

Title

Introducing a professional development framework for postgraduate medical supervisors in secondary care: considerations, constraints and challenges

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Abstract

Purpose of study As the duration of postgraduate training becomes shorter, direct patient contact time reduced and supervision more distributed, there is a move to 'professionalise' postgraduate medical education. This paper reports an initiative in one postgraduate training institution (the London Deanery) to develop and introduce a developmental framework and system of portfolio-based review of educational supervisors in the secondary care setting.

Study design 16 acute, mental health, foundation and primary-care trusts participated in a pilot project which was subsequently evaluated using focus groups and a semi-structured questionnaire.

Results Thematic analysis of transcripts identified a number of considerations, constraints and challenges; important observations given the current policy intention of the UK health departments to introduce mandatory training and performance review for educational supervisors.

Conclusion This pilot study shows that such a process can be implemented at local level if facilitated by a clear and unambiguous developmental framework that can be applied flexibly across all specialities. Systems of review also need to be simple and straightforward, take into account existing appraisal processes and simultaneously address issues of motivation, recognition and reward.

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Main messages

- The training and performance review of educational supervisors in secondary care can be implemented at local level.
- A clear and unambiguous developmental framework is required that allows both local flexibility and applicability across specialities.
- Systems of review must be simple and straightforward, taking into account existing appraisal processes.
- Issues of motivation, recognition and reward need to be addressed concurrently.

Current research questions

- What effect do faculty development programmes in postgraduate medical education have on trainee outcomes?
- What impact do faculty development programmes have on trainer behaviours?
- What benefits accrue to patients as the result of faculty development programmes in postgraduate medical education?

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Introducing a professional development framework for postgraduate medical supervisors in secondary care: considerations, constraints and challenges

Introduction

For centuries, postgraduate medical education has relied on learning through observation, modelling and graded participation. But this apprenticeship model has tended to be idiosyncratically orchestrated, supported by somewhat serendipitous access to formal educational activities. With the shorter working hours required by legislation such as the European Working Time Directive [1], a reduction in overall patient contact and more distributed supervisory arrangements, there is growing recognition that the variable training standards inherent in such an unstructured and unregulated approach may not be enough to guarantee the delivery of competent clinicians; nor indeed reassure the public as to the safety of their care [2, 3].

Postgraduate medical education is moving into a new era driven by three interlinked trends of professionalisation, increasing accountability and the pursuit of excellence [3]. Symptomatic of this shift are the recent attempts made to define the competencies required of the medical educator including those in the UK by Hesketh et al [4] and the Academy of Medical Educators [5], the Netherlands by Molenaar et al [6] and internationally by the World Federation on Medical Education [7]. However, these generic statements fail in many respects to recognise the uniqueness of postgraduate medical education, its situated, workplace nature, direct impact on patient safety and reliance on supervision as the predominant method of training [3, 8]. General practice in the UK already has well-established systems for trainers' education and appraisal but there is a lack of anything comparable in secondary care.

This paper describes an initiative in one postgraduate training institution, the London Deanery, to develop and introduce a professional development framework for postgraduate supervisors. The London Deanery is responsible for around 25% of the UK's trainee workforce through placements in 41 acute, foundation and mental health trusts and around 350 training practices. In 2008, the Deanery implemented a faculty development strategy which required educational supervisors in London health trusts to be trained to specified standards and participate in a local portfolio-based appraisal. The strategy aimed to establish a clear link between engagement in this periodic (three-yearly) review and appropriate recognition in the consultant job plan. In order to facilitate this linkage, the Deanery published a tariff of the time value of various educational activities. The accreditation process also

incorporates a review of relevant feedback data from the national trainee survey [9]. To support the initiative, each trust is required to provide a rolling programme of faculty development to maintain and enhance training standards within the organisation, and all trainees in London are required to undertake training to equip them with the ability to carry out effective clinical supervision on completion of training. The work has been conducted in tandem with a tightening of contractual relationships with trusts and the development of robust quality management processes.

The objectives of this pilot study were to assist in the implementation of the above and to identify improvements, constraints and challenges that would need to be addressed in the roll-out phase. In the light of a recent UK policy [10] that commits to the introduction of 'mandatory training and performance review' (p17) for educational supervisors in secondary care, lessons learned here have relevance country-wide. Furthermore, in view of the reported paucity of literature on the training and development of postgraduate supervisors [11,12] we believe that this paper will be of interest to an international readership.

