



THE UNIVERSITY  
*of* EDINBURGH

# Supervision for safety



# Learning objectives

By the end of this session you should be able to:

- Define the roles and responsibilities of an effective supervisor
- Recognise the importance and challenges of delivering a departmental induction
- Identify the key components of effective educational supervision meetings
- Understand how to prepare for the ARCP process
- Recognise the importance of good communication with the service, Deanery and relevant TPDs
- Be aware of the information required to complete a well-structured and comprehensive Educational Supervisor's Report

# Session overview

- A. Safe and effective supervision
- B. 'Named Educational Supervisor'
  - Roles and responsibilities
    - What's the job? Where does it fit in?
- C. Relationship with the trainee
  - Getting started
  - The journey
  - Concluding
- D. Educational Supervisor's Structured Report

# Over to you...

- In pairs:

Task: With your neighbour, think what makes for really good, 'generic' supervisor, (ie both clinical and educational). Consider their knowledge, skills and attitudes. Write down what you come up with.

Time: 2 minutes

# Supervisor characteristics

- The 'safe and effective' supervisor:
  - understands and has time to fulfil their role
  - is committed to teaching and educating trainees
  - provides support and guidance
  - motivates and enthuses trainees and colleagues
  - communicates well with trainees and colleagues
  - is a good role model

# Supervisor characteristics

- The 'safe and effective' supervisor:
  - provides access to educational opportunities
  - provides an appropriate level of supervision
  - manages tensions between service and training
  - reviews progress against curriculum requirements and objectives
  - provides regular feedback on performance

# Supervisor characteristics

- Patient safety at the forefront:
  - “Training is patient safety for the next 30 years”
  - “Educational supervision is patient safety for the next 15 years”
  - “Clinical supervision is patient safety now”

Prof Sir Peter Rubin, Chair of GMC, NES conference 2013

# The Perfect Human?





# Over to you...

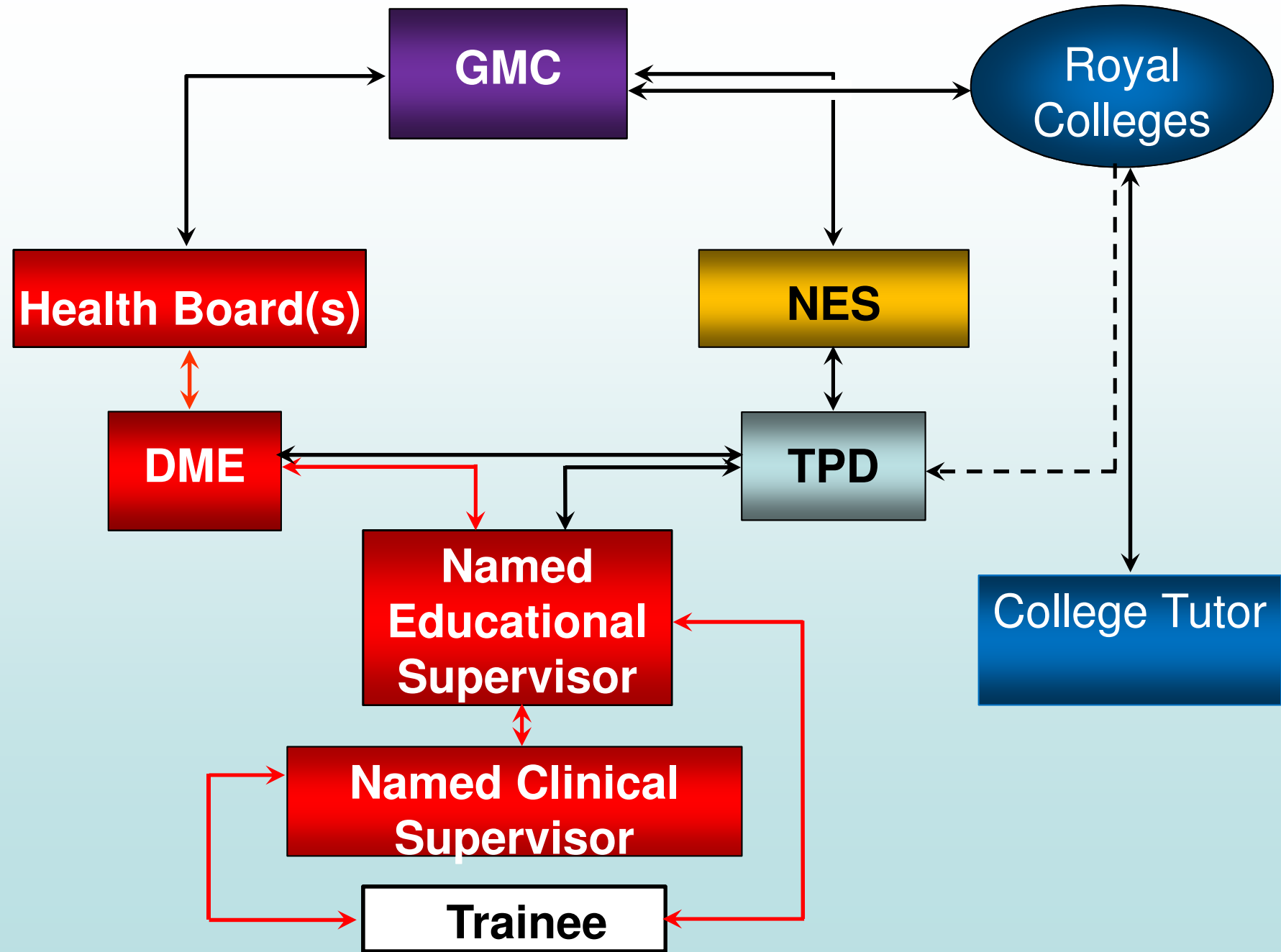
- In pairs:

