Dear Foundation Programme Training Programme Director & Medical Education Managers,

We hope that by now you are aware of the GMC has established the use of senior Postgraduate Doctors in Trainings (PGDiTs) as Clinical Supervisors for FY2 Doctors to be a business-as-usual programme in the UK. This follows a successful pilot including KSS and Southwest Deaneries where senior PGDiTs (ST6+) acted at the Clinical Supervisors for selected FY2 Doctors. The ‘displaced Clinical Supervisor’ (dCS) (Consultant or SAS doctor who would ordinarily provide the supervision) remains available for support in and hands off role and the CS role, including Horus requirements, becomes the responsibility of the Senior PGDiT CS.

In brief, PGDiTs at level of ST6 or above were eligible to supervise an FY2 doctor if they had completed the standard deanery Clinical Supervisor training (Modules 1-3), passed their own most recent ARCP with an outcome 1 and had no concerns regarding their participation from their own Educational Supervisors. Registrars who would rotate trusts during the FY2’s placement were not able to take part. FY2 Doctors who had progressed though FY1 with no concerns or adverse outcomes at ARCP were eligible to take part.

In the evaluation of this pilot the Foundation Programme TPDs who responded all gave a positive response to participation in the pilot and to future iterations of this programme. They recognised that this will widen the available pool of capable CS in the future. Also parallels were noted between freeing up the displaced CS to potentially oversee more trainees at arms length, just as they do clinically with patients. They felt that by allowing FY2s to work with highly motivated PGDiT supervisors that are perhaps more present on the 'shop floor' it recreates some of the supportive components of the firm which have been lost.

The Medical Education Managers felt that there was very little increase in administrative burden when conducting this pilot and all 3 MEMs felt this could be streamlined in the future/with experience.

The FY2 Doctors overwhelmingly found it a rewarding and enjoyable experience and recommend it to colleagues. Themes identified were that the registrars provided a readily available and mentoring presence with beneficial learning and development opportunities. This method of supervision, with a senior Registrar performing the day to day clinical supervision role and dCS support available, was not only acceptable to the FY2 but many reported that they preferred it to the traditional method.

The PGDiT CS (Registrars) were extremely enthusiastic regarding the advantages of their participation in this pilot. 100% said they enjoyed it, found it rewarding, learned something and felt better prepared for supervision in the future and all of them said they would recommend it to other colleagues to take part. They enjoyed the opportunity to supervise and mentor FY2s and felt they could bring a different and valuable perspective as they were still in training. It was personally rewarding and satisfying with positive career implications as well as being a useful experience to discuss at consultant interviews.

The displaced Clinical Supervisors (dCS) gave a positive response to the pilot including 55% reporting that it reduced the demands on their time with the remaining 45% reporting that it neither increased nor decreased demands on their time. All of the dCS responded that they would be happy if their FY2s in the future took part in a similar pilot with a senior Registrar being the CS with them being displaced again to provide support to the CS or FY2 if required.

One of the key functions for you as TPDs and MEMs to help ensure the success of this programmes is attention to the matching process. This step of matching eligible FY2s to senior registrars is important as in our pilot some of the negative feedback was related to ‘mismatching’ of the pairs due to predominantly logistical factors. An example of this was a Paediatrics Registrar supervising an FY2 on a Paediatric Emergency Department rotation for which the feedback was not positive. Other challenges, while not insurmountable do need careful thought, were with medical specialty registrars supervising AMU FY2s or surgical registrars supervising FY2s in different elective teams as well as FY2s in jobs that spanned different trust or geographical sites. With all of these challenges we would encourage you to discuss with your local Clinical Supervisors to determine the appropriateness and any safeguards for matching in these departments.

Different FP TPDs took different approaches to enrolling the FY2s into this programme. Some sent information to their FY2s and asked them to opt in if interested in being matched to an PGDiT CS. One TPD sent information to their FY2s and asked them to opt out, with no prejudice, if they were not happy to be matched to a PGDiT CS in their next rotation.

Ultimately, if matched correctly, FY2s are not disadvantaged by having a PGDiT as a Clinical Supervisor, in fact there are numerous benefits to them of it. The Registrars experienced personal development of both generic skills and supervision specific skills and will be better prepared supervisors as they move into consultant practice in the future.

If you have any questions regarding how this programme is being run locally, please contact your local foundation school postgraduate team. If you would like more information about the latest pilot that was run in the Southwest Deanery please do reach out to us.

Thank you for your time and we hope that you will be able to support the wider roll out of this programme within your trust and that your results are a positive as that of our pilot.

Yours Sincerely,



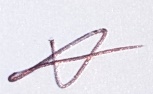
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