

Recruiting, Approval and Developing Educational Supervisors in the East of England Public Health Specialty Training Programme

Briefing Paper

1. Purpose

This paper sets out the context and proposed processes for selection, approval and training arrangements for educational supervisors of public health (PH) specialty registrars (StRs) within the East of England PH training programme.

2. Background and Context

The General Medical Council (GMC) defines an **educational supervisor** (ES) as “a trainer who is selected and appropriately trained to be responsible for the overall supervision and management of a specified trainee’s educational progress during a training placement or series of placements.”

The **clinical supervisor** (CS) is responsible for overseeing the StR’s day to day work and providing constructive feedback during a training placement.

New standards for training proposed by GMC require all named ESs and CSs to be selected and appropriately trained for the role, in line with the framework of **professional standards for supervisors of postgraduate medical trainees** developed by the Academy of Medical Educators (AoME).

There are seven standards within this framework:

1. Ensuring safe and effective patient care through training
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.

Standards 1-7 apply to educational supervisors and standards 1-4, & 7 to clinical supervisors.

3. Local situation

The model for supervision of public health StRs in the East of England has recently been redesigned to improve their supervision experience. ESs will now have oversight of a StR’s progress through the whole duration of their training while CSs will be responsible for day-to-day oversight of the StR within each placement.

Previously, the programme selected and approved supervisors based on a portfolio of evidence and self-declaration of competence with new trainers being approved and re-approved every 3 years by the Specialty Training Committee.

While these processes were consistent with requirements for supervisors in the past, the new guidance for supervisor approval and re-approval from the GMC and Health Education East of England (HEEoE) requires these processes to be updated to be fit for purpose.

This paper is limited to the approval and re-approval standards for ESs only. HEEoE guidance requires ESs to demonstrate that they:

- were selected through appropriate processes and are re-selected at least every third year
- meet requirements of all 7 areas of the framework
- participate in annual educational appraisal and review

4. Approval process for consideration

After an option appraisal carried out locally (Jan Yates and Anne Swift), it was concluded that a new process for training and approval/ re-approval of supervisors would be needed. This comprises of the following elements:

- 1) A small group of ESs appointed following a local advertising, interviewing and selection process.
- 2) Further training provided through e-learning, and tailored face to face workshops, to develop the selected individuals to meet the HEEoE and GMC standards (2014-15)
- 3) Ongoing learning sets to share best practice (2014-15)

Completing the above steps could qualify the ES for **provisional approval**.

Criteria for **full approval** of PH ESs are shown in appendix 1. This will ensure that each ES demonstrates competence against each of the 7 standards described in the AoME framework and will enable ESs to identify learning needs to be included in individual personal development plans. The proposals also lends themselves well to HEEoE and PHE PReP recommendations for educational appraisal.

Re-approval of supervisors is expected every 3 years by HEEoE and will be based on demonstration of:

- 1) Satisfactory educational appraisal in preceding 3 years
- 2) Satisfactory participation in the FPH CPD scheme
- 3) Satisfactory annual professional appraisal
- 4) Attendance at ≥50% of regional professional development days or equivalent in preceding years.

Ongoing training:

This will be achieved through quarterly learning sets, regional professional development days, and a suite of documents including policies, guidance, and links to relevant publications for ESs.

5. Evaluation and Quality Assurance

Evaluation of the supervisor training programme and of the training outcomes is important to enable assessment and continuous improvement of the supervisor development programme.

Potential measures:

Evaluation forms following course delivery – feedback on process

Interviews / focus groups of new and more experienced supervisors to gather their feedback on the new processes in more depth

Potential outcome measures:

- Periodic surveys to assess preparedness for role and changes in individual ES learning needs
- Parallel surveys of StRs for satisfaction with specific aspects of training eg ability of their supervisor to assess their learning needs.
- Educational appraisal – reflective reports

Ongoing QA could include:

- Peer observation of supervision meetings
- Audit of StR / supervisor documentation
- Exit interviews with StRs leaving the programme.

6. Conclusion

HEEEoE requires the Programme to demonstrate that ESs have been selected and are competent in all 7 areas of the AoME Framework. In addition to this demonstration of competence, there is an opportunity to develop existing local systems and improve the quality of faculty training so that the programme aspires not to competence but to excellence in training. Through such a programme, the School can build on the already excellent reputation of PH training in the EoE and demonstrate commitment to educator development, attracting and retaining the best StRs and supervisors.

7. Recommendations

1. That the Board of the School of PH regards the new regulatory requirements as an opportunity to improve the faculty development programme.
2. That the suggested process (section 4) and criteria for provisional and full approval and re-approval of ESs outlined in section 4) is adopted.
3. That a website is set up and maintained for use of supervisors and includes supporting documents, policies, guidance, and relevant published papers.
4. That systems are developed for assessing the quality of the supervisor training and the resulting supervision, and the monitoring of appropriate outcomes.

