recruitment and retention strategy.

### Process for Evaluating the Effectiveness of Supervision of Medical Trainees

As above, the process for monitoring compliance of the procedure will be through a bi-annual HEE NW visit, an annual National Training Survey (conducted by the GMC), as well as internal surveys and focus groups carried out through the Quality Assurance Programme.

Where the HEE NW visit and the National Training Survey identify areas for improvement, an action plan will be developed to address identified recommendations and issues. The plan will be monitored via the Medical Education Committee and the Multi-Professional Educational Governance Committee meetings. The minutes must detail the monitoring of the action plan and evidence of progress and changes in practice must be available. Any issues that require escalation will be done so at the Strategic Workforce Committee.

# References and Associated Documents

Academy of Medical Educators, 2014. *Professional Standards for medical, dental and veterinary educators.* [Online]   
Available at: https://www.medicaleducators.org/write/MediaManager/AOME\_Professional\_Standards\_2014.pdf  
[Accessed 29 01 2020].

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NHS Employers, 2016. *Factsheet for Education Supervisors.* [Online]   
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NHS Health Education England (North West), 2014. *Educational Supervision in Health Education Northwest.* [Online]   
Available at: https://www.nwpgmd.nhs.uk/sites/default/files/ES%20in%20HENW%20-%20Overview%202014.pdf  
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[Accessed 29 01 2020].

| Appendix 1: Gold Guide 7th Edition - Appendix 5: Report on Academic Trainees’ Progress | | | | | | |
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| **Report on Academic Trainees’ Progress**  *This form supports the annual review process and should form part of the trainee’s permanent record*  **Deanery / LETB:**  **GMC No.:**  **Name:**  **Specialty:** NTN  NTN (A):  **Date of Report**:  **Period covered:** From to  **Type of post (circle)**: ACF  ACL  CT  ST  **Year / phase of training programme assessed *(circle)*:**  ST1 ST2 ST3 ST4 ST5 ST6 ST7 ST8 | | | | | | |
| **What academic time have you had during this review period**?  3 month block  day release  1 week per month etc.) | | | | | | |
| **Placement / Post / Experience Gained** *Please note if clinical or academic post* | **Dates:** | | | **In / out of Programme** | | **PT / FPT As %FT** |
| *From* | *To* | |
|  |  |  | |  | |  |
|  |  |  | |  | |  |
|  |  |  | |  | |  |
| **PDP attached** | **Mid-Year Review attached** (if applicable) | | | | | |
| **Achievements and Academic Activity** | | | | | | |
| **Generic and Applied Research Skills** *Courses, talks, presentations, funding applications/awards/prizes – please provide copies as evidence in your portfolio* | **Dates:** *Month / Year* | | **Learning Outcome / Skills acquired** | | **Evidence in Portfolio?** *Yes / No* | |
|  |  | |  | |  | |
| **Research Governance** *Courses, ethics approval – please provide copies as evidence* | **Dates:** *Month / Year* | | **Learning Outcome / Skills acquired** | | **Evidence in Portfolio?** *Yes / No* | |
| **Activity Type:**  **1.**  **2.**  **3.** |  | |  | |  | |
| **Education and Communication** *Tutoring experience, seminars / talks, completed higher degrees –  please provide copies as evidence* | **Dates:** *Month / Year* | | **Learning Outcome / Skills acquired** | | **Evidence in Portfolio?** *Yes / No* | |
| **Activity Type:** |  | |  | |  | |
| **Other Significant academic outputs during the period** *Grants / Fellowships awarded – National / International* | **Dates:** *Month / Year* | | **Learning Outcome / Skills acquired** | | **Evidence in Portfolio?** *Yes / No* | |
| **Activity Type:**  **1.**  **2.**  **3.**  **4.** |  | |  | |  | |
| **Comments from academic/research supervisor –** *information given about progress should be linked to the evidence provided by the trainee in their academic portfolio where possible.* ***You may use the boxes below or attach a letter of support*** | | | | | | |
| **General:** | | | | | | |
| **Strengths:** | | | | | | |
| **Areas for Improvement:** | | | | | | |
| **Recommendations (include details of any future academic/research plans):** *state where special attention should be given in future* | | | | | | |
| Attachments: CV (required)  Supervisor Letter (optional)  Documentary evidence (as required) | | | | | | |
| **I am not aware of any non-professional, unethical or dishonest behaviour for this trainee**  **Name of Academic Supervisor:**  **Signature of Academic Supervisor:** **Date:** | | | | | | |
| **Signature of Trainee:** **Date:** | | | | | | |
| |  | | --- | | **To be completed by ARCP Panel, External Academic Review:** *external academic review of this report by an academic who is external to the specialty or medical school of the trainee’’* | | | | | | | |
| **Comment:**  **Signature of Academic Representative:** **Date:** | | | | | | |

| Appendix 2: The Gold Guide 7th Edition – Section 4 PAGES 44-72 |
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| <https://www.copmed.org.uk/images/docs/gold_guide_7th_edition/The_Gold_Guide_7th_Edition_January__2018.pdf> |

| Appendix 3: [Educational Supervision In Health Education North West](https://www.nwpgmd.nhs.uk/sites/default/files/ES%20in%20HENW%20-%20Overview%202014.pdf) |
| --- |
| **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>  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.   * 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.   * 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 orGP).  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.   * 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.   * 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.   * 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).   * 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**  **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.](https://www.nwpgmd.nhs.uk/pg-cert.%20)  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. Corroboratory evidence is sought at the biannual HENW Quality Monitoring visits.  HENW Educator Development Team  August 2014 |

