The Rough Guide to Educational Supervision at SUHT.

Dr S J Tanser
Updated May 2008
**Definitions**

**Trainee**
A medical practitioner currently undergoing postgraduate medical training within a foundation or speciality program.

**Clinical Supervision**
All members of the multi-professional team (consultants, trainees, nurses and allied health professionals) are involved in providing clinical supervision to others as part of their professional duty to ensure quality of care and patient safety.

**Trainer**
All consultants and experienced practitioners who work with trainees should teach, observe practice and support the trainee as part of their clinical practice (as detailed in GMC’s Good Medical Practice).

**Clinical Supervisor**
A consultant or fully trained specialist who has a clearly defined responsibility to oversee and manage an individual trainee’s clinical training and performance within their department for a specific placement.

**Educational Supervisor**
A nominated consultant who is responsible for monitoring, supporting and guiding a named trainee for a specified period of time whilst the trainee is working in the same organisation but not necessarily the same department.

**Tutor**
Individuals with a leadership role for education. This may be a college role eg Postgraduate Tutor for a speciality (accountable to the college for curricula delivery) or a Trust role eg Tutor for Educational Supervision (broad based role, accountable to Trust or Deanery for quality assurance).
Meet the Team:

**Director of Medical Education**  Dr Jane Hazelgrove

**Clinical Tutors:**

- FY1  Miss Julia Harris
- FY2  Mr Brian Flavin
- Careers Advisor  Dr Antonia Calogeras
- SAS Doctos  Dr John Stubbing

**Educational Supervision and Run-through training**  Dr Suzie Tanser

**Flexible Training, Clinical Attachments and Study Leave**  Dr Wagih Moussa

**Clinical Governance**  Dr Rod Dathan
Educational Supervisors

It is SUHT policy that every doctor in training must have a named clinical and educational supervisor at all times. The educational supervisor’s will be nominated by the speciality postgraduate Tutor’s. All supervisors must be adequately trained for their role and must maintain their skills with regular updates. From 1 May 2008, all new educational supervisors must undergo a minimum of 2 days mandatory training. This will be provided as a 2-day course – Essential Skills for Educational Supervisors, which will be run by NESC courses centre. Consultants who have undergone equivalent training elsewhere may be exempted. For further details please contact susan.tanser@suht.swest.nhs.uk.

NESC also provides a range of other courses, which enhance the basic training. These include:

- Teaching and Learning in the clinical setting
- Assessment of doctors in training
- Understanding and resolving Problems with Doctors in Training
- Selection and interview skills

Further details are available via the website www.wessexcourses.org.uk or from jane.carr@suht.swest.nhs.uk.

Educational Supervision should be included in your job plan. The recommended ‘tariff’ is 8PA’s per year per trainee (approx 0.25PA’s per week).
Roles and Responsibilities of an Educational Supervisor

1. Trainee Appraisal

**Initial** Within 2 weeks

- Ensure trainees have attended mandatory training and appropriate induction.
- Assess trainee’s educational development needs.
- View portfolio / log book.
- Identify missing competencies required for the job.
- Advise on learning needs and training opportunities.
- Agree educational objectives, including audit, which are SMART (Specific, Measurable, Achievable, Realistic, Timebound)
- Identify study leave required.
- Ensure that records of meetings and training sessions are maintained.

**Midterm** Every 3 months

- Review progress towards objectives including competencies and assessments.
- Identify any areas of weakness or success.
- Update objectives

**Final** Review overall progress

- Provide feedback – 360 degree appraisals etc
- Receive feedback about placement
- Discuss final report with trainee

2. Counselling and career advice

3. ARCP reports (Annual review of Competence and Performance – replaces RITAs)

4. Understand the pathway for the trainee in difficulty

5. Must be familiar with the Programme Curriculum, the Learning Portfolio and the Programme design.

6. Must be familiar with the relevant paperwork surrounding the workplace assessments e.g. MiniCEX, 360 feedback tools etc.
Training Pathways – an update

Foundation Program

There remains a national application process for the Foundation program.

Foundation Year 1 (F1)

The first year of the Foundation Programme builds upon the knowledge, skills and competences acquired in undergraduate training. The General Medical Council sets the learning objectives for this year. In order to attain full registration with the GMC, doctors must achieve specific competences by the end of this year. (See the GMC website for more details: www.gmc-uk.org)

Foundation Year 2 (F2)

The second year of the Foundation Programme builds on the first year of training. The F2 year main focus is on training in the assessment and management of the acutely ill patient. Training also encompasses the generic professional skills applicable to all areas of medicine - team work, time management, communication and IT skills.

Run-through training

Specialty training was offered in 2007 in terms of a “run-through” training programme or a fixed-term specialty training appointment (FTSTA).

The run-through programme of three to seven years would lead eventually to a Certificate of Completion of Training (CCT), which qualify the doctor for entry to the Specialist or GP Register held by the General Medical Council (GMC) (subject to the successful attainment of required competences). FTSTAs were for one year only with the aim of adding flexibility to training. FTSTAs, for example, could offer an opportunity to gain more experience before applying for a longer-term position.