8. Acknowledgements

Jan Yates and Anne Swift for previous work on supervisor development.

9. Key references

- a) Academy of Medical Educators. ***A Framework for the Professional Development of Postgraduate Medical Supervisors: Guidance for deaneries, commissioners and providers of postgraduate medical education, 2010.*** Available at: <http://www.medicaleducators.org/index.cfm/linkservid/C575BBE4-F39B-4267-31A42C8B64F0D3DE/showMeta/0/> (accessed on 26/01/2015).
- b) General Medical Council (2012). ***Recognising and Approving Trainers: The Implementation Plan.*** London: GMC. Available at: http://www.gmc-uk.org/Approving_trainers_implementation_plan_Aug_12.pdf_56452109.pdf (accessed on 16/01/2015).
- c) National Association of Clinical Tutors (2013) ***Roles of Clinical and Educational Supervisors.*** Available at: <http://www.nact.org.uk/documents/national-documents/> (accessed on 10/02/2015).
- d) ***The Gold Guide - A Reference Guide for Postgraduate Specialty Training in the UK*** (2014). Available at: <http://specialtytraining.hee.nhs.uk/files/2013/10/A-Reference-Guide-for-Postgraduate-Specialty-Training-in-the-UK.pdf> (accessed on 16/01/2015).

Appendix 1: Criteria for Approval of Public Health Educational Supervisors

Professional Standards	Educational Supervisors
<p>1. Ensure safe & effective patient care through training</p> <ol style="list-style-type: none"> 1) Placement/programme induction 2) Mandatory training 3) Encouraging StRs to take responsibility for training 4) Balancing service with education 5) Using education to improve patient care, e.g. in handover and transitions 6) Patient consent 	<ul style="list-style-type: none"> • Evidence of undertaking mandatory training • Correspondence with clinical supervisor to discuss StR issues • Reflective note
<p>2. Establish & maintain an educational environment</p> <ol style="list-style-type: none"> 1) Creating learning environments 2) Evaluating learning and training 3) Protecting/challenging learners 4) The Learning Relationship 5) Multi-professional learning and teaching 	<ul style="list-style-type: none"> • Equality & Diversity Training Certificate obtained after April 2013. • Example of communication with clinical supervisor in relation to this standard.
<p>3. Teach & facilitate learning</p> <ol style="list-style-type: none"> 1) Assessing learning needs 2) Reflection 3) Teaching / training skills (small group teaching, feedback, simulation, peer teaching, curriculum development) 4) Educational methodologies including technology enhanced learning 	<ul style="list-style-type: none"> • Learning agreement developed with StR in past two years; <p>OR</p> <ul style="list-style-type: none"> • Evaluation of any teaching session delivered in past 2 years with action plan to address student feedback or colleague feedback if a result of peer observation of teaching/ training session; <p>OR</p> <ul style="list-style-type: none"> • 360 degree feedback done in past 2 years covering this.
<p>4. Assessment of learners</p> <ol style="list-style-type: none"> 1) Principles & practice of using WPBAs 2) ARCPs or equivalent assessments 3) Calibration 	<ul style="list-style-type: none"> • Course certificate • Example of completed ES report • Evidence of attendance at ARCP • Reflective note - Calibration of competence assessment
<p>5. Supporting & Monitoring Educational Progress</p> <ol style="list-style-type: none"> 1) Career advice 2) Supporting long term learning plans 3) Peer appraisal 4) Mentoring, coaching & advocacy 5) Role modelling 6) Team working and learning 	<ul style="list-style-type: none"> • Evidence against the 6 points listed; this could be in the form of a reflective note drawing on work activities, courses attended, experiential learning. <p>OR</p> <ul style="list-style-type: none"> • Appraisal summary from previous year documenting discussion of this role.

<p>6. Guide personal & professional development of StRs</p> <ol style="list-style-type: none"> 1) Goal setting/ learning plans 2) Educational contracts 3) Records and Portfolios 4) Frameworks for appraisal 5) StRs in / with difficulty 6) Provision of annual StR reports 7) Strategies for change 	<ul style="list-style-type: none"> • Learning plan developed with StR • Completed assessment of StR portfolio prior to ARCP • Educational appraisal of StRs • Example of remediation plan developed
<p>7. Develop as a medical educator</p> <ol style="list-style-type: none"> 1) Evaluation of personal teaching/training 2) Personal critical reflection 3) Research / audit in education 4) Leadership 5) Educational governance 	<ul style="list-style-type: none"> • Evidence against the 5 points listed; this could be in the form of a reflective note drawing on work activities, courses attended, experiential learning. <p>OR</p> <ul style="list-style-type: none"> • Appraisal summary from previous year documenting discussion of this role. • FPH CPD certificate for previous year

Note: There is an expectation of at least 50% attendance at the Regional professional development days or equivalent training events each year.