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| Appendix 4: GMC Outcomes for graduates |
| <https://www.gmc-uk.org/-/media/documents/dc11326-outcomes-for-graduates-2018_pdf-75040796.pdf> |

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| Appendix 5: GMC Promoting excellence: standards for medical education and training – pages 21 & 42 |
| <https://www.gmc-uk.org/-/media/documents/Promoting_excellence_standards_for_medical_education_and_training_0715.pdf_61939165.pdf> |

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| Appendix 6: Academy of Medical Educators: Professional Standards for medical, dental veterinary educators |
| <https://www.medicaleducators.org/write/MediaManager/AOME_Professional_Standards_2014.pdf> |

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| Appendix 7: NHS Employers: Factsheet for Educational Supervisors |
| <https://www.nhsemployers.org/-/media/Employers/Documents/Need-to-know/1617-PO153_04-Factsheet-for-Educational-Supervisors-(2).pdf?la=en&hash=BC0D875187974A6395156558C15E405345630143> |

| Appendix 8: Equality Impact Assessment Form | | | | | | | | | | | | | | |
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| **Department** | Medical Education | | | **Service or Policy** | CORP/POL/163 | | | **Date Completed:** | | | | January 2020 | | |
| **GROUPS TO BE CONSIDERED**  Deprived communities, homeless, substance misusers, people who have a disability, learning disability, older people, children and families, young people, Lesbian Gay Bi-sexual or Transgender, minority ethnic communities, Gypsy/Roma/Travellers, women/men, parents, carers, staff, wider community, offenders. | | | | | | | | | | | | | | |
| **EQUALITY PROTECTED CHARACTERISTICS TO BE CONSIDERED**  Age, gender, disability, race, sexual orientation, gender identity (or reassignment), religion and belief, carers, Human Rights and social economic / deprivation. | | | | | | | | | | | | | | |
| **QUESTION** | | | **RESPONSE** | | | | | | | **IMPACT** | | | | |
| Issue | | | Action | | | | Positive | | | | Negative |
| What is the service, leaflet or policy development?  What are its aims, who are the target audience? | | | Refer to the Section Introduction and Purpose. | | |  | | | |  | | | |  |
| Does the service, leaflet or policy/ development impact on community safety   * Crime * Community cohesion | | | No | | |  | | | |  | | | |  |
| Is there any evidence that groups who should benefit do not? i.e. equal opportunity monitoring of service users and/or staff. If none/insufficient local or national data available consider what information you need. | | | No | | |  | | | |  | | | |  |
| Does the service, leaflet or development/ policy have a negative impact on any geographical or sub group of the population? | | | No | | |  | | | |  | | | |  |
| How does the service, leaflet or policy/ development promote equality and diversity? | | | No | | |  | | | |  | | | |  |
| Does the service, leaflet or policy/ development explicitly include a commitment to equality and diversity and meeting needs? How does it demonstrate its impact? | | | No | | |  | | | |  | | | |  |
| Does the Organisation or service workforce reflect the local population? Do we employ people from disadvantaged groups | | | Yes | | |  | | | |  | | | |  |
| Will the service, leaflet or policy/ development   1. Improve economic social conditions in   deprived areas   1. Use brown field sites 2. Improve public spaces including creation of green spaces? | | | No | | |  | | | |  | | | |  |
| Does the service, leaflet or policy/ development promote equity of lifelong learning? | | | No | | |  | | | |  | | | |  |
| Does the service, leaflet or policy/ development encourage healthy lifestyles and reduce risks to health? | | | No | | |  | | | |  | | | |  |
| Does the service, leaflet or policy/ development impact on transport?  What are the implications of this? | | | No | | |  | | | |  | | | |  |
| Does the service, leaflet or policy/development impact on housing, housing needs, homelessness, or a person’s ability to remain at home? | | | No | | |  | | | |  | | | |  |
| Are there any groups for whom this policy/ service/leaflet would have an impact? Is it an adverse/negative impact? Does it or could it (or is the perception that it could exclude disadvantaged or marginalised groups? | | | No | | |  | | | |  | | | |  |
| Does the policy/development promote access to services and facilities for any group in particular? | | | No | | |  | | | |  | | | |  |
| Does the service, leaflet or policy/development impact on the environment   * During development * At implementation? | | | No | | |  | | | |  | | | |  |
| **ACTION:** | | | | | | | | | | | | | | |
| **Please identify if you are now required to carry out a Full Equality Analysis** | | | | | | | **~~Yes~~** | | **No** | | **(Please delete as appropriate)** | | | |
| **Name of Author:**  **Signature of Author:** | |  | | | | | | | **Date Signed:** | | | |  | |
|  | | | | | | | | | | | | |  | |
| **Name of Lead Person:**  **Signature of Lead Person:** | |  | | | | | | | **Date Signed:** | | | |  | |
|  | | | | | | | | | | | | |  | |
| **Name of Manager:**  **Signature of Manager** | |  | | | | | | | **Date Signed:** | | | |  | |
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