Emergency Medicine Foundation Programme

The Supervisor Reference Guide

March 2019

International Education Sub-Committee
The Royal College of Emergency Medicine
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1. Introduction
In order to provide high quality training, it is essential that there is adequate planning, supervision, assessment and appraisal of trainees. This needs to be delivered by senior clinicians, with considerable experience in Emergency Medicine and the requisite skills in education and communication.

This guide is aimed at supervisors participating in the pilot of the Emergency Medicine Foundation Programme (EMFP). It should be read alongside other key documents that are available on the RCEM website (www.rcem.ac.uk/emfp).

1.1 Scope of programme
The EMFP is part of the continuum of medical education. It ensures that doctors working within Emergency Medicine have access to high quality education and supervision in early postgraduate years, prior to starting specialist training.

During this programme trainees will work in a supportive environment where they are appropriately managed and supervised, enabling them to learn through service delivery whilst ensuring that patients are not put at risk. This programme builds on and develops the responsibilities of professionalism, as well as ensuring key clinical and procedural competences in common emergency presentations. In addition, trainees will be encouraged to develop leadership, team working and reasoning skills and to move towards independent clinical decisions.

Each training site will have representation from supervisors in a Faculty Group within their Learning Hub, that will oversee the delivery and assurance of this programme. In addition, representation may be sought from management, human resources or administrative staff as well as trainees to also join the Faculty Group.

See Appendix 1 for an outline of the programme delivery structure and responsibilities

1.1i Eligibility for role of supervisor
Recruitment will be carried out via the participating healthcare organisations. The Job Description and Person Specification for both roles can be found in Appendix 2 & 3

Healthcare services must have a fair and transparent process for recruiting to this role(s). Registration should occur up to 6 months prior to trainees starting curriculum to allow for training and to plan incorporation of this role within job plans.

Clinicians wishing to act as ES & CS must meet the following criteria in order to be appointed to these roles:

- Have a current professional registration and licence to practice, which is not currently subject to any
- Have a minimum of 5 years’ experience in EM
- Dedicated time available within job plan for carrying out training and commitments to the role
1.2 The curriculum
The programme will not align with one educational provider in any country and will be open to all services who meet criteria. For further details on Healthcare Organisation criteria see ‘Healthcare Services Reference Guide’ ([www.rcem.ac.uk/emfp](www.rcem.ac.uk/emfp)).

The curriculum has been tailored to the trainee level and population needs within pilot countries. It is designed to deliver essential skills in common emergency presentations, focusing specifically on initial assessment, resuscitation and immediate management of common emergencies. The curriculum is aimed at trainees who have completed undergraduate training in the last few years and will develop their skills in clinical reasoning and judgment.

Some modules will be the same across all sites, irrespective of where in the world this curriculum is being delivered. However, it is recognised that there will be significant differences between populations, services and service delivery priorities, therefore each Learning Hub will choose an additional two ‘optional’ modules for inclusion within the programme. This will not be optional for trainees but will become part of the local curriculum.

The curriculum is be available to download from the website ([www.rcem.ac.uk/emfp](www.rcem.ac.uk/emfp)).

2. Professional Development Framework for supervisors
The trainee’s ability to develop appropriate professional values, knowledge, skills and behaviours is influenced by the learning environment and culture in which they are educated and trained.

The skills and behaviours of effective supervision within this document are based on Health Education England’s ‘Professional Development Framework for Educators’ and encompass seven key development areas:

- ensuring safe and effective patient care through training
- establishing and maintaining an environment for learning
- teaching and facilitating learning
- enhancing learning through assessment
- supporting and monitoring educational process
- guiding personal and professional development
- continuing professional development (CPD) as an educator

Only in this safe and supportive learning environment will the trainees be able to:

- Provide a good standard of care and experience to their patients
- Demonstrate what is expected of them
- Achieve the learning outcomes of their curriculum

3. Definitions
ES and CS role are senior clinicians, that will mentor and advise trainees and ensure that at least half of trainee’s time is supervised.

The GMC defines an ES/CS as:
“A trainer who is selected and appropriately trained to be responsible for the overall supervision and management of a specified trainee’s educational progress during a training placement or series of placements. The Educational Supervisor is responsible for the trainee’s Educational Agreement.”

3.1 Lead Educational Supervisor
There will be a lead Educational Supervisor appointed to oversee the work within the Hub. Further details on this role and the development of the Learning Hubs please see: ‘The Learning Hubs; Guidance for development’ [www.rcem.ac.uk/emfp]

Although the ES/CS roles are separated within this guidance, it may be that both these roles are delivered by a single individual.

3.2 Educational Supervisors
Educational supervision is about setting out the aims of the trainees educational and learning requirements.

Key responsibilities within this role are:

- providing formal induction and teaching programme
- support trainees in reflection on their learning and progress
- discuss and agree with trainee their educational requirements at the start of the trainee period
- agree Personal development plan
- reviewing educational progress of trainee throughout training period Provides end of training report for consideration at the EPRP
- provides input into the EPRP
- provide careers advice
- acts as an advisor for trainees experiencing difficulties
- continued personal professional development

Each trainee should meet with their ES a minimum of three times during the training period.

3.3 Clinical supervisors
Clinical Supervisors (CS) oversee a trainee’s clinical work throughout the programme. Key responsibilities within this role are:

- assessment of competency and entrustment
- recognition and management of trainees in difficulty
- establishing and maintaining an environment for learning
- supervision in the workplace and providing advice
- providing feedback and identifying areas of trainee practice requiring improvement
- continued personal professional development

This is an important role that requires good communication skills and openness to allow trainees to feel they are being examined in a non-judgmental and constructive manner and to be able to ask questions.
The CS is often one of the first to recognise signs of a trainee who requires additional support and they contribute significantly to the end of programme review documentation.

4. Aspects of the supervisor role

4.1 The supervisory relationship
Trust is a vital aspect of the relationship between supervisor and trainee, to support open sharing within non-judgmental but defined parameters. The trainee is responsible for arranging supervisory meetings, but the supervisors must be available for sufficient numbers of shifts and have the ability to take time out of service delivery to carry out this role.

4.2 Ensuring patient and trainee safety
This is primarily the role of the clinical supervisor, who ensures that the trainee has appropriate access to supervision until competent. Until deemed entrusted for independent practice, the clinical responsibility for the patient remains with the supervisor. It is essential that patients receive the same quality of care delivered by a trainee as they would by a fully competent team member.

