Educational supervision for PRHOs: getting it right?

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The New Doctor *highlights aspects of educational supervision for preregistration house officers that may serve as a lesson for improving the educational experience of all doctors in training. On the basis of research carried out in mid-Trent, this article highlights some of the issues relating to the training of educational supervisors and how these need to be put into context if further advances in education and training are to take place.*

The New Doctor (General Medical Council (GMC), 1997) makes explicit the links between the preregistration house officer (PRHO) year and the development of clinical expertise outlined in its earlier document *Duties of a Doctor* (GMC, 1995). Throughout this early development phase of newly qualified doctors, the role of educational supervision is seen as paramount to ensure that appropriate learning and progression take place throughout the year. *The New Doctor* highlights the role of educational supervisors:

> **'appointed by the postgraduate dean in consultation with clinical tutors, to oversee the education and training of PRHOs and to act as their mentors'.**

ROLE OF THE EDUCATIONAL SUPERVISOR

Specific duties of the educational supervisor are:

- Signing and monitoring the learning agreement with the PRHO
- Ensuring the PRHO has a written record of competencies to be acquired in each post and on completion of general clinical training
- Discussing and negotiating access to appropriate training
- Overseeing the progress of the PRHO
- Giving feedback and ensuring access to career guidance
- Signing the certificate of satisfactory service.

Many of these duties have been carried out by supervising clinicians over many years. However, in the current climate, and given the drive towards clinical governance, there is an increasing need to document identified educational needs and plan to meet these in appropriate ways. This implies the need for new and rigorous procedures to be put in place and adhered to by all those involved in the education of new doctors. The role of educational supervisors will be a central feature in planning, supporting and monitoring PRHO progress.

RESEARCH FINDINGS

The mid-Trent region carried out research into the best ways of recruiting and training educational supervisors (Challis et al, 1998). Those participating in the research believed that educational supervisors should have the following qualities:

- Enthusiastic commitment to the principles of educational development for PRHOs
- Sensitivity to the needs of a range of learners, including both the 'high fliers' and those in need of additional support
- An ability to give regular and supportive feedback on progress — both good and bad
- Administrative and time management skills in order to coordinate and build on feedback from others with a role in supporting PRHOs
- A knowledge of the structures within which PRHOs are working, and the key staff involved
- An understanding of the generic skills of clinical practice as highlighted in *The New Doctor*.

TRAINING EDUCATIONAL SUPERVISORS

In order to create a basis on which to build, educational supervisors and clinical tutors were consulted to seek their views on their training requirements in order to meet the demands of *The New Doctor*. In response to the results of this exercise, a course consisting of three modules was developed, covering the basic skills of teaching, assessment, and giving feedback and guidance. These modules were all offered in each of the major trusts within the University of Nottingham Deanery between May 1998 and February 1999.

In accordance with the respondents' requests, each module was designed to last one full day, with a half day follow up 2 weeks later in order to review changes in practice. Participants were free to attend in their own trust or in another, depending on work timetable and convenience.

As this package had been developed in direct response to the consultation exercise which had been undertaken, it was hoped that attendance and commitment would be high. However, the workshops were very poorly attended, despite an initial apparent commitment from those

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who were recruited. On further discussion with clinical tutors, this was attributed to a range of reasons:

- The significance of the educational supervisor role as outlined in *The New Doctor* had not been fully understood as the document was still relatively new
- Educational supervisors had not been formally recruited, and so there was a lack of clarity over who should be taking on the role
- Modules taking place within the consultants' own trusts offered a 'temptation' to try and fit work and training into the same day, with the natural consequence that some potential participants found themselves called away
- Trusts seemed unwilling or unable to give due weight to the role of educational supervision through the provision of administrative support or protected time.

Following the relative lack of success of the initial training programme, a 2-day residential course was offered, covering much the same ground, but in rather less depth. By this time, there was greater familiarity with the contents of *The New Doctor*, and documentation prepared by the Chief Medical Officer's Steering Group on the PRHO year had been circulated for piloting. Most clinical tutors had provided lists of educational supervisors who were willing to take on the role and who were aware of what their duties would be. The result was a course that was full, and there has been demand for further courses for other consultants with an educational role.

DOCTORS' EXPERIENCES

At the same time, clinical tutors, educational and clinical supervisors and PRHOs are being interviewed in order to gather information about the experiences of all parties in developing and implementing learning plans.

