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Society for Education in Anaesthesia (UK)

EDUCATIONAL APPRAISAL



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Annual appraisal should reflect the entirety of the doctor's scope of practice. As part of this, individuals involved in clinical or educational supervision need to include evidence supporting their educational practice. For clinical and educational supervisors this occurs as part of the general appraisal process, but the principles of educational appraisal remain poorly understood.

The professional standards for educators were initially set by the Academy of Medical Educators in 2009, and then adopted by the General Medical Council (GMC) as part of *Promoting excellence*.^{1,2} These are:

- 1 ensuring safe and effective patient care
- 2 establishing and maintaining a safe environment for learning
- 3 teaching and facilitating learning
- 4 enhancing learning through assessment
- 5 supporting and monitoring educational progress
- 6 guiding personal and professional development
- 7 continuing professional development as an educator.

A clinical supervisor (CS) is "a trainer who is appropriately trained to be responsible for overseeing a specified trainee's clinical work and providing constructive feedback during a training placement", while an educational supervisor (ES) is "a trainer who is 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".² A CS has to meet requirements of domains 1–4 plus domain 7 of the domains listed above, while all seven domains have to be met by an ES.

Clinical and educational supervisors are subject to revalidation as educators; this takes place over a five-yearly cycle, usually synchronised with the clinical revalidation cycle. In order to retain clinical/educational supervisor status the supervisor has to fulfil three requirements:

- present one piece of evidence demonstrating continuing professional development (CPD) as an educator each year
- present evidence of continuing professional development over the revalidation cycle against each of domains 1–4 for a CS or 1–6 for an ES
- present at least three different types of evidence over the five-year cycle.

One piece of 'evidence' can demonstrate development in more than one domain. However, that begs the question, 'What counts as evidence?' It is obvious that attendance at meetings or updates, completion of e-learning, or formal educational qualifications count as CPD. However these only evidence development of knowledge and not of the development of the skills necessary in supervision.

The second major source of evidence is direct personal feedback on educational activities. This evidence may be from participants' responses to teaching, from feedback from trainees on their role as a supervisor, or from the annual review of competence progression (ARCP) panel on their ES reports. Alternatively, peer observation and feedback can be a powerful tool for development, often highlighting hidden areas for feedback. This can work both ways, with the observer using the experience as a focus for their own professional development. These are better evidence of their skills as an educator than attending courses.

Some evidence is more generic, for example feedback from multi-faculty courses, the results of the GMC trainees' survey, or participation in recruitment or in the ARCP process. It can be difficult to tease out from this kind of evidence those aspects which refer to the individual educator, but they can still be used to guide development.

A key principle, whatever type of evidence is used, is that it should be combined with reflection that relates the content of the evidence to the practice of the individual educator. It is this reflection that both demonstrates and drives learning and development; otherwise the evidence becomes evidence of action without evidence of development.

This provides the minimum for the educational appraisal to meet the requirements of the GMC for

ongoing revalidation. Of course, we are striving for an appraisal which goes beyond the minimum, in accordance with our position as role models. Such an appraisal includes two key further aspects:

- what are the CS/ES's areas of strength and weakness? What can help build on the former or advance the latter?
- what are the plans of the CS/ES for the remainder of their revalidation cycle? What is required to bring this about, and how can it be achieved?

These form the basis of a personal development plan (PDP), helping the appraisal become a proactive rather than a reactive activity.

CSs and ESs contribute to the learning environment and culture of the department. They do this directly via their educational and supervisory activities;

less obviously they do so by acting as positive role models. A well conducted educational appraisal is a helpful tool for the development of the educator, which is to the benefit of the trainees, the department, and ultimately the patients.

References

- 1 Professional standards for medical, dental and veterinary educators. AOME, 2014 (bit.ly/2PGluR4).
- 2 Promoting excellence: standards for medical education and training. GMC, 2015 (bit.ly/2shLStQ).

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