
ACADEMY OF
MEDICAL EDUCATORS

# A Framework for the Professional Development of Postgraduate Medical Supervisors

Guidance for deaneries, commissioners and providers of postgraduate medical education

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An Academy of Medical Educators publication arising from a project commissioned and funded by the Department of Health in the period March 2009 - May 2010.

Preparatory reports and supporting evidence available at www.medicaleducators.org.
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## 1. Introduction

1.1. Recent developments in health service delivery are profoundly affecting postgraduate medical training, most notably in the acute sector. The reduction in junior doctor hours brought to a head by European Working Time Regulations[1], the disintegration of the traditional 'firm' structure and a reduction in patient exposure due to changes in care pathways have catalysed a need to safeguard and improve the quality of the supervision received by trainees[2].

1.2. In parallel with these service changes, three interlinked trends in medical education; increasing accountability, professionalisation and the pursuit of high quality medical education or 'excellence' have recently come together in a number of high profile national policies and regulatory requirements. One of the consequences has been a call for the accreditation and professional development of supervisors in postgraduate medical education.

1.3. Supervisors play a key role in the development of postgraduate medical trainees both in the oversight of their day-to-day clinical practice but also in the support and orchestration of their learning experiences, aims and objectives. However, to date there has been little national guidance on the competencies or training required of postgraduate medical supervisors and in March 2009, the Academy of Medical Educators was commissioned by the UK Departments of Health to help define training requirements for educational supervisors in secondary care and to explore options for their future accreditation and performance review.

1.4. The rationale for this focus on educational supervision will be explored further in section 2.

1.5. The work of the Academy involved extensive research, wide-ranging stakeholder engagement and a close working relationship with the General Medical Council (GMC) and the Postgraduate Medical Education and Training Board. The outputs can be found in two comprehensive reports at www.medicaleducators.org

1.6. The Academy's literature review and scoping exercise identified that there were no agreed standards across the UK for appointing educational supervisors or for determining a minimum acceptable training; no agreement on the continuing professional development needs of educational supervisors, no defined quality markers, no defined curriculum for, or attributes an educational supervisor should acquire, and no uniformity as to the time for the activity to be allocated within job plans. The picture then was an ad hoc arrangement for the delivery of educational supervision in the workplace.

1.7. This clearly has a number of important consequences including an adverse impact on the quality of supervision (and therefore patient care); the motivation and engagement of supervisors; quality assurance and education commissioning. There are also significant value-for-money concerns for the tax payer.

[1] www.direct.gov.uk/en/Employment/Employees/WorkingHoursAndTimeOff/DG_10029426

[2] Temple J (2010) 'Time to Train': A Review of the Impact of the European Working Time Directive on the quality of training' London: Department of Health

1.8. In a subsequent report, the Academy developed a number of options for the future arrangements for the training and accreditation of educational supervisors, all of which were subjected to a detailed cost-benefit analysis. Content areas of any national guidance were also developed.

1.9. The overall conclusion of the preparatory work was that there was a need to produce a national framework that clearly describes the role, responsibilities and expected training of supervisors. *Additionally*, there needed to be guidance for those expected to implement the framework including recommendations about processes of formal recognition and review of educational supervisors.

1.10. This document then, sets out to provide a comprehensive framework that describes the role and expectations of all postgraduate medical supervisors. It is intended that this will provide a basis for the structuring of personal educational development and a foundation on which faculty development provision may be organised. Guidance is also provided on the accreditation and performance review of *educational* supervisors. The document also details expectations of trusts and other local education providers in monitoring and maintaining standards and offers guidance on the appropriate recognition and reward.

1.11. It is expected that postgraduate deaneries and commissioners of postgraduate medical education will use this guidance to inform their commissioning intentions and quality management processes.

1.12. The Academy recognises that the GMC's *Generic Standards for Training*[3] remain the regulatory benchmark and that the GMC's current intention is to produce a further set of unitary standards that will inform the accreditation of trainers across undergraduate and postgraduate primary and secondary care[4]. However, it is the Academy's view that postgraduate supervisors, and those that seek to manage them, will welcome the clarity that the detail of this document brings.

1.13. Through the publication of this professional development framework for supervisors we do not seek to constrain or to over-structure, rather to point the way, shepherd and support. With the reduction of training hours and the increasingly dispersed nature of supervision, the variable training standards inherent in any approach that is uninformed, unstructured and unregulated may not be enough to guarantee the delivery of competent clinicians, nor indeed reassure the public as to the safety of their care. The solution has to be a balance, between **accountability** - through the appropriation of standards and curricula by the centre - and the **autonomy** of creative and often brilliant clinical teachers at the coal face. We hope that this framework for supervisors strikes that balance whilst navigating through the straits of policy, regulation and professional codes of practice.

[3] General Medical Council (2009) Generic Standards for Training London: General Medical Council
[4] General Medical Council (2010) Draft Education Strategy London: General Medical Council

## 2. Background

### 2.1 Rationale

2.1.1 Why produce a professional development framework for supervisors? A number of frameworks already exist to guide the professional development of clinical teachers, such as that most recently provided by the Academy of Medical Educators[5]. However, as Kilminster and her colleagues have highlighted

> *Effective supervision of trainees involves skills that are different from other more general competencies expected of a teacher or trainer*[6]

2.1.2 The General Medical Council's (GMC) *Generic Standards for Training* requires that:

> *Trainers with additional educational roles must be selected and demonstrate ability as effective trainers*

What this guidance does is provide a means by which 'ability' and 'effectiveness' may be measured.

