# **Educational supervisor policy**



#  **Educational supervisor policy**

## **Definitions**

It is a GMC requirement that all *named* supervisors are appropriately trained. The GMC definitions of clinical and educational supervisors are as follows-

**Named educational supervisor (ES):** a trainer who is selected and appropriately trained to be responsible for the overall supervision and management of a resident doctor’s trajectory of learning and educational progress during a placement and/or series of placements.

Every resident doctor must have a named educational supervisor. The educational supervisor’s role is to help the resident doctor to plan their training and achieve agreed learning outcomes. The ES is responsible for the educational agreement and for bringing together all relevant evidence to form a summative judgment at the end of the placement and/or series of placements.

**Named clinical supervisor (CS)**: a trainer who is responsible for overseeing a specified resident doctor’s clinical work for a placement in a clinical environment and is appropriately trained to do so. The CS will provide constructive feedback during that placement and inform the decision about whether the resident doctor should progress to the next stage of their training at the end of that placement and/or series of placements.

A **sessional supervisor** is a clinician who supervises a resident doctor for individual sessions, and who may be required to provide formal assessment and feedback on the resident doctor to their clinical, or educational, supervisor. Most consultants are sessional clinical supervisors. This description also covers senior professionals from allied healthcare disciplines and may carry out a sessional clinical supervisory role if trained and if their contact with resident doctors includes observing or assessing practice. Such individuals might include, but is not limited to, a senior (ST5+) resident doctor, specialist nurses, nurse consultants or sonographers, who may supervise junior medical or dental colleagues in the course of their work.

**Academic supervisor:** is usually appointed by the university. The academic supervisor’s role is to help the resident doctor to plan their research activity and achieve agreed outcomes. Even if he or she has a clinical contract**,** they should not normally be the resident doctor’s ES or CS. They are required to provide an annual report on a resident doctor for the ARCP panel.

# Appointment and training

## **Consultants and SAS Doctors**

* Doctors undertaking supervisory roles must be registered with the GMC and have a current licence to practice
* Not all consultants will automatically have training or supervisory roles
* Long term Locum consultants may take on CS or ES roles if they will be in the clinical post for a minimum of six months, have already completed six months working as a GMC registered specialist, and are trained to provide educational supervision
* SAS doctors should be encouraged and supported to take on these roles
* These appointments must be approved jointly by the DME at the employing Trust and the Head of School
* Training for these roles can be used for educational CPD credits and there is an expectation that all Clinical Educators will complete a minimum of 4 hours of educationally related CPD every year.

## **Higher specialist resident doctors**

* Resident doctors commencing the final year of specialty training may want to undertake training in preparation for their consultant roles
* It is essential to provide a senior educator as mentor, as this should be a supervised developmental role

## **Appointment process**

Clinical (named and sessional) supervisors are appointed within individual departments at the employing Trust. The clinical lead for the specialty and the local college tutor should identify colleagues with the appropriate training (in discussion with the MEM/DME) and ensure the role is described within job plans. Educational Supervisor appointments are to be made jointly by the trust DME and relevant Head of School, although these may delegate to Departmental/Divisional Educational Leads and College Tutors. Both Trust and specialty should be represented.

## **Training**

The seven domains described by the Academy of Medical Educators (AoME) and adopted by the GMC have been used widely to provide the framework for ES and named CS training.

The domains are-

1. Ensuring safe and effective patient care

2. Establishing and maintaining an environment for learning

3. Teaching and facilitating learning

4. Enhancing learning through assessment

5. Supporting and monitoring educational progress

6. Guiding personal and professional development

7. Continuing professional development as an educator

Training is done through e learning for health (eLFH) portal

Minimum training requirements are-

Under educator training resources (search ‘ETR’ when you are in the portal)

Please complete the following modules in eLFH

Module 1 (supervision of learners)

Module 2 (only the sections on workplace-based assessments and ARCP)

If foundation supervisor, module called ‘training for the foundation supervisor’

## **Passporting**

Trainers who were ES/CS in other UK deaneries can assume equivalent roles in TV. They need to provide evidence of appropriate training that satisfies all the seven domains above.

## **Remuneration**

As part of the Education and Placement Tariff for doctors and dentists in training, employing organisations receive monies to fund necessary time for supervisory activities.

Funding for time to be an educational supervisor is limited to 0.25 SPA (one hour) per week per resident doctor and is capped at a maximum of 1 SPA or four hours per week. This activity must be in the job plan, and as part of a doctor’s ‘Whole Scope of Practice’, must be declared and evidenced at the annual appraisal meeting with a representative from your main employer.

## **After training**

Once training has been undertaken, the prospective trainer should inform the postgraduate Education Centre, or, in the case of the Mental Health Trusts, the secretary to the DME, so that their name can be entered onto their employer’s database. If this is not done, trainers will not gain recognition on the GMC register.

## **Ongoing CPD**

All educational supervisors are expected to demonstrate at least four hours of educationally relevant CPD at their annual appraisal.

## **Appraisal evidence**

In line with the GMC requirement that appraisal includes the whole scope of practice, evidence of educational activities and CPD should be included in the process.