4.3 Coaching and mentoring
Providing support is an important aspect of any supervisor role and can be provided as Advise, Coaching, and or Mentoring:
- An ‘Advisor’ offers strategies about a specific event, which the learner may or may not follow
- ‘Mentoring’ is a long-term relationship in which a senior clinician uses his/her experience to guide a trainee about an aspect of learning or career development
- A ‘Coach’ helps the trainee identify a goal and develop solutions through questions, as opposed to sharing their knowledge

4.3i Skills for coaching
Coaches need to have good verbal communication skills, the ability to listen, read body language and be able to maintain confidentiality. Key aspects of coaching include developing good interpersonal relationships, giving feedback, understanding how to manage conflict, negotiate and manage difficult people.

There are many different types of coaching. Within this programme the term coaching relates to setting and developing educational attainment and planning for future career development. This will provide trainees with opportunities to develop new skills and personal development geared to individual needs. It cannot work if there are no clearly linked goals or actions agreed during the process and if coach and coachee are not committed.

4.4 Providing feedback
Effective feedback is known to improve retention of knowledge and will influence an individual to change behaviour by raising awareness and tackling beliefs about clinical practice and the consequences of actions.
The most effective feedback is received

- From a senior colleague, as soon after an event or assessment as possible
- Provided in both verbal and written format
- Is objective and non-judgemental
- Focuses on decreasing rather than increasing behaviours
- Includes explicit instructions, with tasks or goals

Other ways of increasing the impact of feedback is to use:

- Impact statements – these can be positive and suggest future changes ‘if… then’ or negative and point out potential outcomes ‘when… then’
- ‘I feel’ statements can increase the chance of being heard and it is difficult to dispute emotions
- Listening to the response and summarising/ reflecting back the answer

4.5 The Faculty Group
Supervisors will be required to participate in Faculty Group meetings to manage the delivery of the curriculum within the service.

4.6 The End of Programme Review Panel (EPRP)
Supervisors are a vital aspect of the trainee’s EPRP. Supervisors will be required to complete an End of Programme Report on the progress of their trainees, which will form an integral part of the evidence for completion at the EPRP meeting. In addition, they may be asked to form part of the EPRP meetings to assess other trainees (whom they have not supervised).

5. Educational supervision
As an educational supervisor you must ensure that the trainee understands the following:

- the curriculum and the requirements for assessment
- understands the key areas to prioritise for personal development
- How to record evidence of their attainment
- How to access additional support if required
- Their responsibilities in arranging meetings and assessments
- How their final EPR will be managed

5.1 Agreeing the educational contract
In the first meeting with the trainee the ES should discuss the educational requirements of the programme and obtain the trainee’s commitment to this work by signing an educational contract. Further details on this can be found within the Trainee Handbook and the templates can be downloaded from the website (www.rcem.ac.uk/emfp)

5.2 Personal development plans (PDPs)
Discussing and agreeing a PDP is the primary objective of the first ES meeting. Discussion needs to incorporate key educational goals for the trainee over the year. The key learning objectives should be mapped against the curriculum and agreed between trainee and educational supervisor.
Trainees should be encouraged to actively participate in this process and allocate sufficient time prior to the first meeting to review the curriculum and prioritise key areas of learning they feel should be included. This training plan then forms the basis of review of training throughout the year.

More details on completing the PDP and the templates will be available to download from the website and will also be published in the Trainee Handbook that will be available for all trainees at the start of the programme.

5.3 Frequency of educational supervision

The frequency of educational review meetings is dependent on trainee progression and need for support. At a minimum there should be three meetings:

- At start of programme- to discuss learning requirements and agree the personal development plan (Further information, including template will be available in The Trainee Handbook)
- Midway through the programme- to review progress against PDP
- A month before the EPRP- to assess outcome of PDP and discuss the Supervisors End of Programme Report. At this time the discussion with the trainee should:
  - provide a written assessment of their own progress and achievements with reference to their personal development plan
  - describe whether their progress met their expectations
  - provide details of anything that may have adversely affected their progress

These meetings should have written summary documentation which will be submitted as part of the evidence to the EPR, having been agreed by supervisor and trainee.

5.4 Review of academic progress

This will be carried out through the following:

- Review of progress against agreed learning objectives within the PDP
- Review of progress through assessments and stored evidence on Eportfolio
- Discussion with and feedback from the CS

It is important that trainees have sufficient opportunity to arrange the minimum of three educational supervisor meetings within the programme period.

5.5 Career development support

This involves providing mentoring and advice, to support trainees to consider their strengths and weaknesses and possible career path. The supervisor should be aware of medical careers resources and opportunities, in order to signpost trainees. In addition, an understanding of current and future workforce trends in their specialty will be required.

5.6 Recording and storage of supervisory information

Records should be made from all meetings between trainees and supervisors. These will be required to support later reflection and development of the end of programme supervisor report.
Supervision is a private but not a confidential process. The meeting notes are the property of the organisation, not the individual. From time to time supervisors may need to discuss the content of supervision sessions with others, e.g. other supervisors, the EPRP, their own appraisal. This should always be with the knowledge of the supervisee.

Supervision records should be locked away and stored securely if electronically saved.

### 6. Clinical Supervision

#### 6.1 Frequency of clinical supervision

Overall responsibility for safety and quality of patient care lies with the clinical supervisor and they must ensure trainees are competent and can be entrusted to care for patients.

Frequency of clinical supervision should take into account observed skills of trainee and should be reviewed throughout the year.

Trainees are less likely to acquire the new skills they need if they feel unsupported and fear exposure to risk. When trainees are required to undertake procedures that may expose them or the patients to risk, it is essential they have adequate instruction and opportunity to observe and deliver care with direct guidance prior to assessment.

#### 6.2 Assessment of trainees

Assessment is a vital aspect of any medical curriculum and allows for a measure of milestones within clinical practice.

Trainee rota should allow them time to spread their working between resuscitation areas, majors, minors and paediatrics in order to gain sufficient experience and ability to learn the new skills required.

Assessment should be followed by constructive feedback that can support reflective learning. The assessments are designed to help trainees develop and improve their clinical and professional practice and to set targets for future achievements. In order to complete the required number of assessments to show completion of this curriculum, trainees will need to start assessments early in the year and ensure they complete approximately three a month.

#### 6.2i Workplace based assessments (WPBAs)

There are summative and formative WPBA tools specifically designed for carrying out assessments and recording comments.

The WPBA process, the minimum requirements and who to approach for them are described in the curriculum. Descriptors of ‘satisfactory’ practice will be available for each module as a guide for supervisors. Further details on assessment requirements can be found within the EMFP Curriculum and The Curriculum Assessment Guidance, which will be published on the RCEM website in April 2019 (www.rcem.ac.uk/emfp).

