

# Specialty Training in Occupational Medicine

## Questions and Answers

### Question & Answer Sheet 2: Educational Supervision

*This is one in a series of Question & Answer Sheets prepared by the Faculty of Occupational Medicine to explain changes afoot in relation to the new curriculum for higher specialist training of occupational physicians. (A library of information sheets is being assembled on the Faculty website.)*

#### **Q1: What is educational supervision and how does it differ from clinical supervision?**

**A1:** Each training post that is recognised for training in occupational medicine must be linked to a named educational supervisor and a named clinical supervisor. The roles, although different, may both be fulfilled by one and the same person.

The PMETB defines an **educational supervisor** as: *the consultant identified by the postgraduate dean and the employing authority as having educational responsibility for the trainee in the placement identified. This may or may not be the doctor providing clinical supervision.*

The Gold Guide (the NHS Guide to Postgraduate Medical Education in the UK, available at: [www.mmc.nhs.uk/download/Gold\\_Guide\\_140607.pdf](http://www.mmc.nhs.uk/download/Gold_Guide_140607.pdf)) distinguishes a **clinical supervisor** as being responsible for on-the-job day-to-day clinical supervision. The distinction matters because in some specialties (eg, general practice) trainees rotate through clinically diverse attachments with several supervising consultants; a need then arises to identify one supervisor with an overview, responsible for the educational planning of training as a whole.

Guidance to trainers in occupational medicine, in the Specialist Training Handbook (currently being updated; will be available at [www.facoccmmed.ac.uk](http://www.facoccmmed.ac.uk)) and training contracts, has anticipated that usually educational supervision will be undertaken alongside necessary day-to-day clinical supervision. So, trainers in occupational medicine have usually worn each hat at different times, perhaps without being aware any difference! They are *both* educational and clinical supervisors.

#### **Q2: Educational supervision sounds like a serious business. What does it require?**

**A2:** It *is* a serious business. The Faculty endorses the Gold Guide advice that educational supervisors should have dedicated time in their job plan; be trained for the role and accredited as competent; meet regularly with their trainees (at least quarterly) and conduct educational appraisals at the beginning, middle, and end of each placement; provide help to their trainees in identifying learning

opportunities and educational needs; encourage self-reflection and self-appraisal; give regular feedback and appraisal summaries; undertake annual planning and discuss feedback from annual assessments; review progress in case remediation is needed; encourage trainees to maintain a learning portfolio; formulate an explicit learning agreement for each placement with aims and planned outcomes stipulated; ensure their trainees are inducted at the beginning of a post/programme; and provide an annual report of progress to the Annual Review of Competence Progression (ARCP) panel. (The ARCP has succeeded the RITA process for Specialty Registrars (StRs) – ie, those commencing training after 1 August 2007; existing Specialist Registrars (SpRs) will continue with the RITA process).

***Q3: That sounds like a lot of work. How does the new system compare with what a trainer does now?***

**A3:** Yes, it is a significant amount of work, but not hugely more than trainers were asked to do under the old system. The formal list of responsibilities looks a bit daunting at first sight - but Table 1 compares the duties as laid out by the Gold Guide with those traditionally asked of trainers: the overlap is very striking.

There are two main changes of emphasis:

- 1) Educational planning and feedback used to occur informally, but there is now a formal requirement for educational planning, feedback and on-the-job assessments.
- 2) Trainers really need to be trained themselves (a view endorsed by the GMC as well as the PMETB).

This will mean some extra work, but by design we hope to minimise the impact.

For example, most of the requirements under (1) will be based on what good trainers were doing regularly anyway – they will just formalise good practice and record it – and workplace-based assessments are planned around this principle. There will be extra record keeping, but we hope the forms will not be too onerous to complete. And we will monitor this. For (2), initially such training can be basic and self-directed, to reduce the extra time burden – more advice on this is provided below. Such training will normally qualify for CPD credits.

***Q4: I have heard that there will be new tier of educational supervisors who are separate from, and above trainers, and that in future trainers will only be clinical supervisors. Is this still the plan?***

**A4:** No. This was a plan the Faculty considered very carefully and consulted on in the autumn of 2006, but it is not being actively pursued over the foreseeable future.