2.1.3 The *Generic Standards for Training* articulate standards for supervisors thus providing the regulatory benchmark. But if we are to 'aspire to excellence' there is a need to aim for quality enhancement, rather than simply quality control to a threshold. In describing a set of standards and processes that are developmental, rather than purely credentialing, and which specify criteria for excellence as well as minimum standards, we hope to provide the basis for the continuous improvement of supervisory practice. This is an aspiration that can also be found in *A High Quality Workforce: NHS Next Stage Review*[7].

### 2.2 Scope

2.2.1 This framework applies to all those doctors with a *designated supervisory role* working within providers of postgraduate medical education (e.g. trusts) within the UK.

2.2.2 The underpinning research for this guidance found that the precise roles of clinical supervisor and educational supervisor vary from site-to-site and specialty-to-specialty. But as educational activities, clinical and educational supervision are quite distinct. Here they are considered alongside the GMC's (PMETB) published role definitions.

2.2.3 **Clinical supervision** relates to day-to-day oversight of trainees in the workplace and is an activity that involves all clinicians that come into contact with trainees. Clinical supervision involves being available, looking over the shoulder of the trainee, teaching on-the-job with developmental conversations, regular feedback and the provision of a rapid response to issues as they arise. All trainees should have access to supervision at all times with the degree of supervision tailored to their competence, confidence and experience. In many respects then, clinical supervision is a function of the training rather than resting with a single individual. However, within a given training placement, such supervision arrangements may be the responsibility of a nominated 'clinical supervisor'.

The GMC defines a **clinical supervisor** as 'a trainer who is selected and appropriately trained to be responsible for overseeing a specified trainee's clinical work and providing

[5] Academy of Medical Educators (2009) Professional Development Standards. London: AoME
[6] Kilminster et al (2007) AMEE Guide #27 Effective educational and clinical supervision *MedTeach* 29:2-19
[7] Darzi A (2008) A High Quality Workforce: NHS Stage review London: Department of Health

constructive feedback during a training placement. Some training schemes appoint an Educational Supervisor for each placement. The roles of Clinical and Educational Supervisor may then be merged'.

2.2.4 **Educational supervision** relates to the oversight of a trainee's progress over time. Educational supervisors are responsible for ensuring that trainees are making the necessary clinical and educational progress. Educational supervisors will need all the skills of clinical supervision, plus an appreciation of supporting educational theory, the ability to undertake appraisal, work with portfolios and provide careers advice. Managing the trainee in difficulty will also, inevitably involve the educational supervisor with support from deanery training structures. Educational supervisors are responsible for producing a report for the Annual Review of Competence Progression (ARCP) panel.

The GMC defines an **educational supervisor** 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.'

2.2.5 Note that in both instances the GMC requires the supervisor to be 'selected and appropriately trained'.

2.2.6 The 2009 PMETB survey of trainers demonstrated that there is considerable overlap in personnel between those acting as clinical and educational supervisors i.e. the majority of educational supervisors are also engaged in the activity of clinical supervision either with the same trainee or other trainees. To implement a framework that concerns certain aspects of a supervisor's role and not others is illogical. This framework is therefore a **comprehensive** one, covering all aspects of postgraduate medical supervision both clinical and educational.

*2.2.7 The guidance on accreditation and performance review however, only applies to educational supervisors.*

2.2.8 The rationale for limiting accreditation and review arrangements to those with responsibility for educational supervision at this stage is both deliberate and pragmatic. Educational supervisors play a unique and increasingly responsible role in the longitudinal development of a trainee. Educational supervision involves an expertise and commitment that goes beyond the universal professional obligation for doctors to be involved in teaching in the workplace. Furthermore, educational supervisors are currently a more readily definable and homogeneous group than those engaged clinical supervision which might, arguably, include all clinicians within a provider.

2.2.9 Current arrangements for the accreditation of trainers in general practice are already meeting, and indeed, exceed the requirements of this guidance.

2.2.10 Trainers in dentistry are governed by a separate regulatory body and dental deans have commissioned and approved a recommended framework for dental educators. However, where dental trainers are working in secondary care, deaneries and commissioners may, for convenience, wish to apply the same requirements across all postgraduate medical and dental supervisors in a given institution.

2.2.11 Undergraduate medical educators are a heterogeneous group with a wide range of responsibilities. Currently responsibility lies with medical schools to train and develop their faculty. In future, the GMC is likely to pursue accreditation in this sector.

**2.3 Eligibility**

2.3.1 The analysis in the preparatory reports strongly supports **consultant status** as a prerequisite to take on the role of an educational supervisor. The rationale being that the supervisory activities outlined in Section 3 are best carried out by someone who has been through the training process themselves, holds a certificate of completion of training (or equivalent) and is employed under the terms and conditions of the consultant contract.

2.3.2 That said, in the light of service redesign within the NHS, it would be appropriate to exercise more flexibility in relation to eligibility to carry out clinical supervision. This activity may, in certain circumstances be carried out, for example, by staff and associate specialist grades, senior trainees and experienced practitioners of other disciplines.

**2.4 Relationship to other frameworks and regulatory standards**

2.4.1 What this guidance is not is a comprehensive and generic set of attributes of all medical educators. These are provided elsewhere such as by the Academy of Medical Educators (www.medicaleducators.org). Neither does the framework constitute a job description for doctors working within a specific institution although a sample educational supervisor's job description has been provided in Annex C should trusts wish to adopt or adapt for their own use.

2.4.2 Where a doctor's educational role extends beyond supervision in the workplace e.g. training programme director, undergraduate tutor or university lecturer s/he is encouraged to seek accreditation through the Academy of Medical Educators or Higher Education Academy. It is intended that in order to avoid duplication, accreditation through either of these bodies may carry some 'equivalence', demonstrating that the supervisor has met the required standards in specific areas of the framework.

