

# ST6/7/FY2 Clinical Supervision Pilot Evaluation

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## Summary of Evaluation

- This pilot allowed ST6 and 7 doctors to be Clinical Supervisors for FY2 doctors.
- ST6/7s were given training and the Consultant Supervisor was available for support.
- Semi-structured interviews were carried out with ST6/7s and a focus group with FY2s to understand how well the pilot ran.
- ST6/7s mostly took part as they have an interest in teaching and were motivated by their own supervision experiences.
- Most felt taking part contributed to their training and professional development, and it did not delay progression to CCT.
- All were happy with the support given to carry out the role, but there were some communication and administrative issues particularly with access to the ePortfolio.
- Other challenges included the balance of a professional and friendly relationship, space to have supervision meetings, and the time needed to carry out the role.
- FY2s were also broadly supportive of the pilot. Whilst most were apprehensive at the beginning, many said they felt well supported by the ST6/7.
- They felt their supervision was more worthwhile as the ST6/7 could observe them more clinically and that they understood the training burden as they were closer to training than a consultant was.
- Some reported they were not aware they were taking part in the pilot until it started and there was some communication issues.
- Overall FY2s felt having a ST6/7 as a Clinical Supervisor was a perfectly acceptable alternative to having a Consultant Clinical Supervisor
- The pilot leads also provided an organisational narrative which focused around the significant administrative input needed and ensuring support was provided.
- This evaluation has provided 6 recommendations to consider when rolling this pilot out further (page 10).

## Background

As part of the Medical Education Reform Programme (MERP), and more specifically the Distribution of Specialty Training programme at NHS England (previously Health Education England), the importance of adequate, high quality educational supervision has been considered – particularly in regions “gaining” training posts through distribution or expansion. This will mean an increase in educational supervision capacity.

Several pilots were established to understand innovative ways in which educational supervision capacity could be expanded. One pilot was to look at a senior specialty trainee supervising a Foundation Doctor, instead of the traditional Consultant as a supervisor. Specifically, ST6 or 7 doctors took part as supervisors in this pilot.

The primary goal was to consider whether doctors in their final year of training could act as educational supervisors to Foundation Doctors. Permission to run the pilot in Kent, Surrey, and Sussex was sought from the General Medical Council (GMC) and the Foundation Programme Office (UKFPO). This was granted with some risk mitigations. This location was selected as it was noted to have minimal additional capacity amongst current CCT holders.

Considering this together with the GMC requirement of all new consultants to be clinical supervisor ready it was agreed to pilot starting educator training and experience early.

The pilot planned to proceed only with FY2 and ST doctors in their final year of training with an outcome 1 at their last ARCP and with no identified concerns regarding their current progress. Supervisors selected to be part of the pilot were ST doctors who were interested and high achieving in their own training career. They were allocated a FY2 to supervise. As part of their involvement in the pilot, they would gain professional standard experience as well as the experience of being a supervisor before it became formally part of their role as a Consultant. The ST6/7 would be fully supported by a consultant throughout the trial and importantly, the junior trainee would also have access to this supervisor should the need arise.

The pilot took place in Obstetrics and Gynaecology (O&G) and Emergency Medicine over a four-month period (2<sup>nd</sup> rotation block). There were 10 pairs of trainees who completed the supervision pilot over the period.

### Evaluation Methodology

It was important to understand if the pilot has had its anticipated outcomes – to expand capacity in educational supervision capacity that is high quality. To do this, an evaluation was planned. In this pilot, focus groups were performed with FY2 trainees to gather their feedback. This methodology was selected as it was easier to bring trainees together at a set time(s). For the ST6/7 trainees, one-to-one semi-structured interviews were carried out.

For both data collection methodologies, a topic guide was created to focus the conversations. This is shown in Appendix 1. Thematic analysis was performed for the ST6/7 semi-structured interviews from the transcripts. For the FY2 focus group, there was no transcript, but notes were provided. These were summarised.

In addition to the feedback from FY2 and ST6/7 doctors involved with the pilot, the pilot leads also provided some feedback about the organisational considerations, which can be used in combination with the feedback to form Recommendations for other regions.