Box 1

The UK regulatory context

The move to place UK postgraduate medical education on a more professional footing has been long in gestation beginning with the Calman reforms of the 1990s [13], the development of national standards by the Postgraduate Medical Education and Training Board [14] through to the turbulent restructuring of training initiated by *Modernising Medical Careers* [15].

The General Medical Council (GMC) has long recognised the need for doctors to be able to teach and train others. *Good Medical Practice* [16] states that:

Teaching, training, appraising and assessing doctors and students are important for the care of patients now and in the future. You should be willing to contribute to these activities... and ... If you are involved in teaching you must develop the skills, attitudes and practices of a competent teacher.

With the imminent introduction of revalidation, implicit in the GMC's statement is that all doctors with a clinical or training responsibility will need to provide evidence that they have attained appropriate skills, attitudes and competences.

Universities addressed a similar situation over a decade ago following the Dearing Report's [17] recommendations aimed at improving the quality of teaching in higher education. Amongst other reforms, this led to the establishment, in 1999, of the Institute for Learning and Teaching in Higher Education and subsequently the Higher Education Academy. This professional membership body for teachers in university and other higher education institutions now promotes a set of national standards embedded in the Academy's accreditation processes [18]. Similar requirements in undergraduate medical education are also to be found in *Tomorrows Doctors* [19,20], the GMC's framework of guidance for UK medical schools, which recommends that clinical teachers of undergraduates should participate in staff-development programmes.

Regulation in postgraduate medical education has mirrored developments in higher education. The establishment of the Postgraduate Medical Education and Training Board (PMETB) in 2005 (soon to be subsumed within the GMC) has led to the production of a raft of postgraduate standards. These emphasise supervision rather than teaching, but the tenor is similar and the PMETB's over-arching *Generic Standards for Training* [14] requires that consultant trainers with a supervisory responsibility are 'selected' and 'appropriately trained'.

Methods

Following a review of relevant literature on supervision alongside existing regulatory and standards frameworks, a pilot *Professional Development Framework* was developed in 2008 by two of the researchers (TS and JMCK) and refined following feedback from members of a project steering group. At the heart of the Framework lie seven key areas of activity which describe the role of postgraduate medical supervisors:

- Ensuring safe and effective patient care
- Establishing and maintaining an environment for learning
- Teaching and facilitating learning
- Enhancing learning through assessment
- Supporting and monitoring educational progress
- Guiding personal and professional development
- Continuing professional development as an educator

Each Framework area provides a brief description of the domain, lists behavioural indicators summarising the expectations of *effective* supervisors and hallmarks of *excellence* and identifies ways in which these attributes may be evidenced. The Framework includes a structure for a portfolio that supports both a trust-based accreditation process and the ongoing professional development of educational supervisors. The approach taken in the pilot portfolio design was based on the documentation used in application for Fellowship of the Higher Education Academy [18].

All London trusts were invited to participate in piloting the introduction of the Framework, and 16 trusts (including one mental health and two primary care trusts) volunteered to do so. In return, trusts received a small amount of funding to assist with administrative costs and professional time. Prior to introduction of the Framework, each trust received a preparatory site visit (TS) and two briefing sessions were held for trust leads. The Framework was then introduced in each of the sites over a 4-6 month period.

The evaluation of the pilot was carried out using an interpretative qualitative research methodology [21] with data collected primarily from focus groups. As a condition of participation in the pilot, each trust undertook to send at least one representative to one of two focus group meetings. Prompt questions for both the focus group schedule and semi-structured questionnaire were derived from issues that had arisen in the briefing sessions and identified in the literature. RC, who had not been directly involved in the Framework development facilitated the focus group discussions. Sessions were recorded and subsequently transcribed verbatim. In order to enhance and triangulate data derived from the focus groups, Directors of Medical Education were asked to complete a semi-structured

questionnaire. , This provided an opportunity for participants to express issues that they might have found difficult to articulate in the context of a focus group with peers from other trusts. JMCK, who did not attend the focus groups, carried out the initial thematic analysis of focus group transcripts and developed a coding framework which was then refined jointly by the three researchers. The questionnaire responses were then analysed against the emergent themes. Finally, themes were checked back against the original transcripts to ensure complete and comprehensive coverage of the data.

Results

All 16 pilot trusts were represented at one of two focus groups by 23 participants including 13 Directors of Medical Education, 4 Medical Education Managers and 3 Programme Directors. 17 participants were also educational supervisors. 12 participants attended the first meeting, and 11 the second. Trusts reported that 187 educational supervisors participated in the project across the pilot sites.