2.4.3 The relationship of this development framework with other professional standards, the GMC's *Generic Standards for Training* and the broad professional regulatory domains proposed for revalidation are shown in Annex A.

**2.5 Authority and provenance**

2.4.1 This guidance has been developed by the Academy of Medical Educators on the basis of preparatory work commissioned by the four UK heath departments in March 2009-May 2010.

2.4.2 The guidance is however, just that, a recommendation of what the Academy considers to be good practice informed by evidence and wide-ranging consensus.

2.4.3 The relationship of this work with the General Medical Council's intended direction has yet to be determined, but given the sound grounding of this work, it is likely to add to and enhance, rather than conflict with, any future regulatory proposals.

2.4.4 The Academy acknowledges the excellent work of the London Deanery on whose Professional Development Framework for Supervisors, this guidance draws.

## 2.6 Sources of further information

2.6.1 The underpinning evidence that supports the development of this guidance is not reiterated here and can be found in the Stage 1, 2 and 2b reports at: www.medicaleducators.org

2.6.2 The UK-wide regulatory *Generic Standards for Training*, including standards for trainers, can be found at:
www.gmc-uk.org/education/postgraduate/generic_standards_for_training.asp

## 3. Competency framework and training requirements

3.1 This section specifies exactly what is expected of educational supervisors, and provides an indication of the training that might support or enable effective delivery of those functions.

3.2 The framework is defined in terms of expected supervisory behaviours or outcomes, leaving local organizations and supervisors themselves the freedom to decide how best they might achieve the outcomes given their local circumstances.

3.3 The framework distinguishes between threshold descriptors and hallmarks of excellence, in order to provide a backdrop against which continuous improvement may be encouraged, planned and measured.

3.4 Specifically, this guidance does not mandate specific training courses or curricula; however some suggestions have been made about topic areas that might be covered in any training programme that might reasonably be expected to result in the intended outcomes.

3.5 The framework is designed around seven key areas of activity, all of which relate to the role of the postgraduate medical supervisor. The emphasis on individual areas will vary depending on the supervisory role[8].

3.6 The seven framework areas are as follows:

<table>
<tr><td>1.Ensuring safe and effective patient care through training<br><br>2. Establishing and maintaining an environment for learning<br><br>3. Teaching and facilitating learning<br><br>4. Enhancing learning through assessment</td><td rowspan="2">7. Continuing professional development as an educator</td></tr>
<tr><td>5. Supporting and monitoring educational progress<br><br>6. Guiding personal and professional development</td></tr>
</table>

3.7 Clinical supervisors are expected to meet the requirements of sections 1,2,3,4 *and* 7.

3.8 Furthermore, in line with the recently published generic curriculum, *Core Competencies for Doctors*[9], an expectation at completion of training (i.e. on obtaining a CCT or CESR) would be that doctors can demonstrate attainment of competence in areas 1-4 sufficient to enable to function satisfactorily as a clinical supervisor from the first day of their first consultant post.

[8] Adapted from the London Deanery Professional Development Framework for Supervisors, with permission.

[9] Academy of Medical Royal Colleges (2009) *Core Competencies for Doctors* London: AoMRC

3.9 Educational supervisors are expected to meet the requirements of *all* 7 areas.

3.10 The framework is underpinned by the core professional values expressed in *Good Medical Practice* (General Medical Council 2001) which apply to all doctors, including supervisors. The values and responsibilities set out in Good Medical Practice are not reiterated here but the attention of supervisors should be drawn to the specific paragraphs of Good Medical Practice under the heading 'Teaching and training, appraising and assessing'.

3.11 The framework is now described in detail. Each section contains

- Description of the area
- Expectations of *effective* supervisors
- Hallmarks of *excellence*
- Examples of evidence that may be provided for the purposes of accreditation
- Suggestions about the content of training courses that might support development in this area

### *Framework Area 1: Ensuring safe and effective patient care through training*

This area is about how you will protect patients and enhance their care through your supervision of doctors in training and how you balance the needs of your patients and service with the educational needs of your trainees.

| **The effective supervisor** | **The excellent supervisor** |
|---|---|
| • Acts to ensure the health, wellbeing and safety of patients at all times<br>• Ensures that trainees have undertaken appropriate induction<br>• Allows trainees, when suitably competent, to take responsibility for care, appropriate to the needs of the patient | *Also*<br>• Uses educational interventions to enhance patient care<br>• Involves trainees in service improvement<br>• Involves patients as educators |
| **Examples of relevant supporting evidence**<br><br>• Courses attended or programmes undertaken including face to face and online learning<br>• GMC trainee survey results<br>• Feedback from patients about care received<br>• Details of measures put in place to ensure supervision appropriate to trainee's competence and confidence<br>• Trainee audits, examples of topics critically appraised by trainees<br>• Examples of near miss/ critical incident analysis | |
| **Content suggestions for course designers**<br><br>• Balancing the needs of service delivery with education<br>• Allowing trainees, when suitably competent, to take responsibility for care, appropriate to the needs of the patient<br>• Developing appropriate induction programmes | |

### *Framework Area 2: Establishing and maintaining an environment for learning*

This area is about how you make the clinical environment safe and conducive to effective learning for trainees and others.

