

## **Roles & Responsibilities of an Educational Supervisor**

*More detail available in The Trainee Doctor & The Gold Guide*

1. All trainees must have a named education supervisor and the trainee should be informed in writing of this. The exact model, i.e. by placement, year of training etc, will be determined locally and all parties informed in writing of model and expectations.
2. The Educational Supervisor should meet regularly with the trainee to review educational progress and to encourage reflection and the collection of appropriate supporting information on all aspects of Good Medical Practice for Revalidation.
3. Support of Trainee
  - a) Oversee the education of the trainee, act as their mentor, monitor clinical and educational progress & ensure the trainee receives appropriate career guidance and planning
  - b) Meet the trainee in the first week of the programme (or delegate to colleague if absent on leave), ensure the structure of the programme, the curriculum, portfolio and system of assessment are understood and establish a supportive relationship. The educational agreement should be signed and a Personal Development Plan with clear objectives agreed.
  - c) Provide the trainee with opportunities to comment on their training and on the support provided and to discuss any problems they have identified
  - d) Review meetings should be held regularly, in protected time and in a private environment. The portfolio should be reviewed to ensure satisfactory progress against the curriculum and personal development plan. Feedback should be given; this may require the educational supervisor to have discussed with the clinical supervisor, those involved in clinical supervision and other key professionals with whom the trainee has worked during the placement. The mechanism of obtaining this information should be clear to the trainee.
  - e) Any complaints and/or serious incidents should be discussed and a reflective note written in the portfolio and included on the Educational Supervisors Report & Enhanced Form R for the ARCP
  - f) At the end of the year the final appraisal session consists of reviewing all the assessments, the portfolio of evidence of learning and ensuring that all the learning objectives of the programme have been satisfied. All the necessary documentation needs to be completed and returned to the Programme Director to enable satisfactory completion of the end-of-year paperwork.
4. If the trainee's performance is not reaching the required standard
  - a) This should be discussed with the trainee as soon as identified
  - b) Written record of the meeting kept
  - c) Remedial measures should be put in place as soon as possible with clearly defined written objectives
  - d) Trainees must have an opportunity to correct any deficiencies identified
  - e) The appropriate Programme Director should be informed of any significant problem
5. All Educational Supervisors
  - a) Should be approachable, keen to develop the trainee and understand the importance of the role
  - b) Must be familiar with the Programme Curriculum, Portfolio and Programme design
  - c) Are responsible for ensuring that relevant information about progress and performance is made available to the appropriate Programme Director and informing them should the performance of any individual trainee give rise for concern.
  - d) Should contribute in relevant areas to the formal education programme
  - e) Will act as a resource for trainees seeking specialty information and guidance
  - f) Should be members of the Dept Faculty Group and liaise with the Specialty Tutor and the rest of the department to ensure that all are aware of the learning needs of the Trainee
  - g) Must be given adequate time to perform their role and approx. 0.25 PA per trainee should be identified in their job plan..

## **Roles & Responsibilities of a Clinical Supervisor**

1. **For every placement** - the doctor must have a named clinical supervisor and the trainee should be informed in writing of this. In some instances this will be the same person as the educational supervisor. Both roles then should be clearly understood.
  
2. **All clinical supervisors:**
  - a) Should be involved with teaching and training the trainee in the workplace and should help with both professional and personal development.
  - b) Must offer a level of supervision of clinical activity appropriate to the competence and experience of the individual trainee; no trainee should be required to assume responsibility for or perform clinical, operative or other techniques in which they have insufficient experience and expertise; trainees should only perform tasks without direct supervision when the supervisor is satisfied regarding their competence so to do; both trainee and supervisor should at all times be aware of their direct responsibilities for the safety of patients in their care.
  - c) Support the trainee in various ways:
    - direct supervision, in the operating theatre, the ward or the consulting room
    - close but not direct supervision, eg. in the theatre suite, in the next door room, reviewing cases and process during and/or after a session
    - regular discussions, review of cases and feedback

He/she may delegate some supervision to consultant colleagues, specialty trainees, appropriately experienced non-consultant career grade doctors and other healthcare professionals such as advanced nurse practitioners etc.
  - d) Organise specialty induction – to include
    - Introduction to the clinical department - *duties of the post, any particular responsibilities, departmental meetings and senior cover.*
    - Role of the multidisciplinary team that covers out of hours to ensure safe and effective clinical care at night and weekends - *cross-specialty induction when cross-cover required, bleep policies, managed hand-over, clear team understanding of individual competencies and safe supervision etc.*
    - Agreeing specific and realistic specialty learning objectives appropriate to the level of the individual trainee
  - e) Must meet the trainee before or within a week of starting the placement, establish a supportive relationship and agree a learning plan,
  - f) Provide regular review during the placement both formally and informally to ensure that the trainee is obtaining the necessary experience, including supervised experience in practical procedures and to give constructive feedback on performance at least twice in the 3 month post.
  - g) Perform and oversee the work-based assessments detailed in the Portfolio.
  - h) Encourage trainee’s attendance at formal education sessions
  - i) Ensure a suitable timetable to allow completion of all requirements of the specific curriculum.
  
3. **All Clinical Supervisors**
  - a) Must have prepared themselves adequately for the role, be familiar with the relevant training Curriculum and the specialty specific learning objectives.
  - b) Should be members of the Dept Faculty Group and inform other members of the faculty about their role regarding supporting the trainees’ learning & providing clinical supervision.
  - c) Are responsible for ensuring that relevant information about progress and performance is made available to the educational supervisor towards the end of the placement to inform the end of placement appraisal and the Educational Supervisors report for the ARCP.
  - d) Are responsible for creating a learning environment in the workplace to enable positive and constructive feedback to the trainee from the multi-professional team and the collation of such evidence, particularly in situations where the team may be more able to observe the performance of the trainee than the consultant
  - e) Are responsible for informing the Educational Supervisor should the performance of any individual trainee give rise to concern.