

Roles and Responsibilities Assigned Educational Supervisor (AES)

Purpose of the AES

Educational supervision is a fundamental conduit for delivering teaching and training in the NHS and a core requirement of the ISCP. It takes advantage of the experience, knowledge and skills of expert clinicians and is vital to ensure a high quality of service and patient safety. The interaction between an experienced clinician and a trainee is pivotal in guiding and steering the trainee's learning process. The example set by the educational supervisor is the most powerful influence upon the standards of conduct and practice of a trainee.

Person specification

The AES is a locally-based clinician who is selected and appropriately trained to be responsible for the overall supervision of a trainee's educational progress during a training placement or series of placements. In order to become a named AES in the ISCP, a trainer must have demonstrated an interest and ability in teaching, assessment, feedback and educational appraisal. AESs must have undertaken training in a relevant *Training the Trainers* programme offered by an appropriate educational institution and must keep up-to-date with developments in training and with their own professional development. Equality and diversity training is essential and must be refreshed at least every three years. It would also be desirable for the AES to act as an external observer of an ARCP in a different area in order to keep up to date with the aims and objectives of the training programme and their role in it.

Structure of accountability

The ISCP requires that each trainee should have a named AES for each placement. No more than 4 trainees should be allocated to an AES at any one time, however, the number will depend on factors such as the size of the unit and the availability of support from Clinical Supervisors (CSs) or Clinical Tutors (CTs). If the same individual provides both clinical supervision and educational supervision, there should be another CS named in the ISCP who can contribute to the trainee's progress reports.

AESs must have appropriate access to teaching resources and time for training allocated to their job plan (approx. 0.25 PA per trainee, please also see page 3). They must also have access to the support and advice of their senior colleagues regarding any issues related to teaching and training.

The ISCP training governance structure of training should be clearly recognisable by the whole multi-professional team (MPT) so that people in key roles can be clearly identifiable.

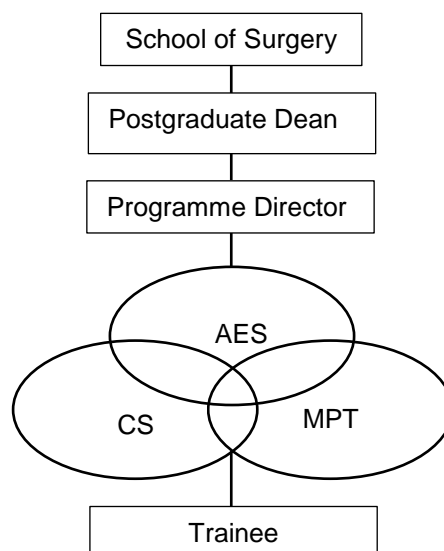


Figure: Training governance structure

Role of the AES

1. The AES should provide a thorough induction of trainees to the training unit. This should include, for example, introduction to key team members and their roles, clarity about any of the geographic areas where a trainee might need to work, a working understanding of the equipment which might be required (especially in an emergency situation), access to and requirements for the use of protocols and guidance documents, supervision and out-of-hours arrangements etc.

2. The interaction between the trainee and trainer is essential to the success of the teaching and learning programme. In developing a positive relationship it can be useful to think of it in terms of establishing a professional learning partnership.
3. The AES is responsible for appraising the training using a Learning Agreement (LA). The purpose is to support the trainee's development and to highlight any issues that need addressing in an open and supportive way. The LA forms the basis for dialogue and feedback through a series of appraisal meetings with the trainee and is central to the ARCP. It is a record of the trainee's progress against educational objectives, covering one placement and culminating in an overall AES report. It is expected that there would also be continual dialogue around these meetings.
4. The AES should check that the trainee's portfolio is building into a profile of the trainee's progress by sampling the portfolio on a regular basis e.g. once a month. There are several areas to be looked at:
 - *WBA*: should reflect the learning opportunities the trainee is expected to utilise in clinics, ward, outpatients, A&E and theatre. Providing the trainee has undertaken frequent assessments on a range of topics in multiple settings with a range of appropriate assessors, they should be able to demonstrate that they are covering curriculum competencies as illustrated in the table below. The AES does not need to check every assessment but can carry out sampling to establish the pattern of progress. It is normal for WBA to be less than satisfactory early in a training stage but it should show progress towards the end. Assessors should have provided written feedback and validated the assessments. Clinical supervisors' reports should also be taken into account.