| **The effective supervisor** | **The excellent supervisor** |
|---|---|
| • Encourages participation through provision of equality of opportunity and acknowledgement of diversity<br>• Ensures that trainees receive the necessary instruction and protection in situations that might expose them to risk<br>• Encourages and maintains the confidence of trainees<br>• Is open, approachable and available<br>• Maintains good interpersonal relationships with trainees and colleagues<br>• Provides protected time for teaching and learning<br>• Involves the team in the delivery of teaching and supervision<br>• Is aware of the team's experience and skills relating to teaching and supervision<br>• Ensures that workload requirements on trainees are both legal and that wherever possible, they do not compromise learning | *Also*<br>• Proactively seeks the views of trainees on their experience<br>• Takes steps to establish a learning community within their department and/or organisation<br>• Monitors, evaluates and takes steps to address areas for improvement in teaching and learning |
| **Examples of relevant supporting evidence**<br><br>• Courses attended or programmes undertaken, including face to face and online learning<br>• GMC trainee survey results<br>• Other feedback from trainees<br>• Details of learning programmes, study schedules, timetables for trainees and clinical teachers<br>• Feedback from colleagues | |
| **Content suggestions for course designers**<br><br>• Creating an environment for learning<br>• Identifying and planning learning opportunities<br>• Managing diversity<br>• Providing equality of opportunity | |

### *Framework Area 3: Teaching and facilitating learning*

This area is about how you work with trainees to facilitate their learning.

| **The effective supervisor** | **The excellent supervisor** |
|---|---|
| • Has up-to-date subject knowledge and/or skills<br>• Provides direct guidance on clinical work where appropriate<br>• Has effective supervisory conversational skills<br>• Plans learning and teaching episodes<br>• Uses a range of appropriate teaching interventions in the clinical setting<br>• Facilitates a wide variety of learning opportunities<br>• Helps the trainee develop an ability for self-directed learning<br>• Allows the trainee to make contributions to clinical practice of graduated value and importance commensurate with their competence<br>• Use technology enhanced learning where appropriate e.g. simulation<br>• Encourages access to formal learning opportunities e.g. study days | *Also*<br>• Demonstrates exemplary subject knowledge or skills<br>• Understands and can apply theoretical frameworks to their practice<br>• Is involved with curriculum development beyond the supervisory relationship<br>• Works with the department and/or provider to ensure a wide-range of learning opportunities is available e.g. simulation facilities, courses |
| **Examples of relevant supporting evidence**<br><br>• Courses attended or programmes undertaken, including face to face and online learning<br>• GMC trainee survey results<br>• Other feedback from trainees<br>• Details of learning programmes, study schedules and timetables for trainees<br>• Feedback from colleagues<br>• Evidence of recent initiatives to enhance the provision of learning opportunities | |
| **Content suggestions for course designers**<br><br>• Assessing learning needs<br>• Using a variety of methods to deliver the curriculum<br>• Skills teaching<br>• Developmental conversational skills e.g. coaching | |

### *Framework Area 4: Enhancing learning through assessment*

This area is about your approach to assessment and feedback.

| **The effective supervisor** | **The excellent supervisor** |
|---|---|
| • Regularly observes the trainee's performance and offers feedback<br>• Plans and/or monitors assessment activities<br>• Uses workplace-based assessments appropriately<br>• Provides feedback that is clear, focussed and aimed at improving specific aspects of trainee performance<br>• Ensures that the trainee participates in 360' appraisal<br>• Supports the trainee in preparation for professional external examinations | *Also*<br>• Ensures that workplace-based assessments are used effectively by juniors, consultant colleagues and the wider team<br>• Understands and can apply theoretical frameworks relevant to assessment to their and others' practice<br>• Is involved in professional assessment activities beyond the supervisory relationship e.g. as an ARCP panel member or College examiner |
| **Examples of relevant supporting evidence**<br><br>• Courses attended or programmes undertaken, including face to face and online learning<br>• GMC trainee survey results<br>• Other feedback from trainees<br>• Details of programmes, study schedules and timetables for trainees indicating assessment modes, patterns and relevance to learning<br>• Evidence of attendance at ARCPs<br>• Feedback from peers, e.g. relating to external examining or professional assessment | |
| **Content suggestions for course designers**<br><br>• Principles of workplace-based assessment<br>• Use of commonly used assessment tools e.g. mini-CEX, MSF<br>• Giving effective feedback | |

### *Framework Area 5: Supporting and monitoring educational progress*

This area is about the support you provide to trainees in their progression towards a Certificate of Completion of Training and their intended career destination.

| **The effective supervisor** | **The excellent supervisor** |
|---|---|
| • Agrees an educational contract at the outset of the training period<br>• Understands the curricula requirements of the specialty and stage of training<br>• Identifies learning needs and sets educational objectives<br>• Involves the trainee in the above processes<br>• Reviews and monitors progress though regular timetabled meetings<br>• Ensures that appropriate records are kept in relation to trainee progress<br>• Uses the educational portfolio appropriately and encourages their use by trainees<br>• Provides a structured supervisor's report that discriminates between the trainee's strengths and areas of concern<br>• Provides continuity of supervision or ensures effective educational handover<br>• Responds efficiently and effectively to emerging problems of trainee progress<br>• Is aware of, and can access available support for the trainee in difficulty<br>• Understands their role and responsibilities within the educational governance structures of their local education provider, Deanery and College | *Also*<br>• Proactively seeks out opportunities for providing formal support and career development activities for trainees<br>• Establishes and/or evaluates schemes for monitoring trainee progress across the department/organisation<br>• Involves themselves in external activities relevant to doctors in difficulty or career progression (e.g. GMC or ARCP panels, College committees)<br>• Involves themselves in recruitment to the training programme<br>• Involves themselves in the wider management of the training programme, e.g. training committee |