Task: With your neighbour, think about the **roles and responsibilities of the 'Named Educational Supervisor.'** Write down what you come up with.

Time: **2 minutes**

# Job Description

- 'Named Educational Supervisor' (NES)
- Responsible for overall supervision and management of trainee's progress through training programme
- Helps trainee plan training and achieve learning outcomes
- Responsible for 'educational agreement' and bringing together evidence to form summative judgement at end of placement / programme
- Writes Educational Supervisor's Structured Report
- 8 h / trainee / yr (= 2h sup per 4 months + 2h ESSR)



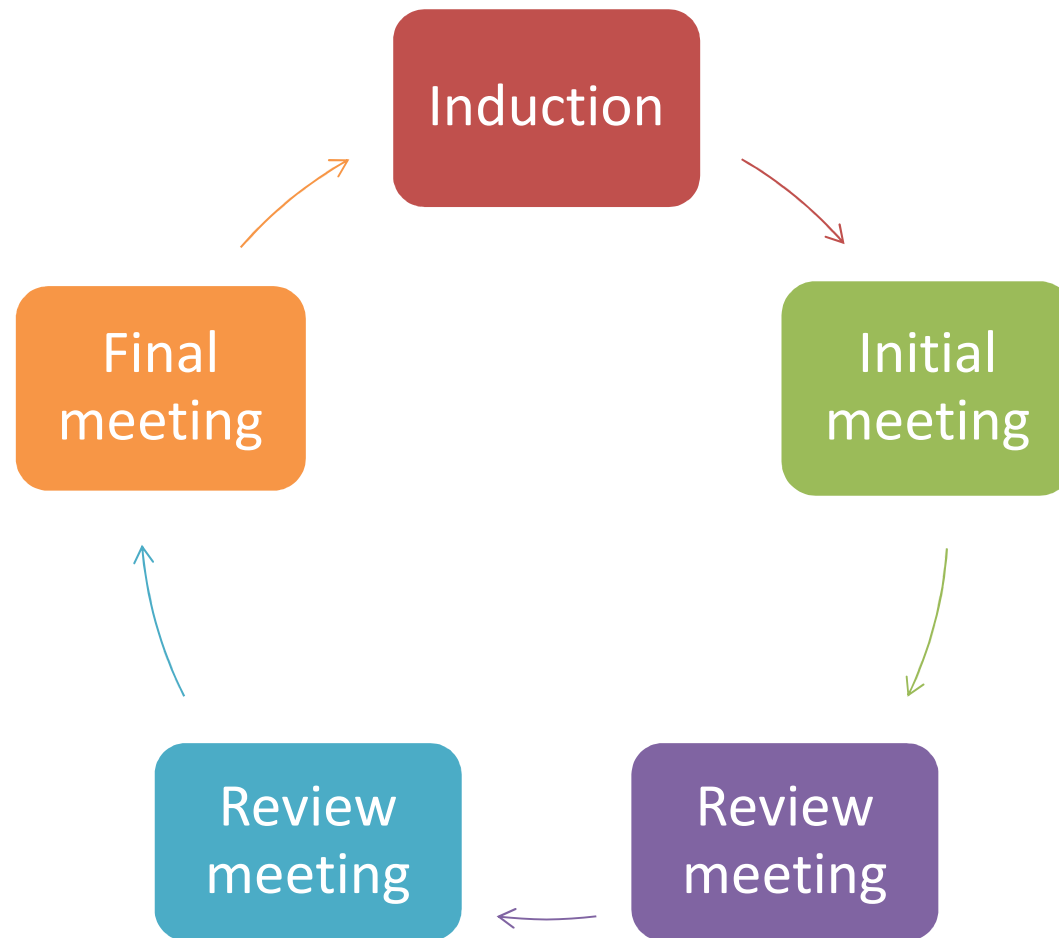
# The Relationship



# The Journey

- Induction and initial meeting
  - As soon as possible
  - “Get bearings and set course”
- Review meetings
  - At least 4-monthly
  - “Check map and adjust sails”
  - “Navigate any difficult waters”
- End of year meeting
  - In good time for ARCP
  - “Set course for harbour”

# The Journey



# Induction

*“Every trainee starting a post or programme **must** be able to access a departmental induction...”*

The Trainee Doctor, GMC, 2011<sub>(2)</sub>

# Induction

After departmental induction trainees should know:

- how the post fits within their training programme and in relation to curriculum requirements
- their duties and reporting arrangements
- their supervision arrangements
- their place in the team
- departmental policies or where to find them
- departmental structure, function and who's who



# Induction

Ask yourself:

- How often do we do it?
  - Which trainees is it for?