Seven overarching themes were identified from the focus group discussions (see table 1) categorising the issues that emerged in relation to the introduction of the Framework. On applying these to the questionnaire responses, no new themes emerged and the illustrative quotes below derive solely from the focus group interviews. Respondents (R) and the group they attended (F1/2) are identified anonymously.

Table 1

Evaluation themes

Clarity of overall processes of training and supervision
Alignment with other accreditation processes
Supervision within the organisational context
Engagement and motivation of supervisors
Implications for management and administrative infrastructure
Documents and processes
Impact

Clarity of overall processes of training and supervision

Throughout the focus group discussions, and indeed the piloting process, it was apparent that there was a lack of clarity on supervisory roles and responsibilities with differing perceptions of requirements, stirred up by conflicting external influences including those embedded within College training e-portfolios. There was a general plea for clear national or regional guidance:

'there's still confusion surrounding that distinction between clinical and educational supervisor...the consultants don't know, the trainees certainly don't know' (F1; R1)

Alignment with other accreditation processes

The accreditation of educational supervisors comes at a time when the medical profession faces the introduction of revalidation. The majority of respondents highlighted confusion and the burden of duplication of misaligned processes and were keen to explore how the development of portfolios and collection of evidence for both accreditation and revalidation could be integrated with annual appraisal.

'it's yet another example of bureaucracy which is repeating things which have gone through in other areas, like consultant appraisal' (F1; R10)

Overlap was also identified for those involved with undergraduate education.

'it would be nice to have ... generic standards that could be applied across the board from undergraduate to postgraduate' (F2; R17)

Supervision within the organisational context

Considerable discussion revolved around how postgraduate medical training sat within the trust.

'From my perspective, the role of the educational supervisor is almost an act of charity within the hospital. It's barely recognised by trust management or by colleagues.'
(F1;R7)

Postgraduate medical education was widely reported as not being a trust priority, often conflicting with other calls on time and resources. Time in job plans for teaching and training was hard to identify, again linking in to a lack of clarity of educational role and responsibility. Job descriptions often failed to recognise education and training, with local clinical excellence awards tending to prioritise other issues.

'Recognising education within a job plan is very much dependent on your organisation and their view. And getting buy-in from senior management, especially when we are hitting a point where we know that money will be contracting...is going to be extraordinarily difficult' (F1;R11)

Identifying the place of supervisors clearly within an educational hierarchy was perceived as important. Finally, consultants' training in educational competencies tended to be incorporated within ever-expanding trust-based mandatory training requirements, thus viewed by many as yet another 'box to be ticked'.

Engagement and motivation of supervisors

The engagement and motivation of educational supervisors in the face of increasing service pressures, clinical accountability and regulatory requirements was unanimously viewed as a major problem, particularly for more established consultants.

'This whole initiative comes at a very difficult time if you look at the wider context of seniors in medicine' (F1;R10)

Time to participate in the accreditation process was perceived to be a major challenge.

'We can't have people expected to sit around for hours reflecting on their educational experience because basically they won't do it' (F1;R2)

And the process viewed as unnecessary and bureaucratic.

'Biggest complaint...was that they're being educational supervisors already, why do they need to do this?' (F2; R20)

Formal recognition of the role through specifying educational activities in the job plan and providing sufficient time to do the job well were perceived as major motivating factors to help overcome resistance.

'Some people say, well I'm not going to get anything extra anyway so I'm not going to do it'. (F1; R1)

Implications for management and administrative infrastructure

The introduction of the portfolio-based accreditation system raised a number of managerial and administrative issues for some Directors of Medical Education and departmental educational leads in relation to the developmental meetings.

'If you start adding in extra activities, there are extra costs' (F1;R6)

Although not all agreed that this was about funding.

'Money's not the problem actually' (F1; R8)

Time was a major challenge particularly in larger trusts where scaling up the process to cover all educational supervisors was felt to require additional staffing and resources. The predominant solution to coping with issues of scale was to set up a cascade system of review

meetings conducted by educational leads or specialty tutors. This in turn highlighted a need for additional training in the use of the Framework and appraisal skills for a number of key individuals in the trust.

Designated and effective administrative support was identified by some participants as key to the success of implementing such a system including tasks such as maintaining a database, operating a call/recall system and collecting and storing evidence on behalf of consultant supervisors.

'If there are some things that the medical education department can gather for them [consultants] ... partially completing the form on their behalf then that would be very helpful.' (F1;R7)

Several trusts were already developing and sharing innovative IT solutions to the recording of supervisor data.