### ST6/7 Results

#### *Motivation to Take Part*

The participants discussed their motivation for taking part in the supervision pilot. They mentioned the opportunity for practice and growth in a senior leadership role and their wish to be prepared to carry out clinical supervision as consultants. Most had a strong interest in teaching, mentoring, and training, which motivated their participation in the pilot.

Many ST6/7s also noted how their own supervision experiences motivated them to take part. These experiences were mixed, with some saying they had poor experiences at some stage in their training and they were motivated to be better and provide a more positive experience. However, there were others who had wholly positive experiences and this motivated them to become supervisors and provide the same quality of supervision.

*"I have had variable supervisors over the many years that I've been in training and some have been really good. Some have been really inspiring, some have been really helpful and supportive and some have been less of all of the above and I just think it can and should be done better."*

Some participants discussed that this was a good opportunity to see if they enjoyed being a supervisor before committing to it as a consultant. Some saw this opportunity to transition

into a new phase of their career, where they can take on responsibilities such as supervision and management alongside their clinical work.

Finally, one participant acknowledged the potential benefits for their future career prospects.

### *Training Benefits*

Some participants discussed the potential contribution of their supervisory role to their training portfolio. They mentioned the intention to include reflective practices and evidence of teaching and learning in their portfolio. The positive aspects of being a clinical supervisor at their stage of training, such as relating to junior doctors' issues and offering guidance based on their own experiences was also discussed.

None of the participants felt that being a clinical supervisor negatively impacted their ability to prepare for the consultant role at such a critical stage of their training – most due to gain their Certificate of Completion of Training within weeks of being a supervisor. Some mentioned that the time spent as a supervisor aligned with their normal day-to-day duties, so it did not take much additional time.

*"I enjoyed being a supervisor and it didn't adversely affect me getting CCT."*

### *Professional and Skill Development*

The conversations highlighted how being a ST6/7 clinical supervisor contributed to the development of generic professional capabilities and gaining skills more widely. The role offered a sense of responsibility, leadership, and ownership, and participants mention the importance of time management, problem-solving skills, adapting supervisory methods depending on the trainee, being able to provide feedback in a useful manner, and communication within the context of supervision, particularly in dealing with emotional aspects. They also mentioned that it helped them better understand the challenges faced by Foundation Doctors and their expectations, which is important for a positive supervisory relationship.

*"I think you know [I learnt] leadership skills as well, being involved in this project."*

*"I guess [I learnt] all those extra skills that you don't use on a daily basis, like mentoring skills"*

The participants mentioned that being a clinical supervisor has contributed to their general professional capabilities, particularly in the teaching domain.

One participant also stated participation had helped them learn about the supervision structures in the hospital, including understanding the roles of different sources of support for trainees.

Another stated they were able to acknowledge the value of empowering trainees to take responsibility for their own learning and problem-solving, rather than doing everything for them.

Some participants stated they had already completed most of the required capabilities before starting the supervisor role but acknowledged the potential usefulness of the experience in developing those capabilities.

## *Support Received*

Overall, participants were very satisfied with the support they received in carrying out their role. The support of the pilot lead was universally mentioned as being positive. Most said they did not require additional training or support throughout the pilot. They also mentioned attending drop-in sessions with the pilot leads, which were helpful – although some could not attend due to clinical clashes. All participants knew how to access this support.

Most participants confirmed that the training they received before commencing their role was helpful and contributed to their effectiveness as a supervisor. One aspect that was missing, according to some participants, was how to use the Horus e-Portfolio system that Foundation Doctors use. It was perceived the training was a little generic and could have benefited being more Foundation Programme specific.

*"The training at the beginning adequately prepared me for the role. I didn't need any other training or support throughout."*

*"From my trust, not so much information in terms of how to navigate their portfolio. Some of the things, I had to ask other consultants what it was or what we were supposed to do."*

Some participants stated they had a consultant clinical supervisor "buddy" with whom they liaised to discuss expectations and uncertainties, including where to signpost FY2s. This was often the consultant who was initially allocated to supervise the FY2. However, most reported they did not require this support or they were not aware who this consultant was.