All those engaged in assessing learning encounters in the workplace must be trained in the assessment methodology, providing feedback and in equality and diversity awareness. They should also be competent in the procedure or activity under assessment.
6.3 Entrustment of Professional Activities

Entrustable Professional Activities (EPAs) are the units of professional practice that constitute what clinicians do as daily work. Once completed an entrustment decision conveys the ability to execute patient care in this area to a specified level of supervision.\(^1\)

Competencies are specific areas of knowledge, skill or behaviour that an individual can demonstrate. Multiple competencies will make up one EPA.\(^4\)

EPAs are increasingly being used as the basis for assessment of medical education, as they incorporate the clear content of required competencies, but are linked to actual delivery in practice. They also convey a quantifiable level of trust by a senior clinician(s) for an individual to manage an activity with an agreed level of autonomy. EPAs incorporate a number of different competences – knowledge, applicable skills (clinical and procedural) and behaviours.\(^2,3\)

The assessment of achievement of EPAs is not time based and different trainees may progress through EPA scales to unsupervised practice at different rates. It is not anticipated that any trainee would be able to show full compliance at start of training year.

6.3i Proposed scale for assessment.\(^2,3\)

Within the curriculum each module has a designated EPA level to be achieved by the end of the programme. At the start of the year, we would suggest that key EPAs are assessed, and a supervision level assigned. This would need to occur in first few weeks and would then be used to guide educational and overall supervisory requirements for individual trainees.

The EPA levels are described below:

1. Not allowed to practice EPA - clinician is an observer only
2. Direct active – full supervision by senior clinician, with prompting/ verbal and actual guidance and help throughout
3. Indirect active- partial supervision by senior clinician, no prompting or help provided, direct line of vision or supervisor immediately available
4. Passive- full entrustment to carry out competence, no senior support provided

The list of competences that must be assessed as fully achieved to allow unsupervised practice will be listed. Assessment may be required several times, for key aspects of competences as it is anticipated that at start of programme that trainees may be at level 1 or 2.

There is no order to which EPA should be completed first or the order in which they be completed, but those that require summative assessments (resuscitation and trauma) should be done towards the end of the programme.
7. Trainee education

7.1 Induction of trainees
All trainees will be required to attend an induction to the programme and their department. Details of topics that need to be covered within the induction are available in Appendix 4 of 'The Healthcare Organisation Reference Guide' available to download from the website (www.rcem.ac.uk/emfp).

Local educational induction: Will be carried out with trainee, meeting face to face with educational/ clinical supervisor

7.2 Formal teaching programme
Each Learning Hub will be responsible for setting a formal programme of teaching and trainees must attend these sessions. Evidence of attendance will form part of their EPRP review.

Formal teaching should be delivered to trainees for a minimum of 3 hours per week and should cover core professional and clinical topics within the curriculum. The actual content and format of formal teaching sessions is the responsibility of each Learning Hub but the schedule (including topic and location of teaching) should be made available to trainees at the start of their placement.

8. Identification and support of the trainee in difficulty
A small number of trainees will experience problems that impact their work within the ED at some time. Issues may arise due to personal, health or professional issues and many doctors can find it difficult to acknowledge difficulties and seek support.

The key principles of supporting trainees that are experiencing difficulties whether professional or personal are:

- Ensure patient safety as a priority
- Poor behaviour, poor performance or failure to progress is a SYMPTOM not a diagnosis
- Early identification and support can are effective in most cases
- Supervisors must be able to act on concerns, including delaying certification of competence if required

More detailed guidance on identification and management of trainees experiencing issues that are impacting their work and the responsibilities of supervisors is available in ‘Guidance on supporting the trainee in difficulty’ available to download via the RCEM website [www.rcem.ac.uk/emfp]

9. End of Programme Review Panel (EPRP)

9.1 Educational and Clinical Supervisor End of Programme Report
This report summarises the collated views of the ES and CS on the trainee’s progress and whether they feel the trainee’s progression is sufficient to recommend an official certification of completion from the EMFP curriculum. The ES and/ or CS will gather feedback from other staff and will discuss together the overall performance of the trainee. This is then stored on the Eportfolio and forms a core element of the discussion
at the EPRP meeting. Within the report the strengths of the trainee are summarised as well as areas to develop.

- **reflect the personal development plan** developed between the trainee and their Educational Supervisor
- **be supported by evidence** from the WPBAs
- take into account any **modifications to the PDP** or remedial action taken during the training period for whatever reason
- **provide a summary comment** regarding overall progress during the period of training under review, including where possible an indication of the recommended outcome supported by the views of the training faculty.

This report does not replace the overall EPRP but is a final statement from the supervisors who have worked with the trainee.

The training of supervisors highlights the importance of communicating concerns to trainees, and it is expected that any decision not to progress would not be a surprise at the end of the training block.

See Appendix 6 for template report and details on timeline for completion

**9.2 Reviewing evidence of attainment**

It is each trainee’s responsibility to submit the required evidence by a set date before the panel convenes. This must include:

- Signed educational contract
- The personal development plan and evidence of meetings and progress against plan
- Evidence of attendance at teaching
- The End of Programme Supervisors Report
- Evidence of the competencies covered by WPBAs detailed in the Curriculum
- In addition, the following can also be included as evidence:
  - A valid ALS or ATLS Certificate (non-mandatory)
  - Evidence of additional training certificates e.g. eLearning courses

The panel reviews the evidence provided and awards an EPRP outcome, which is then communicated to the trainee. **Only the pre-agreed documentary evidence can be considered** so it is vital that the ES and CS provide a full and detailed end of programme report including details of any concerns raised by trainers, incidents etc.

**9.3 EPRP meeting**

The End of Programme Review Panel (EPRP) is a formal meeting, that will be held at Learning Hub with representation from Lead Educational Supervisor, an ES and CS (who have not been involved in your supervision) and an external appraiser from RCEM UK.
The purpose of this meeting is to discuss the trainee’s progress, review all the evidence from Eportfolio and document the judgement about whether a trainee has met the requirements and provided documentary support for the satisfactory completion of the programme. At the end of this meeting a decision to award a certificate of completion of the programme will (or will not be awarded) dependant on quality of evidence against agreed standards.

If the EPRP decides the trainee has not satisfied the evidentiary requirements for completion, they will document recommendations about further training and support where the requirements have not been met.

