

# Educational Supervision

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Developing people  
for health and  
healthcare

[www.hee.nhs.uk](http://www.hee.nhs.uk)

# NHS Ambition

- 7 day service
- Individualised Place based care
- Healthcare delivery through multiple channels
- Technology enabled
- Globalisation of healthcare
- Responsibilities and Roles across professional boundaries
- Flexibility and Healthcare portfolio careers
- Innovation & research rapidly informing care and training
- Rapid spread of best practice and learning from errors - as a system

# Challenges

- Demographics
- Cost containment, Population health & resource management
- Alignment of workforce roles, capabilities and numbers to service models
- Technology
- Expectations Patients and Staff
- Engagement of the healthcare workforce

## The Kings Fund - The health care workforce in England: make or break?

- highlights the scale of workforce challenges and the threat to the delivery and quality of care
- worryingly high numbers of doctors and nurses leaving their jobs early.
- Central investment in E&T dropped from 5% of health spending in 2006/7 to 3% in 2018/19. (would be £2bn higher if maintained)
- workforce shortages are taking a significant toll on the health and wellbeing of staff.
- need to address workforce shortages in the short term and long term and support new ways of working

# The Long Term Plan

- Due to be published December 2018
- Will define the priorities, opportunities and challenges for the NHS
- Will look at the solutions needed now and provide the vision for year 4 and beyond
- Will cover large strategic areas and health inequalities with some more specific areas of focus eg mental Health (parity of esteem, improving crisis care and care for children) Primary / community care and Cancer
- Prevention and proactive care
- Personal care focus
- Intelligent use of data to empower clinical teams and enable decisions across patient pathways

# The Workforce strategy

- Consultation on Draft Strategy completed July 2018
- Will be aligned to the LTP now likely to be after Christmas
- A workforce specific section in the LTP
- Each working group is picking up workforce issues
- Development of medical workforce and the wider workforce
- Flat cash for PGMDE since 2008
- HEE's budget is not yet finalised and will be subject to the spending review process
- Alignment of HEE Mandate with NHSI and service needs

# MERP Strands



# Foundation Training Review



*Health Education England*

- Increasing numbers of UK medical graduates
- Need for better transition from undergraduate to postgraduate
- Requests for more flexibility
- Equality and improved care of patients - geographical spread, need for doctors in GP, Psychiatry
- moving healthcare to prevention, population health and community based care
- Increasing morale
- Providing support for those who need it most
- 6 workstreams; Clarify the Purpose: Time to Choose: Workforce Issues: Policy and Four Nations Alignment; Supporting and Valuing Individuals: **Education Support**: To consider how foundation training is supported and what changes and improvements might be appropriate
- **The Essential role of supervision is a key theme**

# ARCP review

## **High Quality Education Supervision is essential**

HEE has asked the Academy of Medical Royal Colleges (AoMRC) to enhance the quality and consistency of Educational Supervisor reports.

Wider workforce development

# Enhancing JD Working Lives

SuppoRTT strategy - Educational supervisors need to embed cultural changes and SuppoRTT processes.

Flexible training

Individualised training pathways

SAS strategy

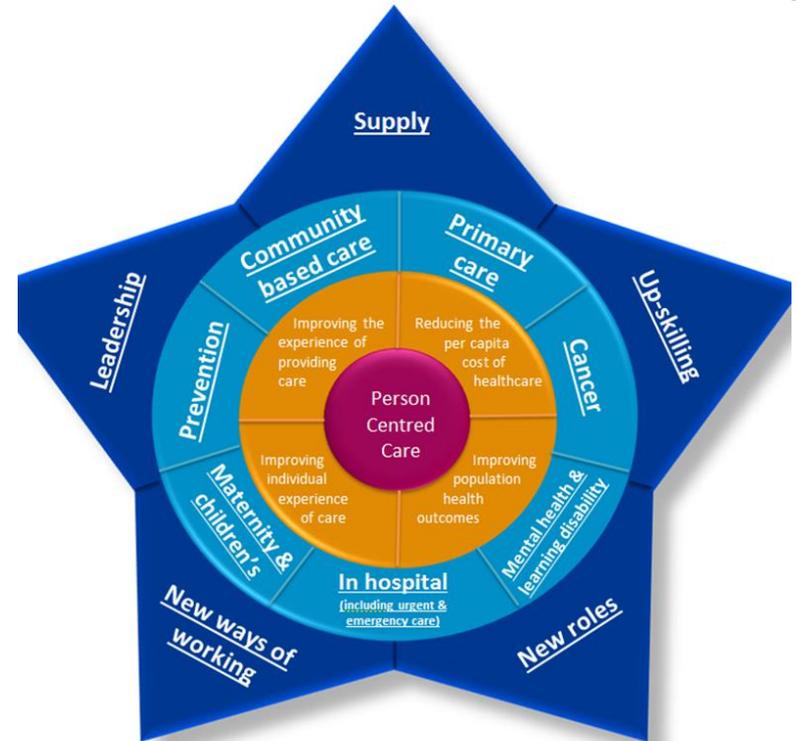
# Wider workforce

*the development of the wider workforce.*

*Advanced Clinical Practitioners to share the workload and develop their careers, by working to the top of their competencies*

Physicians Associates, Medical Assistants, extended roles

**- All need good supervision to train and develop**



# Flexible Training

Trainees  
'voting with  
their feet'