**Examples of relevant supporting evidence**

- Courses attended or programmes undertaken, including face to face and online learning
- GMC survey results
- Other feedback from trainees
- Examples of meetings, records of trainee progress and learning plans,(anonymised)
- Case studies of the management of a trainee in difficulty (anonymised)
- Feedback from peers, e.g. relating to involvement in organisational/ professional activities
- Records of other relevant activities undertaken, e.g. involvement in recruitment, training committees etc

**Content suggestions for course designers**

- Setting and reviewing learning objectives
- Purpose and processes of portfolios
- Annual review of competence progression
- Identification, diagnosis and management of the trainee in difficulty
- Interview skills

### *Framework Area 6: Guiding personal and professional development*

This area is about the support you provide to trainees in relation to their personal and professional development.

| **The effective supervisor** | **The excellent supervisor** |
|---|---|
| • Provides a positive role model through demonstration of exemplary professional behaviours and relationships<br>• Has effective supervisory conversational skills<br>• Is able to set and maintain appropriate boundaries e.g. social/professional<br>• Understands when and where to refer on to other agencies e.g. occupational health, counselling, deanery careers unit<br>• Ensures that the trainee is aware of the requirements of, and participates in NHS Appraisal<br>• Ensures that the trainee participates in multi-source feedback<br>• Signposts the trainee to sources of career support | *Also*<br>• Provides timely and appropriate career guidance and advice<br>• Demonstrates a willingness to remain a critical friend and mentor even after completion of training<br>• Understands the wider national context of professional development for doctors at all levels<br>• Can draw on a wide range of skills and techniques relevant to personal and professional development<br>• Provides support for other doctors/supervisors in relation to personal and professional development |

**Examples of relevant supporting evidence**

- Courses attended or programmes undertaken, including face to face and online learning
- GMC trainee survey results
- Other feedback from trainees
- Examples of meetings, records, case studies (suitably anonymised)
- Examples of support, challenge and careers guidance provided to trainees (anonymised)
- Feedback from peers

**Content suggestions for course designers**

- Personal development planning
- Career support, guidance and advice

### *Framework Area 7: Continuing professional development as an educator*

This area is about your own professional development as a medical educator.

| **The effective supervisor** | **The excellent supervisor** |
|---|---|
| • Evaluates own supervisory practice e.g. through trainee feedback, peer observation<br>• Takes action to improve own practice on the basis of feedback received e.g. appraisal, informal feedback,<br>• Maintains Good Medical Practice in line with Specialty and GMC requirements | *Also*<br>• Actively seeks the views of colleagues through e.g. 360 appraisal, peer observation<br>• Engages in programmes of educational development e.g., Training the trainers, Postgraduate Certificate, Masters<br>• Assists in the development of others as educators including trainees |
| **Examples of relevant supporting evidence**<br>• Courses or programmes recently undertaken, including face to face and online learning<br>• Appraisal documentation and other CPD records<br>• Results of 360 appraisal<br>• Certificates or qualifications obtained<br>• Critical comments on relevant books or articles read recently<br>• Results of peer review or professional observation of teaching | |
| **Content suggestions for course designers**<br>• Specific training requirements of specialty or stage of training<br>• Regulatory requirements<br>• Educational evaluation | |

## 4. Accreditation arrangements

4.1 This section of the guidance describes recommendations for the accreditation or approval of supervisors.

4.2 The GMC currently expects all educational supervisors (as defined in above), to be selected for their role, demonstrate that they meet the requirements of all areas of the above framework participate in an educational accreditation and review process.

4.3 All clinical supervisors (as defined above) are required to have been selected and demonstrate that they meet the requirements of areas 1-4 of the above framework. Due to the reasons described in Section 2, participation in an educational accreditation and review process should currently be considered discretionary but desirable. Some providers, deaneries and commissioners may wish to apply the same requirements as for educational supervisors, but it is acknowledged that this may currently prove difficult in certain specialty contexts.

4.4 All *new* educational or clinical supervisors are expected to have undertaken training in the areas described above *before* being selected for their role.

4.5 The remainder of this section will refer to the accreditation and review process of educational supervisors.

**4.6 Process**

4.6.1 An important principle governing the approach to the guidance is that accreditation should, as far as possible, be **integrated with existing processes** in the NHS, rather than requiring new processes to be implemented.

4.6.2 In line with this principle, this guidance recommends that the performance review of an educational supervisor should be considered alongside all other clinical and non-clinical activities at their annual appraisal. By linking the process with annual appraisal, the evidence required will already be being collected by supervisors.

4.6.3 In addition to consideration of the supervisor's educational role at the annual appraisal, there will be a more detailed periodic input from the Director of Medical Education[10] or nominated deputy into the appraisal process in order to accredit and reapprove educational supervisors. This should occur at a *minimum* interval of 5-years. Deaneries and commissioners may chose to adopt a more frequent review period but the five-yearly cycle has been selected as this allows the potential for harmonization with future revalidation processes.

4.6.4 Such a focused educational input would also be mandatory for all new educational supervisors taking on the responsibility for the first time and again will be the responsibility of the Director of Medical Education or nominated deputy.

4.6.5 The above inevitably suggests the need for a portfolio-based process where evidence is collected in the seven domains listed in section 3. This should not duplicate what is already required of NHS appraisal, but merely serve to provide a focus on specific educational aspects of the clinicians' work. Providers may wish to develop their own

[10] In community-based posts, where there is no Director of Medical Education alternative local arrangements will need to be made

paperwork, electronic forms or portfolios although several models of good practice already exist around the country[11].

4.6.6 In summary, this guidance does not mandate specific local processes but lays out an expectation that there will be a regular portfolio-based review process of educational supervisors conducted at a minimum of five-yearly intervals involving input from the Director of Medical Education.