The minimum standards required for completion of programme are:

<table>
<thead>
<tr>
<th>Standard</th>
<th>Detail</th>
</tr>
</thead>
<tbody>
<tr>
<td>Licence to practise</td>
<td>Evidence of current medical registration to practice</td>
</tr>
<tr>
<td>Completion of 12 months training (taking account of allowable absence)</td>
<td>The maximum permitted absence from training, other than annual leave, is 20 days (when the doctor would normally be at work) within each 12-month period of the programme. Where a doctor’s absence goes above 20 days, this will trigger a review of whether they need to have an extra period of training and or additional support</td>
</tr>
<tr>
<td>Satisfactory Supervisor’s end of year report (ES &amp; CS)</td>
<td>This is a mandatory requirement and reports must be completed before the EPRP and signed by trainee and supervisors. See Appendix 6 for further details</td>
</tr>
<tr>
<td>Evidence of signed educational contract</td>
<td>To be signed at start of programme</td>
</tr>
<tr>
<td>Evidence of agreed Personal Development Plan and review of objectives</td>
<td>PDP plus updates on progress from ES meetings and any relevant training</td>
</tr>
<tr>
<td>Satisfactory completion of the required number of assessments, including supervised learning events</td>
<td>Via Eportfolio</td>
</tr>
<tr>
<td>A valid Advanced Life Support Certificate</td>
<td>This is optional but is encouraged</td>
</tr>
<tr>
<td>Evidence of additional training where required, such as online courses</td>
<td>This is optional but is encouraged</td>
</tr>
</tbody>
</table>
An acceptable attendance record at induction and formal teaching sessions

Attendance at least 80% of formal training sessions and induction.

9.4 Notification of EPRP Outcome

Once the EPRP has met and decided on each trainee’s progress, the trainee will be sent the results within 7 working days. They should then review and sign this and return.

The possible outcomes of the EPRP are listed below:

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Satisfactory completion</td>
<td></td>
</tr>
<tr>
<td>2a</td>
<td>Inadequate progress – additional training time required</td>
<td>If additional remedial training is required, the panel should indicate the intended outcome and proposed timescale (maximum 3 months) and date for further ERP meeting. Any additional/extended training should be agreed with the trainee as well as the employer and supervisors.</td>
</tr>
<tr>
<td>2b</td>
<td>Inadequate progress- Incomplete evidence presented</td>
<td>The failure to produce timely, adequate evidence for the panel will result in an Incomplete Evidence Presented outcome and will require the foundation doctor to explain to the panel, in writing, the reasons for the deficiencies in the documentation. The trainee will also be required to provide the relevant evidence within a specified time (within 3 months).</td>
</tr>
<tr>
<td>3</td>
<td>Released from training programme - unlikely to be mitigated by extension of training programme</td>
<td>Where such an outcome is anticipated, the trainee should be invited to attend the panel. If this was not anticipated, they should be invited to a separate meeting, which may include other members of the panel.</td>
</tr>
<tr>
<td>x</td>
<td>Failure to complete programme/ time out of programme</td>
<td></td>
</tr>
</tbody>
</table>

9.5 Appeals of EPRP decision

Trainees may appeal against the outcome of the EPRP meeting and should lodge their appeal in writing within 10 working days of receiving the written decision.
Trainees can only appeal against a decision to withhold certificate of completion if they can demonstrate that evidence confirming that they met all of the requirements for satisfactory completion was available to the EPRP, by the specified date, and was not considered appropriately.

The appeal panel should include the Lead Educational Supervisor, an ES/CS who has not been involved in supervising the trainee, a member of HR (from the training site) and a trainee from a different location. These members (other than Lead ES) should be different from those that formed original EPRP.

Trainees also have a right to be represented at the appeal and to submit written evidence beforehand. They may choose to be represented, by a colleague, representative of their professional body or a lawyer. Legal representatives should be reminded that appeals are not courts of law and the panel governs its own procedure.

All documentation relevant to the appeal should be shared with trainee and panel members prior to meeting. Whilst the appeals panel may conduct additional, they can only make a decision based on the evidence available at the appeal. There should be no cross-examination of parties external to the appeal panel.

The appeal panel can overturn or modify the decision made by the EPRP panel and their decision is final. The trainee should be notified (in writing) of the panel’s decision within five working days.

The trainee can withdraw an appeal at any stage of the process, but this must be done in writing.

10. Training the trainers

The aim of the ‘Train the Trainer’ programme is to ensure that educational and clinical supervisors have the required skills and support to deliver training and supervision within the one-year training programme.

Key skills that clinicians will develop through this programme:

- Structuring personal development plans
- Coaching and mentoring skills
- Understanding of the cycle of learning
- Best practice in teaching and assessing trainees
- Understanding of and ability to carry out reflective practice and support this in others
- Personal development and appraisal within the role

Training will be delivered through a mix of workshops, online training and local networking.

10.1 Face to face workshops

Each Learning Hub will have two one-day workshops for supervisors, split over several months, at the start of the pilot process. All key subject matter will be covered within these workshops an attendance is compulsory. See Appendix 4 for the Train the trainer programme outline.
10.2 Webinars
Ongoing support and more in-depth discussions will be supported by monthly webinars on key topics. These will allow supervisors to review information provided in workshops and to discuss issues with each other and ask questions of the experts. The list of proposed dates and topics will be posted on the website nearer the time.

10.3 Additional training resources
Additional support will be available by the website including access to:

- Online training in RCEM Learning
- Signposting to additional eLearning resources
- Key international guidance and standards on clinical practice
- Best practice guidance on education and supervision
11. Appraisal within this role

Supervisors must agree to structured review of their personal development, reflection on supervisory skills and continued professional development within the role. As part of this process there will be an annual appraisal meeting.

Appraisal will take place towards the end of the programme year and will be supported by the Lead Educational Supervisor and RCEM UK. These meetings may take place via teleconference or video link. The scope of appraisal will focus solely on their own development as supervisors, rather than their own clinical practice.

11.1 Standards Framework

Appraisal of the role will be based around the seven areas of quality outlined in Health education England’s Quality Framework for Educators.

Listed below are the key areas, alongside expected standards and the evidence that could be used to support appraisal discussions.