ARCP  
Review –  
concept of  
flexible  
assessment



Out of  
Programme  
Pause

SuppoRTT

The Educational Supervisor has  
a key role enabling this

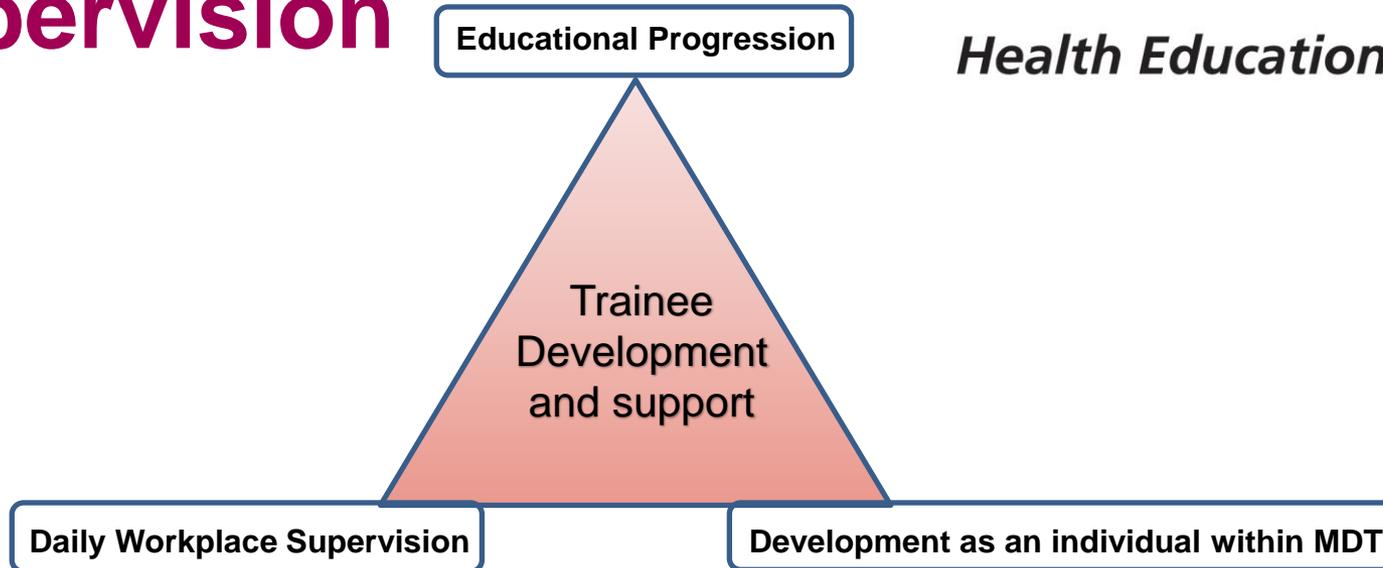
# Enhancing Supervision

Widespread discussions have highlighted that doctors in training require:

- *Day to day supervisory support at work to manage 'on the job' as part of a team*
- *Programme and placement allocation and supervision*
- *Pastoral support/mentorship*
- *Career advice*
- *Administration of training, where and when you rotate what is required etc.*
- *Constructive high quality report(s) that collate evidence of performance and progress with exceptions noted*
- *Peer support from other trainees*

Links to Foundation Review and Learner Wellbeing and Mental Health Commission

# Supervision



Good supervision has three main functions;

- *Normative*: ensuring the trainee can provide high quality care
- *Formative*: learning in the workplace through good supervision, with high quality timely feedback to trainee from a senior professional is fundamental to learning
- *Restorative*: good supervision enhances the wellbeing of the trainee

Cross system partnership as links to Patient safety and productivity

Clear guidance for trainees, supervisors, employers, and regulators.

Links to wider MDT working – other professions can provide supervision

Request for examples of good practice in supervision

## What we are hearing...

- Foundation Trainees should be able to access their ES much more frequently
- Technology could be used more effectively (although face to face contact is desirable)
- Time is wasted on form filling and (failing to) work with the IT
- Trainees (especially in Foundation) value supervision from registrars
- Feedback from the multi-professional team is invaluable for ES
- There is a lack of trust in the ES role so it can be difficult to discuss issues
- Having a named person available to provide pastoral support is valued
- Being clear who the available, named senior workforce supervisor is at the start of each shift (and how to contact them) is essential

# Good practice

- Many consultants provide unofficial support to trainees
- Being interested in the trainee, meeting over a coffee
- Proactive contact eg before commencing in post to ask for a CV or even just say hello
- A new ES looking at the trainees notes in advance e.g. a report on areas of interest, aspirations, goals concerns etc
- A focus on trainees CVs with correct signposting
- Information being requested prior to the ES meeting so it is planned and focused
- A&E department allowed trainees to book a time with a consultant on their non-clinical days for supervision
- All speakers at training days/events deliver an initial 5 to 10 minutes about their career and how to get into their career.

# Requirements

- Educational Supervisors' need support and training
- ES needs to know the trainee curriculum and work based assessment
- ES as well as trainees need Training on how to use the e-portfolio as
- ES needs to know how to support trainees that are struggling but also ones who are excelling
- Trainees' anonymous feedback to Trusts being sent to the ES
- Time for teaching in Job Plans should be protected and bleep free

# Simple solutions

- The provision of effective support promotes workplace satisfaction

Support can be simple, such as ensuring new doctors understand the practicalities. Additional support such as mentoring schemes can be added *Lachish, Goldacre, and Lambert, 2016*

- Feedback to understand strengths and weaknesses

Enthusiasm for the job and self-appraisal of skills are important to juniors in choosing careers. *Smith Lambert et al 2015*

Feedback helps doctors reflect on how they work, and identify ways they can modify and improve their practice. *GMC Revalidation guidance*

**Patients need expertise**

**..... and humanity and professionalism**

**The role of the educator is to support that professional humanity**