One ST6/7 shared a challenging situation where she had to support their F2 trainee who experienced a personal tragedy. They discussed the difficulties of balancing support and allowing the trainee space to cope while also ensuring their portfolio remains on track. However, they stated the support they received from the pilot team, who provided guidance and advice during this challenging period, was exceptional.

## *Communication and Administration*

They acknowledge the excellent communication received and administrative processes implemented by the pilot leads, particularly as the pilot went on. Some participants felt the communication from the Trust was not as strong as the supervision project.

*"I think from your side, from the organisers, it was brilliant... from the trust, I think that was the one that took some emailing and digging around."*

The communication issues were all initial issues. Firstly, there was a delay in receiving their login information for the Horus ePortfolio. They were also unfamiliar with the ePortfolio as many had not used it themselves when they were the equivalent grade doctor. This means they needed more support to use this.

*"We had our initial meetings before we were actually able to log in [to Horus]... there was an administrative hiccup."*

Secondly, some participants mentioned the initial confusion regarding the project and the roles and allocation of the ST6/7 clinical supervisors. The conversations suggested that there may have been some miscommunication or lack of clarity within the trust about the responsibilities of supervisors, such as if they would be working with a consultant supervisor.

There was also confusion about how the FY2 would be allocated to them. However, it seems that the issues were resolved after communication with the pilot organisers.

### *Advantages*

All of the supervisors stated that they would do the pilot again and would like to continue supervising. They felt prepared to be a supervisor as a consultant, and would be more keen to start at an earlier stage of their career.

*"I don't think there were any negative aspects of taking part. I would do it again."*

Another key advantage was that as they are also trainees themselves, they understand the issues FY2 may be going through. This is beneficial when forming a relationship with the FY2.

*"I think at my stage of training it was helpful that I was a trainee, so I could relate to some of the issues... So there was that benefit of being able to have that dual role of being a trainee as well, but also having to supervise."*

### *Challenges*

Whilst the feedback of taking part in the pilot was overwhelmingly positive, there were some challenges noted.

The largest challenge was finding a balance between being available for the trainee and maintaining personal boundaries. For example, some mentioned the challenge of balancing authority and approachability in a supervisory role. This was particularly challenging as ST6/7s are professionally closer to FY2 colleagues.

*"I think I struggle to be authoritative... As I become more senior, there is actually going to come a point where I do have to assume some sort of authority."*

*"...relinquishing a bit of control... just letting go of some of the control and just trusting that he would do it in his own time."*

There was also some difficulty in finding time to have the supervision meetings. For example, one participant mentioned difficulties in finding mutual meeting times due to being short-staffed, and another said that due to the on-call rotas, they were very rarely on duty at the same time. This meant they relied on colleagues for feedback (which was also a positive to get a wider viewpoint on progression). In addition, some participants discussed challenges in finding appropriate spaces as they do not have offices to avoid interruptions during supervision sessions.

*"I wish I had some shifts with her so I could see how she's on the shop floor."*

*"One of the challenges was trying to organize meetings in the hospital space. It was hard not to have someone walk in and interrupt us."*

One supervisor discussed that there was a limit to what they could do. They outlined a scenario where a FY2 had their study leave request rejected, and they did not have the power to help advocate for the trainee.

*"The study leave wasn't authorized, and I felt a bit powerless in that respect."*

Finally, some of the participants discussed that they would have liked to have been a supervisor for longer than 4 months. One discussed that they went from having a trainee to supervise one day to not the next, which was disappointing particularly as they had been trained to carry out the role.

*"As a pilot, it's a weird thing to train for four months and then suddenly not have a trainee."*

### *Reflection*

During the interviews, some supervisors provided some reflections on what they have learnt about themselves. Some discussed their desire to have control, and the pilot taught them that the FY2 needs to have a certain level of autonomy and responsibility for their training. Some found this challenging, particularly as they had been focusing on their own ePortfolios for so long.

*"I can actually empower people to do things for themselves... I learned that I can let go and let people do what they need to do."*

Others felt reassured about their abilities in supervision and supporting trainees, which was confirmed through the feedback they received. One mentioned specific adjustments they would make in the future, such as conducting face-to-face meetings instead of online ones to better engage with trainees and pick up on non-verbal cues.