<table>
<thead>
<tr>
<th>1. Ensure safe and effective patient care through training</th>
<th>Educational Supervisor</th>
<th>Clinical Supervisor</th>
</tr>
</thead>
<tbody>
<tr>
<td>Standard</td>
<td>Evidence</td>
<td></td>
</tr>
<tr>
<td>• Has regular meetings with the trainee to determine learning requirements and review progress</td>
<td>• Evidence of educational supervision meetings</td>
<td>• There are structured handovers, overseen by senior clinicians within the department</td>
</tr>
<tr>
<td>• Evidence of PDP and progress with objectives</td>
<td>• Evidence of educational supervision meetings</td>
<td>• There is a process for recording and considering incidents or serious adverse events, including near misses, related to trainees and their practice</td>
</tr>
<tr>
<td></td>
<td>• Evidence of educational supervision meetings</td>
<td>• Local process and or policy on handovers</td>
</tr>
<tr>
<td></td>
<td>• Evidence of educational supervision meetings</td>
<td>• Processes to report and review incidents and near misses</td>
</tr>
<tr>
<td></td>
<td>• Evidence of educational supervision meetings</td>
<td>• Details of measures put in place to ensure supervision appropriate to learners’ competence and confidence</td>
</tr>
<tr>
<td>Educational Supervisor</td>
<td>Standard</td>
<td>Evidence</td>
</tr>
<tr>
<td>------------------------</td>
<td>----------</td>
<td>----------</td>
</tr>
</tbody>
</table>
| 2. Establish and maintain an environment for learning | • As part of the Faculty Group helps develop training timetable for trainees  
• Agrees with the trainee the development requirements during the year | • Teaching timetable  
• Feedback from others in Faculty Group via 360 feedback form  
• Evidence of PDPs developed within first few weeks with trainees | • Ensures trainees have required supervision at all times  
• Participates in Faculty Group that oversees delivery of curriculum | • Rotas and local policy on supervision  
• Progression of trainee(s) in Entrustable activities  
• Teaching timetable |
| 3. Teach and facilitate learning | • Supports delivery of Induction and formal teaching programme | • Details of teaching programmes, including induction  
• Feedback on teaching sessions | As for ES |
| 4. Enhance learning through assessment | n/a | n/a | • Ensures trainees are given appropriate assessment and provided with timely and effective feedback | • Trainees have requisite assessments, appropriate feedback on forms  
• Trainee feedback via 360 feedback form |
| 5. Support and monitor educational progress | • Trainees have learning objectives that are reviewed through year  
• Feedback from trainees via 360 form | • Details of PDPs and progress review via ES meetings  
• Feedback from trainees via 360 form | • Details of measures put in place to ensure supervision appropriate to trainee’s competence and confidence | • Evidence of progression of Entrustable skills in trainee assessments |
<table>
<thead>
<tr>
<th>6. Guide personal and professional development</th>
<th>Educational Supervisor</th>
<th>Clinical Supervisor</th>
</tr>
</thead>
<tbody>
<tr>
<td>Standard</td>
<td>Evidence</td>
<td>Standard</td>
</tr>
<tr>
<td>Provides suitable opportunities and advice on training and development opportunities</td>
<td>Teaching programme • Access to study leave for Life Support courses • Evidence of ES meetings</td>
<td>Allows learners, when suitably competent, to take responsibility for care, appropriate to the needs of the patient, • Evidence of progression of Entrustable skills in trainee assessments</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>7. Continued professional development as an educator</th>
<th>Educational Supervisor</th>
<th>Clinical Supervisor</th>
</tr>
</thead>
<tbody>
<tr>
<td>Standard</td>
<td>Evidence</td>
<td>Standard</td>
</tr>
<tr>
<td>Ensures they obtain required skills to fulfil their role</td>
<td>Attendance at workshops • Attendance at webinars • Courses attended or programmes undertaken including, face-to-face and online learning</td>
<td>As for ES • As for ES</td>
</tr>
</tbody>
</table>

### 11.2 Producing your supporting evidence
Prior to the appraisal discussion the supervisor will be required to collate supportive evidence that they are meeting required standards. Quality rather than quantity is important and ensuring there is evidence across the full scope of their supervisor role. Further it is key that written reflection is delivered on learning and feedback is obtained from others involved in the supervisor relationship including your students, colleagues and peers. Evidence can also be provided of related CPD educational activities, including online learning.

### 11.2i Obtaining feedback
Each Supervisor will be required to send out a 360-feedback form to the trainees and other colleagues they have interacted with over the last year. The feedback provided will be anonymised but will provide useful information that should be reviewed within written reflection. The survey form will be available on the website nearer the time.

The appraisal template can be viewed in Appendix 7
## Glossary

<table>
<thead>
<tr>
<th>Abbreviation</th>
<th>Full Form</th>
</tr>
</thead>
<tbody>
<tr>
<td>AA</td>
<td>Audit assessment</td>
</tr>
<tr>
<td>ACAT</td>
<td>Acute Care Assessment Tool</td>
</tr>
<tr>
<td>CbD</td>
<td>Case based discussion</td>
</tr>
<tr>
<td>CS</td>
<td>Clinical Supervisor</td>
</tr>
<tr>
<td>CYP</td>
<td>Children and young people</td>
</tr>
<tr>
<td>DO</td>
<td>Direct Observation</td>
</tr>
<tr>
<td>ED</td>
<td>Emergency Department</td>
</tr>
<tr>
<td>eLC</td>
<td>E Learning course</td>
</tr>
<tr>
<td>EM</td>
<td>Emergency Medicine</td>
</tr>
<tr>
<td>EMFP</td>
<td>Emergency Medicine Foundation Programme</td>
</tr>
<tr>
<td>EPA</td>
<td>Entrustment of Professional Activities</td>
</tr>
<tr>
<td>EPRP</td>
<td>End of Programme Review Panel</td>
</tr>
<tr>
<td>ES</td>
<td>Educational Supervisor</td>
</tr>
<tr>
<td>LS</td>
<td>Life support course</td>
</tr>
<tr>
<td>Mi</td>
<td>Mini-CEX</td>
</tr>
<tr>
<td>MSF</td>
<td>Multi-source feedback</td>
</tr>
<tr>
<td>PS</td>
<td>Patient survey</td>
</tr>
<tr>
<td>RCEM</td>
<td>Royal College of Emergency Medicine</td>
</tr>
<tr>
<td>S</td>
<td>Simulation</td>
</tr>
</tbody>
</table>
References


2. Professional Standards for Medical, Dental and Veterinary Educators. 2014. Academy of Medical Educators


4. Clinical and Educational Supervisors: minimal training specification. NHS London


Appendix 1: Programme delivery structure and responsibilities

RCEM- UK- via International Education Sub-Committee
- Develops curriculum and guidance, resources e.g. Eportfolio
- Supports set up of Learning Hubs and recruitment of Lead Educational Supervisors
- Trains the Trainers
- Appraisal of lead Supervisors and some of other Supervisors if required
- Evaluates overall process of pilot and makes improvements as required