Documents and processes

The portfolio documentation prompted considerable discussion. Several participants reported that the Framework areas had been helpful in structuring developmental conversations

'Some of it was definitely helpful...one was in the 'excellent educator', there was something about service improvement ... I'd been to something recently and was explaining what had happened and people said ' ooh that's a really interesting idea, we might just do that' (F2;R18)

The draft portfolio documentation prompted considerable suggestions for reform and was seen by all to be overly long and complex. Participants emphasised the need for the process to focus on the developmental discussion and not the form. There was widespread antipathy to reflective 'white spaces' (which in the pilot were included under each of the seven areas) and the repetition that this was seen to engender. Language used was sometimes not fully understood and off-putting - 'edu-speak' - and there were some misunderstandings such as the erroneous belief that training would need to be repeated every three years. The collection of evidence had also caused some difficulty, raising issues about how this might fit with the collection of evidence for annual consultant appraisal.

'I think they are a bit daunted when they see the length of the document and initially it comes as a bit of a shock.' (F1;R2)

'Its really important for engagement that it's [the portfolio] is punchy and easy to use.' (F1; R2)

'If we can get the documentation shortened, easier to understand, easier to complete, and we can have a think about how it would fit in with appraisal. I can see the value of me sitting down with some people... who have a major educational role.' (F2;R13)

Indeed several pilot trusts had already streamlined the document for their own use.

The principle of a periodic developmental discussion found favour in the majority, but the three-yearly frequency was questioned in the light of a five-yearly revalidation time frame. A need was identified to recognise experience and for a grand-parental approach for long established supervisors:

Impact

Despite the challenges around implementation and motivation, and the fear that some supervisors might 'walk' or be put off, once supervisors were engaged most participants had found the framework a useful basis for considering their ongoing educational development.

'Most people found it incredibly valuable for their own reflection about their education and development needs...it focussed people's minds to what they need to do.'
(F2;R16)

There were also signs that in some sites, the process was helping to build a training community;

'It's resulted in quite a lot of people partaking and sharing practice across different specialties and learning how other people do things.' (F2;R13)

And to help new supervisors understand their role.

'I see it as very positive for new consultants who are starting...to give them an understanding of what they need to do to develop the education side of their role.'
(F1; R11)

Perhaps most importantly, the framework was generally seen as a useful vehicle for driving up the quality of training within the trust.

Discussion

In this paper, we have described an evaluation of a pilot study of a scheme for accreditation and performance review of educational supervisors in secondary care. The introduction of

mandatory training and performance review for educational supervisors is a policy intention of the UK Department of Health. This study is therefore important as it highlights some of the considerations, constraints and challenges relevant to the implementation of such a system. These have been summarised in Table 1.

The study was conducted in 'real time' in a variety of clinical settings, using a systematic and rigorous approach within a qualitative research methodology. The study is relatively small-scale, relating to a specific approach and set of supporting documents. Where possible, objectivity was maintained with independent facilitation of the focus groups and transcription of the data and co-construction of the thematic framework by all three researchers. However, as with many pilot projects, the evaluation also served an instrumental purpose, that of facilitating implementation of a pre-determined policy [22]. Such limitations should be taken into account regarding generalisability or transferability of findings

The research that exists in this area focuses predominantly on the provision of faculty development in single institutions [12] with some 'epidemiological' reports about 'what' is being provided and 'where' [11,23]. In terms of effectiveness, a recent review found only two studies of reasonable quality on the impact of 'training the trainers' [11] and concluded that 'no studies of high quality ...robustly demonstrated a causal link between trainer development programmes and enhancement in trainee progress or patient outcomes' (p45). In the absence of research to guide a 'one best way', this study is important - and timely - in that it highlights important issues that will need to be addressed if the policy aspirations of *A High Quality Workforce* [10] are to be met.

If mandatory training and performance review of educational supervisors is to become a reality then there appears to be a need for a clear and unambiguous framework at national or regional level with sufficient flexibility to allow providers scope for implementation to meet local needs and prevailing conditions. Importantly, this needs to be accompanied by mechanisms that facilitate recognition of educational activity within both the trust context and the individual's job plan. Widespread introduction of accreditation systems must take into account other review activities in which clinicians are required to participate such as appraisal and revalidation. All these activities need to be supported by robust organisational quality assurance and supportive management.