  - When do they rotate?
- How do we reach them?
  - What if they're on night shift or leave?
- Who does it?
  - Should it just be medical staff?
  - How senior should they be?

# Induction

Ask yourself:

- Should we record attendance?
  - What if someone doesn't come?
- Is our induction programme fit for purpose?
  - Does it meet trainee needs?
  - Does it meet GMC requirements?

# Over to you...

- In groups of 3\*:

Task: Discuss how induction works in your departments. Note **2 things that you think work well and 1 thing that could be improved.**

Time: **3 minutes**

(\* Note: it might be helpful to be in groups from the same department or hospital but this is not necessary)

# Initial Meeting

- Discuss with trainee
  - background and experience
  - previous posts and exams
  - what is expected in, and offered by, post
  - career aspirations
  - objectives
- Don't forget
  - Sign 'Learning / Educational Agreement'
  - Make arrangement for next meeting

# Review Meetings

- Characteristics
  - 1:1
  - Private
  - Protected
  - Continuous developmental process
  - Reflection important
  - Clinical and non-clinical issues
  - Identify concerns early
  - Make arrangement for next meeting

# Objectives

- Ensure:
  - clear for trainee and trainer
  - standards and timescales
- Structure:
  - **Specific**
  - **Measureable**
  - **Achievable**
  - **Relevant**
  - **Timed**

# Over to you...

Individually:

Task: Using the PDP proforma, **write two SMART objectives** for one of your trainees. One objective should be 'task' and one should be 'non-task'.