Some of the participants mentioned that being a clinical supervisor reinforced their passion for supervision and teaching, and expressed enjoyment in watching people develop and grow through teaching.

## **FY2 Results**

### *Initial Thoughts*

Participants reported that they initially had mixed feelings about having an ST6/7 supervisor. Some felt indifferent or neutral, seeing no significant difference between an ST6/7 and a consultant supervisor.

Others felt slightly anxious or apprehensive due to concerns about the pilot program, the ability for their supervisor to access the Horus ePortfolio system, and potential impacts on their training.

Some discussed the added benefit of having more regular contact with their supervisor on the ward that they wouldn't necessarily have with a consultant supervisor. Finally, one said that they see ST6/7s as *"almost consultants anyway."*

### *End of Placement Thoughts*

Overall, participants had positive experiences with their ST6/7 supervisors by the end of the placement. Those with initial concerns did not have any at the end of the pilot. Some stated they preferred this style of supervision.

They felt supported, listened to, and well-supervised. Some participants noted that their ST6/7 supervisors were more engaged, hands-on, and aware of training requirements

compared to consultant supervisors. They appreciated the regular contact, allowing a stronger rapport to build, and the opportunity to develop a closer, more informal but professional and supervision-appropriate relationship with their ST6/7 supervisors.

One FY2 noted their supervisor needed to get some support, but this was seen as a positive thing to have done. Another said it was the individual that was important, not what grade they are.

### *Advantages*

Participants highlighted several positive aspects of having an ST6/7 supervisor. They felt that ST6/7 supervisors had a better understanding of training needs and challenges. ST6/7 supervisors were seen as more approachable, accessible, and enthusiastic about supervision as well as completing work-based assessments.

Participants also appreciated the opportunity to work more closely with their ST6/7 supervisors, leading to better clinical observations, more detailed feedback, and comprehensive end-of-placement reports. They also felt they could talk to them about pastoral or departmental issues more freely, such as rota issues, as they had a greater understanding of their needs and the challenges they face.

Some noted that the ST6/7 supervisors were more aware of their whole life, rather than work. For example, there was acknowledgement of the whole individual and their responsibilities outside medicine as being equally important to their development.

One said their supervisor was a really positive career mentor and taught them the qualities they would like to have as both a supervisor and registrar. Many said they would consider being a supervisor themselves.

### *Disadvantages*

FY2s generally did not mention many negative aspects of having an ST6/7 supervisor. Some participants noted potential challenges in escalating issues or seeking support from consultants if needed. Administrative issues, such as limited access to the portfolio, were mentioned but seen as teething problems rather than significant negatives.

### *Acceptability*

Overall, participants found the form of supervision provided by ST6/7 supervisors acceptable. They felt that ST6/7s were competent for the role, provided regular meetings, and addressed their concerns. Most participants did not require additional support or advice from their allocated consultant supervisors.

Some participants saw it as a beneficial experience for ST6/7s themselves to prepare for future consultant roles. The acceptability of ST6/7 supervision was attributed to the individual qualities of the supervisor rather than their grade.

Most FY2s expressed a willingness to choose ST6/7 supervision again, emphasising the positive personal experience and closer working relationship. Others did not have a strong preference and would be content with either an ST6/7 or a consultant supervisor. The

decision to choose an ST6/7 supervisor would depend on the individual's qualities rather than their grade.

### *Communication and Administration*

Participants expressed varied experiences regarding communication. Most participants had limited or no prior knowledge of the pilot, only learning about it during induction or initial meetings. This meant they were told their supervisor was an ST6/7 when commencing the placement.

They also noted that the postgraduate education centre did not know about the pilot resulting in some administrative challenges, such as the supervisor accessing the Horus portfolio. One of the FY2s reported they had to be the point of communication between the consultant supervisor, postgraduate education centre, and College Tutor to sort this.

### *Suggestions for the Future*

FY2s noted that some of the meetings occurred after hours, so the ST6/7s did not get dedicated time for the supervision aspect of their role. Therefore, they suggested incorporating it into their job plans as a consultant would.