**4.7 Evidential requirements**

4.7.1 In accrediting or reapproving educational supervisors, Directors of Medical Education or their equivalents will need to decide on what, in their view would constitute a sufficiency of evidence, bearing in mind that the purpose of providing evidence is to provide a foundation for a development discussion about the clinicians supervisory role.

4.7.2 Where feasible, evidence should include relevant data from the most recent GMC trainee survey results that relate to the supervisor's trust or department, as well as specific feedback obtained from trainees supervised by the individual supervisor. A number of tools have already been developed for this purpose[12].

4.7.3 Recommended sources of evidence are suggested in Section 3.

**4.8 Conformity of standards and interoperability.**

4.8.1 A specific benefit of a national approach to the accreditation of educational supervisor is the cross-accreditation of educational supervisors who move between employers in different geographic areas or who work in more than one locality.

4.8.2 It is expected that supervisors will only need to undergo this process in one area and that accreditation in trust A in deanery X will automatically confer approval in trust B in deanery Y.

[11] e.g. Northern Deanery, Severn Deanery, London Deanery, Wessex Deanery, NACT
[12] e.g. MSF for Educational Supervisors https://supervisor.msf.londondeanery.ac.uk

## 5. Recognition and Reward

5.1 This part of the guidance is concerned with how educational supervisors are to be rewarded for the work they perform. The GMC's *Generic Standards for Training* requires that:

> *Trainers must be supported in their role by a postgraduate medical education team and have a suitable job plan with an appropriate workload and time to develop trainees.*

5.2 Although the quality of the outcome of the interaction between an educational supervisor and their trainees is a more important measure than the amount of time devoted to that interaction, a quality outcome will not be achieved if insufficient time is allowed for its achievement.

5.3 Given the above, this guidance makes recommendations about the amount of time that might be allocated to supervision, while making it clear that employers will need to consider local factors rather than following the recommendations blindly. For example, the time required to achieve a quality outcome might be greater where there are exceptional challenges to be overcome, such as trainees in difficulty, or organizational upheaval of one form or another.

5.4 The time to be allocated to supervision in terms of programmed activities (PAs) should be explicitly addressed in job plans (and therefore reviewed annually), and employers should build some flexibility into the arrangements, e.g. to allow work to be shared between educational supervisors in the same department.

5.5 The preparatory research for this guidance found that where protected time for educational supervision is custom and practice, a range of time allocation is provided from 0.25 - 1.0 PA/week..

5.6 This guidance specifies a range of time-*consuming* activities with which educational supervisors are expected to engage, and indeed in many areas already are engaging. Beyond that, as is demonstrated in the Academy's preparatory reports, it is difficult to judge what would be either appropriate or affordable. It would therefore seem reasonable to opt for the lowest point on the sliding scale described in para 5.5 and suggest that an average of 0.25 PA of consultant time should be allocated per trainee. This figure is in line with current practice in several UK deaneries and has previously been recommended by the Academy of Medical Royal Colleges.

5.7 For clinical supervisors, for reasons that are explored in Section 2, it is more difficult to make hard and fast recommendations although it is noted that some areas of the country have elected to recommend an allocation of 0.25 PA for the activity independent of the number of trainees supervised.

5.8 It is recommended that Clinical Excellence Awards are not used a vehicle to routinely remunerate supervisors although criteria for excellence are defined and may be used as contributory evidence for a local or national award application.

## 6. Governance

6.1 This section of the guidance covers responsibilities for implementation, maintenance and monitoring.

6.2 The underpinning philosophy of this guidance is to allow **local flexibility within a national framework**. The expected outcomes of following this guidance are detailed in section 8. Exactly how deaneries or education providers achieve these outcomes is left for local discretion as this will be dependent on existing structures, staff and systems within organisations. There is no 'one size fits all'.

6.3 Local education providers will be responsible for ensuring that this guidance is understood and followed by their employees.. How the guidance is implemented within providers may vary but would usually fall within the remit and scope of existing structures, systems and processes under the direction of the Director of Medical Education working in conjunction with the Medical Director.

6.4 Similarly, the performance management of supervisors, together with complaints and appeals relating to accreditation, should be handled by the Director of Medical Education in conjunction with the relevant structures within the deanery or commissioning organisation such as specialty schools or lead providers.

6.5 Deaneries and education commissioners will maintain oversight of the training and accreditation arrangements of their providers. This should be integrated with the other quality management activities already performed by deaneries and commissioners, so that normally no new or separate processes would need to be established. The changes required will include inclusion of additional sections in service level agreements, modifications to quality reports, and review arrangements.

6.6 The GMC remains responsible for defining regulatory standards, and for quality assurance conducted through deanery visits and national surveys

6.7 Feedback relating to the effectiveness of the arrangements will be obtained through the existing channels for review, i.e. from providers to deanery to the regulator. The annual GMC surveys described above will also play an important role.

## 7. Record keeping

7.1 Local education providers should hold, and be able to report upon, a standard data set of information about all of their current or previous supervisors, and to make it available on request to their deaneries or education commissioning organisations.

7.2 Aside from the regulatory and contractual rationale, without an accurate record of the training faculty within an organisation, support and development of local faculty will be patchy and ineffective. Data should be *collected* where it is most useful and *collated* where necessary.

7.3 A recommended standard data set to support this guidance is provided in Annex A and includes fields that cover:

- Date of last accreditation review (or target date for first accreditation review)
- Training undertaken
- Number of PAs allocated for supervision (data held year on year)
- Number of trainees allocated for supervision (data held year on year).