Assessment blueprint	Knowledge	Clinical	Operative	Professional	Reflective	
Audit	*			*	*	* Covered
CBD	**			*	*	** Strongly covered
CEX	*	**		*	*	** Strongly covered
DOPS/PBA + logbook	*	*	**	*	*	** Strongly covered
MSF	*	*	*	**	**	** Strongly covered
Teaching	*			**	*	** Strongly covered
Exams	**	*	*	*	*	** Strongly covered

Reflective practice: The trainee should have completed the reflective component of WBA. Reflections on practice might also be specifically linked with CBDs.

MSF: Reflective practice is also part of the trainee's MSF self-assessment. To complete the MSF the trainee must nominate raters and ensure they are completing assessments. The MSF provides the team's ratings and comments mapped to Good Medical Practice. It is important that raters know that they should give feedback in a constructive way. Ratings are anonymised but in cases when the trainee makes a request to the ISCP under the Data Protection Act to know who has made a particular comment, the ISCP will inform the PD and AES who should arrange to notify the rater in advance. The AES is responsible for meeting with the trainee to present the MSF feedback.

- *Logbook summary*: The trainee should have undertaken an appropriate number and range of procedures at an appropriate supervision level, reflecting learning opportunities in clinics, ward, outpatients, A&E and theatre.
 - *Evidence*: The portfolio should contain detail about examinations, courses, audits, research, projects, meetings, teaching, presentations and publications, reflecting the formal educational programme. There should also be evidence of any patient feedback and critical incidents.
 - *Exams and courses*: Trainees should have passed relevant exams at specified milestones.
5. The written AES report is essential to the ARCP. It should sum up the trainee's overall performance including strengths and areas for development, taking account of the views of the core faculty group of Clinical Supervisors involved with training. The AES should also make a recommendation about progression to the next placement or training stage including whether further development or targeted training is required with as much information as possible about the nature of the training required and the amount of time needed.

Indicative (minimum) time commitment

Approximately 0.25 PA per trainee should be identified in the job plan.

It is expected that training and assessment will be shared with CSs and appropriate members of the MPT.

The table below gives an estimate of the amount of time needed by the AES when there are no concerns about the trainee's performance and is for illustrative purposes only:

Activity	Duration	No. occasions
AES Training		
Training (including Equality and Diversity)	1-2 days	Once
Refresher training (including Equality and Diversity)	½ day	Every 3 years
ISCP navigation	½ day	Once
Observing an ARCP	½ day	Every 3 years
Induction		
Attendance at induction to programme	½ day	Every year
Induction to unit (shared with others)	30 minutes	Every placement
Appraisal (per trainee)		
Discussion with CSs	15 minutes	Once a month
Portfolio review	15-20 minutes	Once a month
Preparation for LA meetings	30 minutes	Three
LA meetings	30 minutes	Three
Writing an AES Report	30 minutes	One
Feedback on assessment (per trainee) (1 of each method, excluding observation)		
CBD (could be combined with LA meeting)	30 minutes	One per placement
MSF (could be combined with LA meeting)	30 minutes	One per placement
PBA/DOPS	10-15 minutes	One per placement
CEX	10-15 minutes	One per placement
Audit (excluding the material itself)	10-15 minutes	One per placement
Teaching	10-15 minutes	One per placement

Other useful links:

[Step by Step Guide for the AES](#)

[JCST Quality Indicators](#)

[Workplace-based Assessment \(WBA\)](#)