Suggestions were made for improved communication before starting, providing a point of reference and the opportunity to opt in or opt out. But it was felt there would be large interest from others to take part, had it been more widely known about.

## **Organisational Narrative**

### *Length of Supervision Arrangement*

Maintaining the pairings of doctors in training for 12 months was impracticable for this pilot, as the majority of ST6/7 doctors rotate at a different time to the FY2 doctors, and we did not wish to maintain distant supervision. This limited the timing of the pilot to Rotation 2 (December – March). This meant the ST6/7s were acting as clinical supervisors for a single placement rather than educational supervisors for the year.

### *Selecting FY2s for the Pilot*

We worked with Heads of Specialty Schools and the South Thames Foundation School alongside Foundation Training Programme Directors (TPDs) to identify suitable pairings for doctors across the KSS Deanery. We identified 11 pairings.

### *ePortfolio Access*

Departments were advised that the consultant clinical supervisor should be available for advice for the ST6/7 if needed but requested to be removed from the Horus ePortfolio, and so the ST6/7 fulfilled the clinical supervisor role from the foundation doctor's perspective. This did create some difficulties with the Horus ePortfolio in some trusts, as we found that the level of communication and anxiety around this change were high and will require a different communications approach next time. Interestingly this was a differentiator across the ST6/7s involved in the project, and those that drove this stage forward themselves were

also some of our more engaged and focussed ST6/7 supervisors through the rest of the placement and evaluation.

### *Support Provided*

The ST6/7s were offered a monthly check in with the programme lead to resolve any unforeseen problems but tended to email the lead if problems arose in real time. Both sets of doctors were made aware that this was a pilot that would require evaluation and appeared keen to connect with the evaluation team at the end of the placement.

We arranged a bespoke educational supervisor (ED) course for the ST6/7s with a recognised external provider. One ST6/7 attended a standard ES course in one of our trusts as they were unable to attend the bespoke course. The programme lead communicated with DMEs, MEMs, college tutors and foundation administrators to explain the programme. This communication was extensive and in future years we intend to harness administrative support.

### *Educational Supervision Readiness*

Since the bespoke training course had the same content as a normal ES course with an additional session to discuss the pilot and the bespoke arrangements around the consultant clinical supervisor availability, the ST6/7s emerged from the pilot 'ES-ready' for their consultant roles. This therefore represents an expansion of our supervision capacity as new consultants may take 18 months to train and take up an ES role.

### Conclusion

Overall, the ST6/7/FY2 clinical supervision pilot has gone well for both FY2s as supervisees and ST6/7s as supervisors. Whilst there were some logistical issues in running the pilot, the organisers also report success from their perspective. There was an appreciation of the benefits of being supervised by someone closer to your training level and with someone you work more closely with on a day-to-day basis. This helped develop a deep understanding of the FY2s progression, abilities, and needs.

Both ST6/7s and FY2s were pleased with the support given to them by senior colleagues. Specifically, with ST6/7s, they felt the training given to them to perform the role was adequate but could have been slightly more adapted to Foundation training.

For ST6/7s, there was a clear benefit for their own training and preparation to becoming a consultant. In addition, none felt the commitment was too much that it interfered with this preparation.

For FY2s, they felt the supervisor had a better understanding of their training and pastoral needs. They felt they were more approachable, accessible, and enthusiastic. They also felt the feedback they had was more detailed and meaningful as they were working closely with their supervisor. Importantly, the ST6/7s acted as mentors for the FY2s, encouraging them to consider being a supervisor themselves in the future.

There were clearly some challenges. There were administrative and communication issues, particularly at the beginning of the pilot. is focused mostly on access to the Horus ePortfolio

for supervisors. This was acknowledged by the pilot organisers as an issue also. But many FY2s reported they were unaware they were taking part in the pilot until their placement started. There was also some confusion about how FY2s would be allocated to ST6/7s.

In addition, finding the time and space to have a supervision meeting was challenging. There were also some concerns about escalation should something need to be discussed with a more senior colleague. Most did not require this, but this was a concern amongst some FY2s.