Learning Hubs (Virtual Networks)
- Made up of several hospitals' sites within one organisation or several organisations within a geographical area
- Overseen by Lead Educational Supervisor
- Curriculum delivery and assessment overseen by Faculty Committee, with rep from supervisors, trainees and management
- Delivery of Induction for trainees and Supervisors
- Delivery of educational programme for trainees
- Delivery of Educational programme for Supervisors
- Quality assurance commitments to programme delivery in organisations

Organisation (Hospital Provider(s))
- Recruitment of trainees
- Recruitment of Supervisors
- Financial support for work within Hubs
- Cultural and organisational commitment to work

Hospital Site(s)
- Day to day delivery of curriculum
- Educational and Clinical Supervision and assessment

Educational and Clinical Supervisors
Trainees
Appendix 2: Educational Supervisor Role description & Person specification

Role Description

Reports to: 
- Lead Educational Supervisor
- Learning hub
- Healthcare Organisation

Key working relationships: 
- Lead Educational Supervisor
- Learning Hub-Faculty Group
- Trainees
- Clinical Supervisor

Background to project:

In order to provide high quality training, it is essential that there is adequate planning, supervision, assessment and appraisal of trainees. This should be delivered by senior clinicians, with considerable experience in emergency medicine and requisite skills in education and communication.

This document outlines key requirements for the appointment an Educational supervisor. Please note, this job description is listed separately from that of Clinical supervisor, but both roles may, at times, be carried out by a single individual.

Job purpose

A trainer who is selected and appropriately trained to be responsible for the overall supervision and management of a specified trainee’s educational progress during a clinical training placement or series of placements.

Key responsibilities

The Educational Supervisor is responsible for the Educational Agreement with the trainee and should have the knowledge of management and governance structures in medical education and training and awareness of recent changes in the delivery of medical education and training nationally and locally.

- Enables trainees to learn by taking responsibility for patient management within the context of clinical governance and patient safety
- Ensures that clinical care is valued for its learning opportunities; learning and teaching must be integrated into service provision
• Is responsible for the educational progress of a trainee over an agreed period of training set against knowledge of a mandated curriculum
• Meets with trainees at agreed specified times in accordance with the requirements of the college curricula.
• Liaises with clinical supervisors to gain an overview of trainee progression
• Attends Faculty Group meetings as required and disseminates relevant information to clinical supervisors and trainees as appropriate
• Ensures appropriate training opportunities in order for trainees to gain the required competencies
• Acts as first port of call for trainees who have concerns and/or issues about their training and manages this in accordance with the RCEM guidelines
• Participates in any visiting processes as required

**Person Specification**

<table>
<thead>
<tr>
<th>Attributes</th>
<th>Essential</th>
<th>Desirable</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>QUALIFICATIONS</strong></td>
<td>A minimum of five years of experience after qualifying in a nationally or internationally recognised Emergency Medicine programme (E.g. MRCEM, FRCEM, MD Emergency Medicine, Dip NB, FCPS, EBEM, etc.)</td>
<td>Postgraduate qualification in education</td>
</tr>
<tr>
<td><strong>KNOWLEDGE AND SKILLS</strong></td>
<td>Knowledge of management and governance structures in medical education and training and awareness of recent changes in the delivery of medical education and training nationally and locally.</td>
<td>Evidence of supporting Trainees and trainers. Evidence of delivering well evaluated teaching sessions/tutorials</td>
</tr>
<tr>
<td></td>
<td>Enthusiasm for delivering training</td>
<td>Understanding of uses of IT in education.</td>
</tr>
<tr>
<td></td>
<td>Evidence of or willingness to develop skills in</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Train the trainer</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Appraisal and feedback</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Equality and diversity</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Effective communications skills, motivating and developing others, approachability, good interpersonal skills.</td>
<td>Evidence of personal development in medical education</td>
</tr>
<tr>
<td><strong>PERSONAL QUALITIES</strong></td>
<td>• Enthusiasm for training and developing doctors</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Commitment to CPD</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Good Communication Skills, approachability and interpersonal skills</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Understanding of equal opportunities</td>
<td></td>
</tr>
</tbody>
</table>
Appendix 3: Clinical Supervisor Role description & Person specification

Role Description

Reports to:
- Lead Educational Supervisor
- Learning hub
- Healthcare Organisation

Key working relationships:
- Lead Educational Supervisor
- Learning Hub-Faculty Group
- Trainees
- Educational Supervisor

Background to project:

In order to provide high quality training, it is essential that there is adequate planning, supervision, assessment and appraisal of trainees. This should be delivered by senior clinicians, with considerable experience in emergency medicine and requisite skills in education and communication.

This document outlines key requirements for the appointment a Clinical Supervisor. Please note, this job description is listed separately from that of Educational supervisor, but both roles may, at times, be carried out by a single individual.

Job purpose

A trainer who is selected and appropriately trained to be responsible for the overall supervision clinical supervision by an experienced and competent clinician who can advise or attend if needed. The level of supervision must match the learner’s competence, confidence and experience with at least half of the trainee’s clinical time directly supervised.

Key responsibilities

Oversees the education of a trainee in a placement.

The level of responsibility of any trainee on the programme, including performing procedures, must be appropriate for their stage of training and competency. The responsibility is established and determined by both their Clinical Supervisor (CS) and Educational Supervisor (ES) and recorded at the start of each new post.

Be approachable so the trainee can report any issues and concerns regarding their training
• Provides constructive feedback during trainee placement
• Contribute to End of Programme Report
• Available to carry out workplace-based assessments
• Feeds back to ES on progress or any concerns regarding trainee progress Ensures adequate communication of the trainee’s educational needs to their next clinical supervisor
• Familiar with curriculum and training structure

Person Specification

<table>
<thead>
<tr>
<th>Attributes</th>
<th>Essential Requirements</th>
<th>Desirable Requirements</th>
</tr>
</thead>
<tbody>
<tr>
<td>QUALIFICATIONS</td>
<td>Practicing consultant with a recognised postgraduate qualification in his/her specialty</td>
<td>MRCEM or equivalent</td>
</tr>
<tr>
<td></td>
<td>3 years of experience as a consultant in the specialty</td>
<td></td>
</tr>
<tr>
<td>KNOWLEDGE AND SKILLS</td>
<td>Sound knowledge and commitment to patient safety issues and clinical governance</td>
<td>Leadership skills / potential</td>
</tr>
<tr>
<td></td>
<td>Enthusiasm and commitment for supervising doctors in training</td>
<td>Inter-professional skills</td>
</tr>
<tr>
<td></td>
<td>Commitment to principles of professionalism contained in GMC Good Medical Practice</td>
<td>Evidence of supporting trainees and trainers</td>
</tr>
<tr>
<td></td>
<td>Good understanding of Equality and Diversity issues in the workplace</td>
<td>Good organisational skills</td>
</tr>
<tr>
<td></td>
<td>Strong commitment to EM training programmes</td>
<td>Ability and willingness to resolve difficult / sensitive issues</td>
</tr>
<tr>
<td></td>
<td>Has been trained in assessment tools</td>
<td>Able to be supportive and friendly whilst remaining objective</td>
</tr>
</tbody>
</table>