Traditionally, the roles of educational and clinical supervisor have been shared in occupational medicine – ie, the same consultant undertakes both duties. Several structural factors encourage this arrangement – eg, the specialty is small, with a need to conserve manpower so as to support the whole framework of training and assessment; trainees' places of work are widely spread geographically making external supervision more difficult; 70% of training takes place in industrial or Defence Medical Services training posts rather than in the NHS, and training mostly occurs in posts rather than rotational programmes - ie, one person assumes responsibility for a trainee's educational planning throughout their entire programme (rather than a series of clinical supervisors, as in some other specialties). The arrangement, which has the support of the lead dean, has

generally worked well for many years. And the model is shared by a number of other small specialties and even a few larger ones.

The Faculty considered splitting the roles and introducing an extra tier of independent educational supervisors. It recognised some theoretical advantages (eg, in terms of governance, specialisation of skills), but also some practical disadvantages, including a relative shortage of manpower. Concerns about resources (especially Members' time) were also voiced by RSAs and in consultation feedback. And the Board wished to avoid creating a new infrastructure that might not be sustainable over time, in case unequal provision across the country (a possible outcome) seemed unfair to trainees.

The Faculty thus favours the current arrangement, under which accredited qualifying specialists who apply to the deanery to create a training post sign a training agreement to undertake educational appraisal as a formal responsibility distinct from the responsibility of ensuring adequate clinical supervision. (Deaneries and Schools of Medicine as agents responsible for quality management of local training programmes might wish to split the roles; and some well resourced training providers have traditionally done so; but if so, we believe issues of equal provision and consistency should be weighed, and also resources and funding).

***Q5: What qualifications and training does an educational supervisor need?***

**A5:** Previously the Faculty applied the following guideline criteria in approving trainers:

- specialist GMC accreditation
- compliance with CPD
- participation in audit
- experience/knowledge of the training process and content
- willingness to participate in a supervisory skills course.

Approval of training posts and programmes no longer lies with the Faculty. Deaneries apply for posts, and the PMETB approves them; and the PMETB holds deaneries responsible for the quality assurance and management of all postgraduate medical training. Thus, local standards are evolving in collaboration with Colleges and Faculties.

Our view, however, is that these criteria remain an appropriate standard for deaneries and senior local Faculty representatives advising deaneries and/or Schools of Occupational Medicine to adopt.

One proviso is that until now educational supervisors have had little or no training in being better supervisors. From the viewpoint of the regulators, this is an uneasy position. Training the trainers is desirable and the PMETB is likely to require it in the very near future.

Deaneries, with their local responsibility for training programmes, are increasingly providing or funding courses of instruction in generic training issues such as educational appraisal. One such cost-effective example is a free web-based course developed by the deaneries for the Academy of Medical Royal Colleges: *Education Appraisal Skills: An interactive programme for trainees and trainers*. <http://www.appraisal-skills.nhs.uk/default.asp>. The course includes training material, 20 video clips, a quiz, and a handbook, and represents a useful and convenient vehicle for self-directed learning. Although written for NHS supervisors, the authors have confirmed that consultant supervisors outwith the

NHS can freely access the material. The training takes about 1-2 hours and comes with a certificate of completion and a list of supplementary reading.

The Faculty recommends that all would-be educational supervisors work through this material. We also recommend that they investigate learning resources with their local deaneries (a link to some suggestions is provided below) and the deaneries' requirements in relation to training.

***Q6: Is the Faculty developing any documentation to support educational supervision and training?***

**A6:** Yes, several forms of documentation have been developed or are in development:

- 1) Tools and guidance on workplace-based assessments, which are a form of structured feedback between trainer and trainee supporting on-the-job education and training (see *Q & A sheet 1: All about Workplace-based Assessments*);
- 2) A revision of the Specialty Training Handbook, laying out the rules of training, the training curriculum, and other important items of support such as a model learning agreement and a Training Record in which the trainee records their achievements and targets (supplied shortly);
- 3) Some model paperwork to support educational appraisal meetings and reviews is in development;
- 4) Links to some generic support resources for educational supervisors is in development (see [\*Training the trainers: Some courses available from the Deaneries and other providers\*](#)).

***Q7: I am thinking of establishing a new training post/appointing a new trainee - what do I need to know?***

**A7:** A Question and Answer sheet on appointing new trainees and establishing new training posts is being separately prepared and will be available shortly.

***Q8: I want to find out more about workplace-based assessments - can you help? How much extra work will they be to trainers?***

**A8:** Workplace-based assessments are a form of on-the-job assessment with emphasis on what trainees *do* in practice as compared with traditional examinations of what they *know*. A target number of these assessments will need to be done each year, mostly with trainers acting as assessors.