DMEs and revalidation leads are expected to monitor this process using local mechanisms. A supervisor’s evidence might include:

* Completion of the minimum training for the role
* Proof of ongoing CPD, such as certificates from courses or workshops
* Resident doctor feedback on performance (via 360 degree feedback used in some Trusts, or the annual resident doctor surveys)
* Formal teaching sessions (feedback, copies of slides / handouts)
* Receipts from NHS eportfolio of completed resident doctor assessments
* Reflective piece written as part of the ‘extended’ training for Educational Supervisors (every three years)
* Formal, written feedback on the quality of the annual report written by the ES on a resident doctor for the ARCP panel may be incorporated by individual schools

# Key stakeholders in the agreement:

NHSE-TV

Educational Supervisor

Local Education

provider (LEP)

**NHSE – Thames Valley (NHSE-TV)**, an ‘Education Organisation’ as defined by the GMC, is accountable to the GMC for the development, management, and quality assurance of postgraduate training in posts across several Local Education Providers (LEPs) (such as, but not limited to, Trusts and General Practices).

To support the delivery of high quality educational supervision, NHSE-TV will

* Work with LEPs to support the collation of local and Thames Valley databases of trainer names and dates when specified training was undertaken
* Support and signpost approved training for supervisors
* Promote the annual appraisal of the supervisor role through NHS or other appropriate (e.g. SOM) appraisal processes
* Ensure the provision of systems which enable individual supervisors and LEPs to feedback to NHSE-TV, as necessary
* Regularly review policies for quality assurance of postgraduate training programmes within individual LEPs
* Monitor LEP provision of paid time within job plans or organisational timetables/schedules to deliver the ES role. (NHSE-TV requires 0.25 SPA for one resident doctor per week) in NHS secondary care settings
* Inform LEPs through the DMEs, ESs through Heads of School and TPDs of any material changes to national or NHSE-TV policies/directives which may affect or inform their practice as educators

As part of this agreement, NHSE-TV commits to ensuring that the document is continuously monitored and revised, being responsive to the changing landscape of medical education in the UK.

The **Local Education Provider** has a key role in supporting the delivery of high quality educational supervision, and has the following responsibilities:

* Liaise with NHSE-TV to collect and share information on ES training
* Identify trainers currently in ES roles, and encourage new recruits
* Ensure ESs have time to access recognised training
* Ensure that time to train is explicitly recognised in a trainer’s job plan or job description (NHSE-TV requires 0.25 SPA per resident doctor per week) in NHS secondary care settings
* Monitor that the educational role and activity is reviewed in the annual appraisal process in place at the LEP (note: there should be no need for a separate review of educational activity for ESs in secondary care)
* Provide local faculty support through the offices of the DME or head of the organisation
* Be actively involved in NHSE-TV quality assurance of training programmes
* Support attendance at meetings relevant to the roles of Educational Supervisor, TPD and Head of School roles in both the LEP and with NHSE-TV
* Provide mechanisms for educational governance at the LEP and liaise effectively with NHSE-TV when significant trainer or resident doctor issues emerge
* Commit to the delivery of postgraduate medical education and training by meeting the requirements of the Service Level Agreement with NHSE-TV and associated commissioning activity

The **Educational Supervisor** has a responsibility to:

* Fulfil the role as described in the NHSE-TV policy for recognising and approving trainers
* Use the time allocated in their job plan or weekly schedule to deliver the role and responsibilities defined in the above policy effectively
* Commit to undertake training relevant to the role of educational supervisor in order to develop, and maintain, the skills and competence for this role
* Undertake a minimum of four hours of CPD related to medical education and training each year (this can include Equal Opportunities and Diversity training , Bullying / Undermining training, Royal College Regional Advisor or College Tutor development events, and NHSE-TV events. Postgraduate certificate or diploma modules in medical education can also count)
* Provide the DME or Postgraduate administrators with dates of training when asked, for the census returns to update LEP and NHSE-TV databases
* Provide evidence of their ‘educational activity’ in their annual appraisal
* Engage with quality assurance systems to provide reports such as the annual summative report for the resident doctor at ARCP and School/ specialty reports for NHSE-TV quality assurance procedures
* Participate in processes such as ARCP panels, recruitment to specialty training and formal teaching episodes as necessary, in addition to individual resident doctor educational supervisory activity.
* Liaise with their Trust DME to investigate and remedy if a resident doctor generates an exception report on their hours or job plans as described in the 2016 Junior Doctors’ Contract

## **Terms of understanding**

The signing of this Agreement commits the signatories to undertake, to the best of their abilities, the responsibilities laid out in this document. The three parties enter into the ethos of this agreement to mutually promote excellence in postgraduate medical education and training through development, provision and support of high-quality educational supervision.

This Agreement should be renewed every three years by mutual accord. If any party wishes to withdraw from the Agreement, this must be with written notification to the other two parties.

**Signatories:**

Postgraduate Dean, on behalf or NHSE TV

Director of Medical Education, on behalf of LEP

Educational supervisor (should agree to the principles, but not required to physically sign)