<table>
<thead>
<tr>
<th>Has a clear understanding of the College curriculum</th>
<th>Evidence of personal development in medical education</th>
</tr>
</thead>
<tbody>
<tr>
<td>Excellent interpersonal skills</td>
<td>Evidence of working with other specialties/professions</td>
</tr>
<tr>
<td>Ability to give (and receive) constructive feedback</td>
<td>Evidence of audit/research in medical education.</td>
</tr>
<tr>
<td>Effective leadership and communications skills, motivating and developing others, approachability, good interpersonal skills.</td>
<td></td>
</tr>
<tr>
<td>Coaching / mentoring skills</td>
<td></td>
</tr>
</tbody>
</table>
## Appendix 4: Train the trainer workshops programme

| The curriculum | To ensure supervisors are familiar with curriculum and its assessment and to be able to guide trainees in meeting curriculum requirements |
| Your role as a supervisor | Provide basic understanding of theory of best practice in educational and clinical supervision and assessment and some skills to support supervision within EMFP pilot |
| Developing personal development plans and objectives | To understand requirements for planning of educational development and attainment early in training programme and their role in Trainee directed learning and reflection |
| Utilising the Eportfolio | To be able to utilise the Eportfolio to review trainee assessments |
| Giving effective feedback | To provide some key tips in how to provide feedback, especially to trainees, most effectively. Included is also how to receive feedback from others and the link between feedback, how it is given and its effectiveness in promoting changes in behaviour |
| Theory of effective adult learning | Provide theoretical basis for supporting effective learning and development of new skills in trainees. Test some new approaches to teaching that could then be utilised in practice |
| Theory of entrustment and its assessment | To understand the concepts in assessment of entrustment in clinical practice incorporating clear competencies within actual delivery in practice |
| Techniques for effective teaching | To provide theory and best practice in postgraduate medical training |
| Coaching | To provide brief outline of key skills and attributes of coaching within the EMFP. To understand the key skills required and the different models or approaches that could be taken to provide coaching support to trainees |
| Mentoring | To understand the role of mentoring in supervision |
| Work placed based assessment | Understand the different WPBA tools and their use within curriculum |
| Supporting reflection | Provide skills to support trainees in reflection of practice as part of supervision |
| Supporting the trainee in difficulty | To be able to identify and manage a trainee experiencing difficulties whilst in service |
| The End of Programme Review | The role of ES/CS in the EPR |
| Supervisor appraisal | To prepare clinicians for requirements for personal appraisal of their work as supervisors |
Appendix 5: Supervisor timeline

<table>
<thead>
<tr>
<th>Month</th>
<th>Event Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>June</td>
<td>First ‘Train the trainer workshop’ and site visit</td>
</tr>
<tr>
<td>August</td>
<td>Departmental/clinical Induction for trainees</td>
</tr>
<tr>
<td>1st 2 weeks</td>
<td>Initial meeting with Educational Supervisor (trainee to arrange).</td>
</tr>
<tr>
<td>1st 4 weeks</td>
<td>Initial assessment by Clinical Supervisor</td>
</tr>
<tr>
<td>Every 4 weeks</td>
<td>Workplace-based assessments by clinical supervisor</td>
</tr>
<tr>
<td>Every 4 weeks</td>
<td>Formal teaching programme</td>
</tr>
<tr>
<td>Sept/Oct</td>
<td>Second ‘Train the trainer’ workshop</td>
</tr>
<tr>
<td>Nov-Jan</td>
<td>Midpoint meeting with Educational Supervisor (trainee to arrange); WBA review/planning.</td>
</tr>
<tr>
<td>March-April</td>
<td>Trainee sends out MSF, plus patient survey if not yet complete (via e-Portfolio)</td>
</tr>
<tr>
<td>April-May</td>
<td>Supervisor 360 Appraisal form sent out</td>
</tr>
<tr>
<td>May</td>
<td>Trainees ensure they have completed majority of assessments and stored evidence and reflection in Eportfolio</td>
</tr>
<tr>
<td>End of May</td>
<td>Clinical Supervisors complete section B of Supervisor End of Programme Report and sends to ES and Trainee</td>
</tr>
<tr>
<td>Early June</td>
<td>End of placement meeting with Educational Supervisor to discuss Supervisor End of Programme Report, any gaps in evidence and likely EPRP outcome.</td>
</tr>
<tr>
<td>Late June</td>
<td>Supervisor End of Programme Report signed and submitted to EPRP along with Trainee Handbook, by trainee prior to EPRP</td>
</tr>
<tr>
<td>Late June</td>
<td>Supervisor completes appraisal documentation and sends out to appraisers</td>
</tr>
<tr>
<td>July</td>
<td>EPRP panel meetings</td>
</tr>
<tr>
<td>July</td>
<td>Supervisor appraisal meeting</td>
</tr>
</tbody>
</table>
Appendix 6: Educational and Clinical Supervisor End of Programme Report

<table>
<thead>
<tr>
<th>Name of trainee</th>
<th>Hospital</th>
<th>Educational supervisor</th>
<th>Clinical supervisor</th>
</tr>
</thead>
</table>

This report should be completed by both the Clinical and Educational Supervisors with discussion with the trainee.

The Clinical Supervisor must complete their section first and return to the Educational Supervisor and Trainee prior to the final meeting between ES and trainee. If additional clinical assessment is required after this point, the CS may add additional comments at the end of the report, before signing again.

The Educational Supervisor must review the CS comments, the Eportfolio evidence and evidence from meetings, prior to the final meeting and completion of this form. Ideally the trainee would be sent a provisional report prior to final meeting with ES, to allow them time to consider points of discussion.

After the final ES meeting, the report must be completed by ES and sent to trainee.

The trainee must then sign and return completed form with their comments and submit as part of EPRP evidence.