Although this sounds like new work, informally, trainers have already been conducting them under the old syllabus. For example, most supervisors will have sat in on a sample of their trainees' consultations, discussed problem cases with them, checked over a sample of their correspondence, made sure they can perform everyday clinical procedures correctly, and helped them plan a portfolio, recording a set of learning experiences and objectives. These are workplace-based assessments. The old curriculum encouraged such activities; the new system formalises this, with a more systematic approach to their recording and use. There may be extra work if you have not supported your trainees much in this way, and there are new forms to complete, but we believe the extra work is a modest extension of training.

There are a number of anxieties and misunderstandings about these new tools. A separate Question and Answer sheet has therefore been prepared with more information - please see [\*Q & A sheet 1: All about Workplace-based Assessments\*](#).

**Table: New-look Educational Supervisors vs. old style Faculty trainers**

**This table compares the two job descriptions, with descriptors taken from the Gold Guide (new role) and the Specialist Training Handbook (existing role).**

Gold Guide available at: [www.mmc.nhs.uk/download/Gold\\_Guide\\_140607.pdf](http://www.mmc.nhs.uk/download/Gold_Guide_140607.pdf)

New Requirement		Old Provision	
New-look Educational Supervisor	Gold Guide Para	Faculty Trainers*	Handbook Para
Named educational supervisor for each placement in the specialty programme/post.	4.18	Every trainee must have at least one named educational supervisor.	3.1.a
Must be: Competent in educational appraisal, feedback and assessments; have dedicated time in their job plan; be trained specifically for the role and accredited as competent.	4.16, 4.19, 4.21	Educational supervisor must be: A specialist registered with the GMC, accredited as a specialist in occupational medicine, approved by the Faculty STC; have 'experience or knowledge' of the FOM's training process and content; be CPD compliant; be involved in regular medical audit; attend (or be willing to attend) an educational supervisory skills course. NB Training post inspection used to check there is time for training in the trainer's job plan.	3.1.a, 3.1.b
Must meet regularly with trainee (at least quarterly) and conduct educational appraisals at the beginning, middle, and end of each placement.	4.18, 4.21	Must meet regularly with the trainee for formal discussion and instruction (at least a half day each month in addition to normal contacts of the working day in the final year, daily in the first year)	3.3.b
Appraisal includes help to identify learning opportunities, encouragement in self-reflection and self-appraisal, identification of educational needs.	7.1.6	Must encourage and facilitate relevant activities to broaden the trainee's experience (eg attendance at local postgraduate centre meetings, clinical assistantships, research) and visits to other industries; assist with the dissertation.	3.3.c, 3.3.d, 3.3.e

New Requirement		Old Provision	
New-look Educational Supervisor	Gold Guide Para	Faculty Trainers*	Handbook Para
Must give regular feedback and appraisal summaries; must undertake annual planning and discuss feedback from annual assessments; must review progress in case remediation needed.	7.21, 7.16, 7.114/6, 7.22/3	Must conduct appraisals - constructive regular meetings with definite feedback on performance, assistance in career progression in a confidential process that is not part of assessment; must regularly discuss the educational plan and agreed learning aims and objectives.	6.2.a, Annex 4, 11
Must encourage trainee to maintain a log book and learning portfolio; also, to formulate an explicit learning agreement for each placement with aims, planned outcomes stipulated as a framework for educational appraisal.	7.19, 4.21	Must ensure trainee keeps a detailed training log; must ensure there is an educational plan reviewed at the start of each year of training; must enter into a training agreement with the trainee.	5, 6.2.b, Annex 4, 11/13
Each trainee must be inducted at the beginning of a post/programme.		Trainees must be inducted.	Annex 4, 7
A report of progress must be supplied annually to the ARCP (formerly RITA) panel.		A report of progress must be supplied annually to the RITA panel.	
Must conduct what are called 'workplace based (NHS)' appraisals - these are governance reviews on behalf of the employer in line with revalidation principles; for an employer's appraisal "it is essential that there are unambiguous lines of accountability for ES into the management structure of the trainee's employer".	4.23 - 5, 7.24 - 7	Trainers are usually involved in employers' appraisals, since they often act as service line managers as well as educational supervisors; they are usually part of the employer's management structure.	

\* In current guidance, Trainers are called Educational Supervisors

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