There was a selection bias in that the ST6/7s who took part are mostly interested in teaching and mentoring, and the FY2s were selected as they were progressing well through the programme. Therefore, these findings won't necessarily be applicable to all situations but does demonstrate that non-consultant supervision is effective, feasible, and in some cases, preferred. For example, this pilot is more appropriate for senior trainees supervising junior trainees – there is unlikely to be a scenario where any other arrangement would work (such as a senior trainee supervising another senior trainee).

### **Recommendations Going Forward**

Based on the outcomes of this evaluation, the following recommendations have been formed to help others implement a similar supervision programme:

1. Engagement with the relevant stakeholders, including the Deanery and the GMC, from the outset is critical to ensure success,
2. There should be dedicated programme support to ensure there is the logistical and organisational support required to implement a programme that involves many stakeholders, a change in process (such as with ePortfolio administration), and ongoing support. This would go some way to improving the communication and administrative issues identified,
3. Ensure that all participating trainees are fully briefed *before* the pilot commences to allow them to ask questions or withdraw,
4. There should be cautious selection of trainees to be supervised and supervisors – this pilot used satisfactory progression ARCP and no other issues as indicators, but this should be considered at a local level, ensuring there is the appropriate support in place,
5. Ensure there is a clear line of escalation and that this is clear to both junior and senior trainees in the pilot. For example, this could be the consultant Educational Supervisor that would have supervised the junior trainee in “normal” circumstances. This should be explicitly stated to both supervisor and supervisee so there is a clear escalation plan as necessary,
6. Ensure the senior trainee has protected time to carry out this role, as a consultant Educational Supervisor would. This ensures parity of experience as far as possible.

## Appendix 1 – Topic Guides for FY2 and ST6/7 Data Collection

### **Questions for ST6/7 Interviews**

1. What inspired you to take part in the ST6/7 supervision pilot?
2. Did being a CS contribute to your General Professional Capabilities, particularly the teaching domain?
  - a. Any other skills you gained?
3. What have you learnt about yourself from taking part?
4. What were your experiences of the communications from the Trust and pilot organisers about the supervision pilot?
5. Were there any administrative issues with setting up the supervision project?
6. What were your concerns when you started? Did any of these issues become reality?
  - a. Did you get any support for these concerns?
7. What were the positive aspects of being a CS in ST6/7?
8. What were the negative aspects of being a CS in ST6/7?
  - a. Has it affected your ability to pursue other things?
  - b. Has it impacted your CCT date?
9. Do you feel the training provided to be a CS adequately prepared you for the role?
  - a. Would you add anything to the training day for the next cohort?
10. Did you feel adequately supported to carry out your role?
  - a. Did you attend the drop-in sessions? Were these helpful?
11. Now you have been a CS for 4 months, what would have been good to know before you started?
12. Would you have done anything differently looking back?
13. Any other comments?

Ask at the end: You were asked to make some reflections during your time as a CS. Would you be willing to share these reflections with us by email? This will help create the narrative about the pilot programme and make suggestions for the future. You may want to revisit them and adjust to make suitable for sharing, but we will ensure they are anonymised.

### **Topic Guide for FY2 Focus Group**

Explain Focus Group ground rules:

- Participation in the discussions today is voluntary
  - Taking part gives you an opportunity to feedback about the pilot, and contribute to improvements for the future
  - Any data will be anonymised prior to sharing them wider
  - What we discuss here will be confidential
  - We will respect everyone's views and each one of you will have the opportunity to share your views.
1. How did you feel at the beginning of the placement about having an ST6/7 supervisor?
  2. How did you feel at the end of the placement about having an ST6/7 supervisor?
  3. What were the positive aspects of having a CS in ST6/7?
  4. What were the negative aspects of having a CS in ST6/7?
  5. Do you feel this form of supervision is an acceptable alternative to having a consultant supervisor?
    - a. Why do you think this?
    - b. Would you choose an ST6/7 as a CS again if you had the option?

6. Did you need to get support or advice from your consultant supervisor in addition to your ST6/7 supervisor?
7. What were your experiences of the communications from the Trust and pilot organisers about the supervision pilot?
8. Were there any administrative issues with setting up the supervision project?
9. Can you describe three unexpected outcomes that you have had having taken part in the project?
10. Do you have any other comments which will help us plan ST6/7 supervision in the future?