Proposed timeline for report development

<table>
<thead>
<tr>
<th>Trainee</th>
<th>Reviews Eportfolio evidence and ensure majority of assessments recorded</th>
<th>End of May</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clinical Supervisor</td>
<td>Completes Section B and sends to ES and trainee</td>
<td>End May</td>
</tr>
<tr>
<td>Educational Supervisor</td>
<td>Review of evidence and CS report, drafting of ES report and send to trainee</td>
<td>Early June</td>
</tr>
<tr>
<td>End of placement meeting</td>
<td>ES and trainee review form and agree report</td>
<td>Mid-June</td>
</tr>
<tr>
<td>Educational Supervisor</td>
<td>Completes form, checks if CS needs to add additional details</td>
<td>Late-June</td>
</tr>
<tr>
<td>ES, CS, Trainee</td>
<td>Form signed, trainee submits form to EPRP</td>
<td>End June</td>
</tr>
</tbody>
</table>
A. Educational supervision (this section to be completed by ES)

Evidence considered when compiling this report:

<table>
<thead>
<tr>
<th></th>
<th>Yes/No</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Engagement with process</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Attendance at meetings</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Eportfolio evidence</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Completion of PDP actions</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other (please specify)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Review of meetings through the year

Has the trainee arranged and attended at least three meetings with you (as ES) over the programme?

Please comment below on these meetings, including the trainee’s preparation, engagement, reflection and evidence of learning through the year

Personal Development Plan development and review

Has the trainee set appropriate objectives in their personal development plan and provided evidence that they have met these objectives satisfactorily?
Please comment below:

Curriculum Competencies

Has the trainee provided evidence to demonstrate suitable progress against the curriculum requirements for their stage of training?

Comment on the curriculum progress, particularly if answering No:

Multi-Source Feedback

Has the trainee obtained MSF from 12 or more individuals (including patients via the Patient Survey)?
Comment on the MSF:

Reflection

Has the trainee provided at least 5 written reflections, on incidents or events, in response to feedback or assessment? 

Yes  No

Please comment on the written reflections:

Educational Events

Has the trainee provided evidence of attendance at the required number of organised educational events (including any distance learning etc.)? 

Yes  No
Comments on the evidence of attendance at educational events:

Overall assessment of education and learning
B. Clinical supervision (this section to be completed by CS)

Evidence considered when compiling this report:

<table>
<thead>
<tr>
<th></th>
<th>Yes/No</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Direct observation in the work place</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Attendance records</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Eportfolio evidence</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Comments from other staff</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Comments from patients</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other (please specify)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Trainee knowledge

<table>
<thead>
<tr>
<th></th>
<th>Yes, always, I have no concerns</th>
<th>Yes usually, but I have occasional concerns</th>
<th>Not usually, I have major concerns</th>
</tr>
</thead>
<tbody>
<tr>
<td>Has the trainee utilised adequate opportunities to increase their knowledge and skills throughout this year?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>If areas of learning have been identified, has the trainee showed evidence they have obtained the additional knowledge?</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Trainee skills

<table>
<thead>
<tr>
<th></th>
<th>Yes, always, I have no concerns</th>
<th>Yes usually, but I have occasional concerns</th>
<th>Not usually, I have major concerns</th>
</tr>
</thead>
<tbody>
<tr>
<td>Has the trainee seen and managed appropriate numbers of patients during the year?</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Has the trainee developed the required assessment and management skills during this period? 
Has the trainee achieved the competencies at the appropriate rate during the year?

<table>
<thead>
<tr>
<th>Trainee behaviour</th>
<th>Yes, always, I have no concerns</th>
<th>Yes usually, but I have occasional concerns</th>
<th>Not usually, I have major concerns</th>
</tr>
</thead>
<tbody>
<tr>
<td>Acts in a professional and courteous manner to patients and staff</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Places the patient first in all their decisions</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Develops a good rapport with patients and families and communicates effectively</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Seeks to involve patients and families in decisions and choices of care</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Behaves in accordance with ethical and legal requirements</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Acts honestly and ethically in all dealings with patients and staff</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Please add any comments on the Trainee’s knowledge, skills and behaviour below. Please pay particular attention to communication skills, any incidents or complaints that have occurred and how the trainee has performed as part of the wider team

Trainee’s Comments on This Report

Signatures

Educational Supervisor

Name Date

Signature
Appendix 7: Supervisor appraisal template

Personal details
Surname:
First names:
Title:
Registration number:

Overall
Over the past year as an educational / clinical (delete as appropriate) supervisor what has gone well?


Over the past year as an educational / clinical (delete as appropriate) supervisor what has been difficult?


Reflection on role over last year

1. Ensure safe and effective patient care through training
   - There are structured handovers, overseen by senior clinicians
   - There is a process for recording and considering incidents or serious adverse events, including near misses, related to trainees and their practice

   Document your evidence of training and attainment below

<table>
<thead>
<tr>
<th>Comments and actions agreed (to be completed at the appraisal discussion):</th>
</tr>
</thead>
<tbody>
<tr>
<td>Comments:</td>
</tr>
</tbody>
</table>

2. Establish and maintain an environment for learning
   - Agrees with the trainee the development requirements during the year (ES)
   - Ensures trainees have required supervision at all times
   - Participates in Faculty Group that oversees delivery of curriculum
Document your evidence of training and attainment below

Comments and action agreed (to be completed at the appraisal discussion):

Comments:

Actions:

3. Teach and facilitate learning
   - Supports delivery of Induction and formal teaching programme
   - Provides opportunities for learning and feedback in workplace

Document your evidence of training and attainment below
Comments and action agreed (to be completed at the appraisal discussion):

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4. **Enhance learning through assessment**

- Ensures trainees are given appropriate assessment and provided with timely and effective feedback

Document your evidence of training and attainment below

Comments and action agreed (to be completed at the appraisal discussion):

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5. Support and monitor educational progress

- Trainees have learning objectives that are reviewed through year
- Details of measures put in place to ensure supervision appropriate to trainee’s competence and confidence

Document your evidence of training and attainment below

Comments and action agreed (to be completed at the appraisal discussion):

Comments:  

Actions:  

6. Guide personal and professional development

- Provides suitable opportunities and advice on training and development opportunities
- Allows learners, when suitably competent, to take responsibility for care, appropriate to the needs of the patient
Document your evidence of training and attainment below

7. Continued professional development as an educator
   - Ensures they obtain required skills to fulfil their role

Comments and action agreed (to be completed at the appraisal discussion):

Comments:

Actions:

Document your evidence of training and attainment below

Comments and action agreed (to be completed at the appraisal discussion):
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