2008 and beyond

All trainees who were offered and accepted run-through training in the 2007 process will continue to have run-through training.
Following consultation with royal colleges, British Medical Association and others, the change for specialty training in England in 2008 is that there will be different training offers for different specialties, to fit the particular needs of the specialty. Some specialties will continue to offer run-through training, whilst others will uncouple and offer a two-year core training programme (three years for psychiatry and emergency medicine) followed by an open competition to enter specialty training in future years at ST3 onwards (ST4 for psychiatry and emergency care). General practice will remain as run-through.

The table below shows which specialties will offer run-through training and which will offer core training followed by open competition.

<table>
<thead>
<tr>
<th>Offer of run-through training in 2008</th>
<th>Offer with Uncoupling in 2008</th>
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<tbody>
<tr>
<td>Obstetrics and Gynaecology</td>
<td>General Medicine</td>
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<tr>
<td>Ophthalmology</td>
<td>Anaesthesia</td>
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<td>Paediatrics and Child Health</td>
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<td>General Practice</td>
<td>Occupational Medicine</td>
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<td>Public Health Medicine</td>
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<td>Neurosurgery</td>
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<td>Chemical Pathology</td>
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<td>Medical Microbiology</td>
<td>Paediatric surgery</td>
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<td>Clinical Radiology</td>
<td>Plastic surgery</td>
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<td>Oral and Maxillofacial Surgery</td>
<td>Trauma &amp; orthopaedic surgery</td>
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<td></td>
<td>Urology</td>
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Assessment and the Annual Review of Competence Progression (ARCP)

In accordance with PMETB requirements, College and Faculties have developed assessment strategies which are blue-printed against the CCT specialty curriculum approved by PMETB and the requirements of the GMC’s *Good Medical Practice*.

The Record of In-Training Assessment (RITA) process which has, to date, been the process of overall assessment for specialist training will be replaced by the Annual Review of Competence Progression (ARCP). This will be based on the more explicit use of evidence to inform the annual assessment outcome of progress. The ARCP is designed to produce evidence and a judgement about progress. It does not address the important processes of educational/workplace-based appraisal and programme planning which should respectively precede and follow from the formal assessment process.

Post-Graduate Medical Education and Training Board (PMETB)

PMETB is the independent regulatory body responsible for postgraduate medical education and training. Their roles are:

1. **Set and secure standards for postgraduate medical education and training.**
   This includes curriculum approval and assessment, prospectively approving all training posts and programmes, quality assuring and evaluating the management of postgraduate medical training and setting the overarching principles under which selection into specialist training must operate.

2. **Certify doctors for the GP and specialist registers.**
   This includes assessment and award of the Certificate of Completion of Training (CCT) and the General Practice Certificate of Completion of Training (GPCCT) when trainee doctors have successful finished their training and assessment of those doctors who have not completed an
approved UK training programme but whose skills, knowledge and experience are equivalent to a CCT or GPCCT holder.

3. **Lead independently on developing and promoting postgraduate medical education and training.**

The Tooke Report recommended that PMETB merge with the GMC and this is likely to happen in the next few years.

**NHS Education South Central**

The recruitment and ongoing professional development of health professionals in the "South Central" region of England is the core purpose of NESC (NHS Education South Central). In practice, this means the following:

- Post graduate education of doctors, dentists and consultant practitioners
- Improving clinical standards through training and education
- Supporting and developing new job roles for a more effective future workforce
- Monitoring quality and ensuring fairness
- Using all of the above to deliver better patient care

NESC’s aim is to do everything possible to provide the right circumstances and opportunities, so that medical professionals can start, develop and maintain their careers and their learning, by making sure that their skills are always relevant, useful and bang up to date.
The Trainee in Difficulty

In 2003 the Wessex Deanery formulised a scheme to manage trainees in difficulty whilst meeting the needs of the trainees, the Trust, the Deanery and ensuring patient safety. This can be accessed via the NESC website at www.nesc.nhs.uk by following the links to Wessex Deanery, Resources and Information and Doctors in Difficulty.

The role of the Educational Supervisor is to recognise a problem, ensure that the trainee is made aware of the issues and clearly document any information or evidence. A Record of Assessment / Performance Review Proforma can be found in the Wessex Deanery Strategy. Advice (official or unofficial) can be obtained at any stage from the Speciality Tutors, the Clinical Tutors, the Director of Medical Education or Human Resources. A Virtual Support Group has been set up to provide support in agreed areas. Current members include:

1. Communication/Interpersonal skills  Nick Maguire
   Catherine Emmerson
2. Time management                    Martin Clarke
4. Language difficulties              Angela MacTavish
5. Professionalism/Coaching           Judy Curson
   Peter Lees
6. Career counselling                 Sonia Hutton-Taylor
   (Medical Forum)
7. Occupational health issues         Trust Occupational
   Health
8. Exam failures                      Colin Coles
9. Dyslexia                          Mrs Gail Alexander
10. Cultural aspects                  Rosslynne Freeman

In the event of a SUI resulting in the death of a patient or the possible exclusion of the trainee, the Director of Medical Education and the Medical Director must be informed immediately.
Useful websites and further reading

www.mmc.nhs.uk

www.pmetb.org.uk

www.wessexcourses.org.uk

www.nesc.nhs.uk

June 2007.