7.4 Deaneries and commissioners are already expected to provide data on supervisors to support the GMC's quality assurance processes. This guidance will further aid and facilitate that process.

## 8. Expected outcomes for education providers

The GMC requires that all supervisors must be selected and appropriately trained for their role. Educational supervisors have a unique set of responsibilities and it is recommended that they should undergo a formal process of approval for their role against the above Framework on a minimum five-yearly cycle of review. Such a system has been in operation for GP trainers for many years.

*The outcomes of following this guidance are expected to be that:*

8.1 A database of all nominated clinical and educational supervisors in the provider is established and maintained at the Trust or local education provider. This will include a record of training undertaken, accreditation date where appropriate and recommendations made with regard to future development. A standard minimum data set is recommended in Annex B.

8.2 A process of portfolio-based accreditation/re-accreditation for all educational supervisors is established with a rolling five-yearly (minimum) cycle of review. Normally this would be the responsibility of the local education provder.

8.3 The accreditation/reaccreditation process is carried out against the professional development framework described in Section 3 of this guidance.

8.4 The process is linked to a review of results from the GMC trainee survey and incorporates feedback from trainees on individual supervisor performance.

8.5 The process is developmental i.e. it must incorporate identification of needs for further development as an educator in the form of a personal development plan.

8.6 The 'review' will result in a formal statement of approval from the Director of Medical Education (or nominated deputy). This should include a recommendation in relation to the supervisor's educational workload in accordance with the recommendations made in this guidance. This recommendation should be in the form that it can be carried forward as a basis for negotiation in the annual consultant job planning process.

8.7 A clear and transparent selection process is established for all <u>new</u> clinical and educational supervisors. Educational supervisors must submit an evidenced portfolio to the Director of Medical Education (or nominated deputy) before taking on their role.

8.8 In the roll out phase of these processes, existing supervisors may initially be accredited for a maximum of five years on the basis of their past experience and job role. This time-limited grandfather clause may be invoked provided the supervisors concerned undertake to participate in the cycle of review when called. This pragmatic measure would enable the review load for Trusts to be spread over the designated period i.e. not all reaccreditations falling in the same year.

8.9 Trust and other local education providers will provide an ongoing programme of faculty development in accordance with the identified development needs of all educators within the Trust or provider.

8.10 Local Education Providers will be required to demonstrate the achievement of these outcomes as part of routine quality management processes.

8.11 Provided the above outcomes are achieved, local education providers, deaneries and commissioning organisations may wish to develop their own additional requirements in pursuit of quality improvement of education and training.

8.12 All doctors applying for specialty registration should be able to show that they meet the requirements of the relevant sections of the framework and are 'fit' to take up a role as a clinical supervisor.

## Annex A

Relationship to other standards frameworks

| | Ensuring safe and effective patient care through training | Establishing and maintaining an environment for learning | Teaching and facilitating learning | Enhancing learning through assessment | Supporting and monitoring educational progress | Guiding personal and professional development | Continuing professional development as an educator |
|---|---|---|---|---|---|---|---|
| **GMC Generic Standards for Training (Standards for Trainers)** | | | | | | | |
| Trainers must provide a level of supervision appropriate to the competence and experience of the trainee. | ⊙ | ⊙ | ⊙ | ⊙ | ⊙ | | |
| Trainers must be involved in, and contribute to, the learning culture in which patient care occurs. | | ⊙ | | | | | ⊙ |
| Trainers must be supported in their role by a postgraduate medical education team and have a suitable job plan with an appropriate workload and time to develop trainees. | | | | | | | ⊙ |
| Trainers must understand the structure and purpose of, and their role in, the training programme of their designated trainees. | | | | | ⊙ | ⊙ | ⊙ |
| **The Higher Education Academy UK Professional Standards Framework for teaching and supporting learning in higher education (Areas of activity)** | | | | | | | |
| Design and planning of learning activities and/or programmes of study | ⊙ | ⊙ | ⊙ | | ⊙ | | |
| Teaching and/or supporting student learning | | | ⊙ | | ⊙ | ⊙ | |
| Assessment and giving feedback to learners | | | | ⊙ | ⊙ | | |
| Developing effective environments and student support and guidance | ⊙ | ⊙ | | | ⊙ | ⊙ | |
| Integration of scholarship, research and professional activities with teaching and supporting learning | | | | | | | ⊙ |
| Evaluation of practice and continuing professional development | | | | | | | ⊙ |
| **Academy of Medical Educators Professional Standards** | | | | | | | |
| Values of medicall educators | ⊙ | ⊙ | ⊙ | ⊙ | ⊙ | ⊙ | ⊙ |
| Educational scholarship | | | | | | | ⊙ |
| Teaching and supporting learners | ⊙ | | ⊙ | | ⊙ | ⊙ | |
| Assessment and feedback to learners | | | | ⊙ | | | |
| Design and planning of learning activities | ⊙ | ⊙ | ⊙ | | | | |
| Educational management and leadership | | | | | | | ⊙ |
| **GMC Framework for Appraisal and Assessment** | | | | | | | |
| Knowledge skills and performance | | | ⊙ | ⊙ | | | ⊙ |
| Safety and qulaity | ⊙ | | | | ⊙ | ⊙ | |
| Communication partnershiop and teamwork | | ⊙ | | | | | |
| Maintaining trust | ⊙ | | | | | ⊙ | |