Identifying, engaging and motivating effective educational supervisors within an increasingly complex and demanding service environment will not happen simply through setting threshold standards. Future systems will need to provide for ongoing growth and development, not just to set hoops through which supervisors have to jump. This study highlights that many clinicians are keen to supervise others but need to feel appropriately prepared and supported in the work they do. Until the research evidence becomes available, it would be prudent to

make the assumption that the development and maintenance of educational competence in postgraduate medical supervision is important, an activity to be valued within healthcare organisations for the benefit both of patients and the future medical workforce. We have presented here one possible approach to achieving that goal.

Conflict of interest

TS is leading on a project for the Academy of Medical Educators and Department of Health to develop a system of mandatory training and performance review of educational supervisors.

Ethics

Advice on ethical approval was sought from the UK National Research Ethics service whose advice was that the project is not considered to be research according to their own guidance. Therefore it does not require ethical review by a NHS Research Ethics Committee.

Footnote

The final version of the London Deanery Professional development framework for Supervisors can be viewed at www.faculty.londondeanery.ac.uk

References

1. Department of Health. European Working Time Directive. <http://www.dh.gov.uk/PolicyAndGuidance/HumanResourcesAndTraining/WorkingDifferently/EuropeanWorkingTimeDirective> 2004 (accessed 7th May 2009).
2. Cottrell, E., Chubb, R. Educational supervisors: the trainee perspective. *The Clinical Teacher*, 5, 3-8 2008
3. Swanwick T. See one, do one, then what? Faculty development in postgraduate medical education *Postgraduate Medical Journal* 2008;**84** (993):339-43.
4. Hesketh EA, Bagnall G, Buckley EG, et al. A framework for developing excellence as a clinical educator. *Med Educ* 2001;**35**:555-64.
5. Academy of Medical Educators. *Academy of Medical Educators Draft Curriculum Standards*. www.medicaleducators.org 2009 (accessed 7th May 2009).
6. Molenaar WM et al. A framework for teaching competencies across the medical continuum *Medical Teacher* 2009;**31**:390-396
7. World Federation on Medical Education Task Force. Defining international standards in basic medical education. *Med Educ* 2000;**34**:665-75.
8. Kilminster S, Cottrell D, Grant J, B. J. AMEE Guide No. 27: Effective educational and clinical supervision. *Medical Teacher* 2007;**29**(1):2-19.
9. Postgraduate Medical Education and Training Board. *National Survey of Trainee Doctors*. London: Postgraduate Medical Education and Training Board; 2009. Available at: www.pmetb.org.uk/traineesurvey 2009 (accessed 15th October)
10. Darzi A. *A High Quality Workforce: NHS Next Stage Review*. London: Department of Health; 2008.
11. Academy of Medical Educators *Educational supervisors in secondary care: Stage 1 report* Plymouth: Academy of Medical Educators Available at: www.medicaleducators.org 2009 (accessed 15th October)
12. Steinert Y et al. A systematic review of faculty development initiatives designed to improve teaching effectiveness in medical education *Medical Teacher* BEME Guide No.8 2009;**28**(6): 497-526
13. Paice E, Aitken M, Cowan G, Heard S. Trainee satisfaction before and after the Calman reforms of specialist training: questionnaire survey. *British Medical Journal* 2000 **320**(7238):832-6.
14. Postgraduate Medical Education and Training Board. *Generic Standards for Training*. London: Postgraduate Medical Education and Training Board; 2008.
15. Department of Health. *Modernising Medical Careers*. London: Department of Health; 2003.
16. General Medical Council. *Good Medical Practice*. London: General Medical Council; 2001.

17. Dearing R. *Higher Education in the Learning Society: National Committee of Inquiry into Higher Education*. London: HMSO; 1997.
18. Higher Education Academy. *UK Professional Standards Framework*: <http://www.heacademy.ac.uk/ourwork/policy/framework> 2006 (accessed 19th May 2009).
19. General Medical Council. *Tomorrow's Doctors*. London: General Medical Council; 2003.
20. General Medical Council. *Tomorrow's Doctors (2009)*. London: General Medical Council; 2009.
21. Radnor H. *Researching Your Professional Practice*. Buckingham: Open University Press; 2002.
22. Swanwick T Introducing large-scale educational reform in a complex environment: the role of piloting and evaluation in Modernising Medical Careers *Evaluation: The International Journal of Theory, Research and Practice* 2007 **13**(3):358-370
23. Clark JM, Houston TK, Kolodner K, Branch WT, Levine RB, Kern DE Teaching the teachers: national Survey of Faculty Development in Departments of Medicine of US Teaching Hospitals *J Gen Intern Med* 2004 **19**:205-214