Feedback from this work indicates that:

- Current documentation needs to be refined and reduced in order to make it both efficient and effective
- The process of reviewing core skills and competencies before signing up takes place has been considered useful by all parties
- PRHOs who have met with their educational supervisors have found them helpful and supportive
- All PRHOs questioned believe that the educational supervisor should not be the same person as their clinical supervisor.

The difficulty that has been experienced in establishing appropriate educational provision and support for PRHOs appears to be confirmed by two national surveys of PRHO placements (Arbouin et al, 1998, 1999). These surveys, commissioned by the Chief Medical Officer, posed a series of questions to PRHOs about all aspects of their placements, including their educational support. The 1998 survey obtained an estimated 60% response rate, compared to 52% in 1999. The findings from the latter survey indicate that:

- Just over 10% of respondents had not been assigned an educational supervisor, or did not know whether they had
- Fifty five per cent of respondents had not been assessed formally during their first posting
- The number of respondents with education contracts or learning agreements had sharply increased since the previous survey in 1998 (from 28% to 51%)
- The proportion of responding PRHOs with portfolios had increased (from 9% to 20%)
- Ratings by responding PRHOs of the utility of discussions about careers, logbooks and portfolios are deteriorating (52% found them useful as compared with 80% in 1998).

All mid-Trent PRHOs returned completed final assessment forms based on the Record of In-service Training Assessment (RITA) process in place for specialist registrars in August 1999 (Department of Health, 1998). This signed declaration of satisfactory performance, based on a range of evidence of learning produced by the PRHO, gave increased confidence in the decision to recommend registration with the GMC.

ISSUES FOR TRUSTS

Clearly the GMC has raised significant issues for trusts involved in PRHO education. Perhaps at the forefront of these is the need for overt recognition that the education of doctors cannot be carried out effectively unless it is given the status of core business within the trust. This may be achieved through the introduction of education priorities into the business plan, and a meaningful attempt to balance the education and service commitments of junior doctors. However, this alone will not be enough to raise the profile of education and training. There is also the need to commit time and resources to the training and support of those who take on roles in providing educational supervision.

The most common reason indicated by consultants who are reluctant to take on these roles is the lack of time that they have available. While this is undoubtedly a real concern, effective teaching and support is not necessarily a great drain on time. Rather it is a matter of recognizing and making the most of teaching opportunities as and when they arise — on the wards, in clinics, in theatre — not only during times that are set aside for formal, timetabled teaching activity. Similarly, the role of educational supervisor need not be time-intensive as long as one cardinal principle is maintained: that the learner takes responsibility for his/her own learning. The role of the supervisor is not to provide, but to guide, signpost and review learning opportunities. On this basis the role should take approximately an hour a week.

Viewed in this context, *The New Doctor* represents not so much a radical revamp of educational practice, but more a consolidation of that good practice which has already been in existence. What is new is the need to take due account of the seriousness of the signing up process, which should be done on the basis of documented evidence of achievement.

In order to ensure that this takes place, trusts need to commit themselves to a change in the way they perceive education — moving

towards a scenario in which educational development takes place according to the needs of the individual learner, not according to the ability of the PRHO to take advantage of the service delivery provided before being moved on to the next placement. Learners themselves need to have the tools and the support that will enable them to identify their learning needs and ways in which they may be met. At the same time, medical schools could helpfully specify how their year 5 curriculum and the outcomes, which students should be able to demonstrate on graduation, link with the curriculum outlined in *The New Doctor*.

If this notion of 'seamless' progression, based on stated outcomes, criteria for assessment and recorded evidence of achievement, can be developed, then there is every possibility that the principles can be applied through all the training grades. The result of this should be self-aware, critical and self-motivated learners who will, in their turn, pass these qualities on to their own junior staff as their careers develop.

KEY POINTS

- Ensure that the trust values the educational role as much as the service delivery role of clinicians.
- Appoint and support staff who understand their role as educators and are enabled and encouraged to carry it out effectively.
- Ensure that the learners understand their role in identifying and meeting their own educational needs.
- Document and record decisions about educational activity and achievement.

CONCLUSIONS

The publication of *The New Doctor* by the GMC has created an opportunity to enhance the educational profile of trusts. Seeking consultant views on their needs to fulfil educational roles helped not only in creating a suitable training programme but also in its acceptance and uptake. Review of the PRHOs experience and documentation of progress confirmed the training programme was part of a change in educational practice. Enriching the consultant educational profile is seen as a way of creating a learning environment which will follow PRHOs throughout their training. **HM**

Conflict of interest: none.

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