Time: **5 minutes**

# Managing Difficulties

- ‘Four Domains’ (Good Medical Practice, GMC, 2013) (3)
  - Knowledge, skills and performance
  - Safety and quality
  - Communication, partnership and teamwork
  - Maintaining trust
- Classification of Problems (Doctors in Difficulty, NES, 2011) (4)
  - Personal conduct
  - Professional conduct
  - Professional competence/educational progression



# Managing Difficulties

- Consider
  - What is the nature of the concern?
  - How serious is it?
  - What evidence do you have; what is its source?
  - Is there sufficient evidence to make a judgement?
  - Has training or progress been affected?
  - How has the concern been managed so far?

# Managing Difficulties

- Consider
  - Does the trainee have insight into the concern?
  - How should you feed things back to the trainee?
  - What support, assessment or training is available?
  - Who can help and who needs to know?
    - TPD, NES, Royal College?
    - DME, Health Board?
    - GMC?

# Over to you...

- In (different) groups of 3:

Task: Your group will be given a scenario of a trainee in difficulty. Discuss what the main problem. Specifically consider **who could help you and who should know.**

Time: **10 minutes**

# End of Year Meeting

- Characteristics

- Named educational supervisor and named clinical supervisor may both be present\*
- E-portfolio examined and discussed
- Objectives reviewed
- Difficulties reviewed (should have been identified at previous meetings)

\*Note: different specialties do things differently

# Educational Supervisor's Structured Report (ESSR)

- The report should:
  - Evidence trainee progress during training period
  - Be evidence-based
  - Be based on honest, justifiable and fair judgement
  - Not be the first time a concern comes to light
  - Be used alongside other evidence at ARCP

# Examples of Evidence for ESSR

## Basics

- Records of attendance, sickness, absence
- Workplace Based Assessments (WPBAs)
- Logbook or similar
- Examinations passed / membership

## Engagement with educational process

- Personal Development Plans (PDPs)
- Certificates for courses and study leave
- Any Out of Programme (OOP) paperwork

## Research, audit, teaching

- Audit paperwork
- Summary of research
- Feedback and attendance at (given) teaching

## Personal and professional development

- Anonymised complaints; incident reports
- Feedback given and response
- Reflective notes; thank you letters

# Over to you...

- In pairs:

Task: You will be given a fictional extract from an Educational Supervisor's Structured Report (ESSR). Think about **whether or not it would be useful for the trainee and for the ARCP panel**. Then decide **whether / how you would complete it differently**.

Time: **5 minutes**

# End of Training Year: ARCP

- ARCP outcomes
  - Categories 1-8
  - Majority 'satisfactory to progress' / complete
  - No category for 'excellent' so give feedback
  - 'Unsatisfactory to progress' eg:
    - More support + review in 6 months
    - More support + more training time
    - Not permitted to complete
    - Insufficient evidence



# Summary

- Take-home messages:
  - NES has central role in postgraduate training
  - Communication between NES and NCS is cornerstone
  - Induction and regular reviews with trainee essential
  - Gather evidence early
  - Address concerns well before ARCP
  - ESSR must be evidence-based and fair
  - There is support and help for you along the way

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# Concluding

- Reflecting on what you will take forward
- Feedback please:
  - Complete feedback form
  - On back of form note down:
    - 2 things you learned in this session
    - 1 thing that remains unclear
- Thank you

# References

1. NHS Education for Scotland (2010). *The Gold Guide: Reference Guide for Postgraduate Specialty training in the UK*. 4th Edition.

<http://www.scotmt.scot.nhs.uk/media/7180/goldguide2010fourtheditionv07.pdf>

2. General Medical Council (2011). *The Trainee Doctor*.

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# References

3. General Medical Council (2013). *Good Medical Practice*.  
[http://www.gmc-uk.org/guidance/good\\_medical\\_practice.asp](http://www.gmc-uk.org/guidance/good_medical_practice.asp)

4. NHS Education for Scotland (2011). *Postgraduate Medical Education in Scotland: Management of Trainee Doctors in Difficulty. Operational Guide*.  
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THE UNIVERSITY  
*of* EDINBURGH

[cep@ed.ac.uk](mailto:cep@ed.ac.uk)

[www.sefce.net/cep](http://www.sefce.net/cep)