## Annex B

Recommended data set for reports on supervisor status in local education providers

| |
|---|
| GMC number |
| Surname |
| Given Name |
| Email address |
| Specialty of the trainer |
| Specialty/ies of trainees to whom educational supervision is provided |
| Specialty/ies of trainees to whom clinical supervision is provided |
| No of trainees responsible for as a specialty educational supervisor on <date> |
| No of trainees responsible for as a foundation educational supervisor on <date> |
| No of trainees responsible for as a specialty clinical supervisor on <date> |
| No of trainees responsible for as a foundation clinical supervisor on <date> |
| Date of Equality and Diversity Training |
| Training received in the area of:<br>Ensuring safe and effective patient care through training?<br>Establishing and maintaining an environment for learning?<br>Teaching and facilitating learning?<br>Enhancing learning through assessment?<br>Supporting and monitoring clinical progress?<br>Guiding personal and professional development? |
| Date of last educational appraisal/review |
| Date of next educational appraisal/review (within 5 years of previous)? |
| Number of PAs in the job plan for supervisory role |

**Notes**

1. A given trainer may have trainees from more than one 'School'. It is recommended that separate columns are completed for each specialty i.e. specialty 1, 2, 3. For many supervisors there may only be the need to complete one column.

2. It cannot be assumed that the specialty of trainee matches the specialty of the supervisor, for example a consultant in emergency medicine may act as supervisor to trainees in emergency medicine, acute care common stem, general practice and foundation. Some supervisors may exclusively supervise trainees in other specialties than their own e.g. psychiatry/general practice.

## Annex C

Sample educational supervisor job description and person specification

| | |
|---|---|
| **JOB TITLE:** | **Educational Supervisor** |
| **GRADE:** | **NHS Consultant** |
| **LEP:** | **[name of trust or local education provider]** |
| **ACCOUNTABLE TO:** | **Director of Medical Education (DME)** |
| **REPORTING TO:** | **DME or nominated deputy** |

### JOB PURPOSE

The Educational Supervisor is required to oversee the education of their trainees, ensure that they make the necessary clinical and educational progress and provide pastoral care and career guidance. S/he is responsible for delivering the trainees' educational agreement and may act additionally as a Clinical Supervisor.

The Educational Supervisor may therefore oversee the progress of a trainee for the duration of a training programme, part of a training programme, or an individual clinical placement.

### MAIN DUTIES AND RESPONSIBILITIES

1. To ensure the delivery of excellent training to local trainees in the local education provider (LEP). Providing support and guidance and monitoring their progress.

- To act to protect patients and enhance their care through the supportive mentoring of doctors in training
- To ensure that the trainees for whom they are responsible have adequate LEP and departmental induction, regardless of start dates, and that they attend
- To ensure the maintenance of an environment conducive for effective learning
- To set training objectives to be reviewed on a regular basis in accordance with the relevant curriculum
- To act as the trainee's advisor, ensuring their understanding of training processes and policies. This includes providing the trainee with opportunities to feedback on their training experience
- To ensure other trainers and clinical supervisors are aware of the trainee's needs and concerns and are providing an appropriate standard of medical training
- To monitor the trainee's attendance at training events
- To use work based assessments, feedback, ARCPs and appraisal to ensure the learning objectives of the programme are satisfied
- To ensure the trainee receives appropriate career guidance and planning
- To ensure that trainees in difficulty are quickly identified and appropriate action is institute

2. To participate in the local delivery of training programmes to their trainees

- To take and active part the in local education faculty board for the LEP. This involves attending meetings, liaising with other faculty members and feeding back to the clinical supervisors for their trainees
- To develop personal skills as an educator and coordinator of a local training programme to GMC standards.
- To ensure they provide/oversee training to GMC standards.
- To ensure that education and training in the LEP reflects good equalities and diversity practice.
- To act as a role model to others and to challenge poor practice.
- To participate as necessary in training-related visits

3. To maintain continuing professional development as an educator

- To participate in three-yearly appraisal by the DME or nominated deputy against the standards described in the Academy of Medical Educators (AoME) framework for the professional development for supervisors
- To develop and act on a personal development plan
- To actively evaluate own practice and act on feedback received.
- These duties are not exhaustive and should be read in conjunction with the expectations of supervisors laid out in the AoME's framework for the professional development for supervisors

**TENURE**

The tenure of the post will normally be five years in the first instance, subject to satisfactory consultant appraisal and five-yearly review by DME or nominated deputy.

**TIME COMMITTMENT**

- The duties will normally occupy approximately one hour of protected time per trainee, per week. For details, see the AoME's framework for the professional development for supervisors

**EQUAL OPPORTUNITIES**

To perform the duties in a manner that supports and promotes the Trust's commitment to equal opportunities.

## EDUCATIONAL SUPERVISOR SAMPLE PERSON SPECIFICATION

| SKILLS/ABILITIES/KNOWLEDGE | Essential (E) Desirable (D) |
|---|---|
| Understanding of HR issues as the apply to trainees, including those in difficulty | D |
| Understanding of role | E |
| Has undertaken appropriate training for role as defined in the AoME's framework for the professional development for supervisors | E |
| Knowledge and understanding of recent development in medical education | D |
| Awareness of key service and educational issues for the LEP | D |
| Understanding of use of information technology in education | D |
| **EXPERIENCE** | |
| Previous experience of medical education e.g. as clinical supervisor | E |
| Consultant status within the LEP | E |
| A minimum of 5 PAs employment within the LEP | D |
| **QUALIFICATIONS** | |
| Medical or dental practitioner with postgraduate qualifications | E |
| Qualifications in Medical Education e.g. postgraduate certificate | D |
| **PERSONAL QUALITIES** | |
| Enthusiasm for teaching and developing trainees | E |
| Commitment to CPD | E |
| Good communication, approachability and interpersonal skills | E |
| Understanding of equal opportunities | E |
| | |