Educational supervision: a new challenge

I read with interest the article by Lloyd and Becker on paediatric SpRs' views of educational supervision and supervisors (*JRSM* 2007:**100**;375–8).[1] It highlights the problem of educational supervision not only among paediatric SpRs, but perhaps across the whole of spectrum of postgraduate training. It is important to note that *educational* supervision (as distinct from *clinical* supervision) is a relatively new concept to the UK. Although it was recommended at the time of creation of the specialist training,[2] clinical and educational supervision often went hand-in-hand and the terms have been (and still are) used interchangeably.[3] More recently Modernising Medical Careers (MMC) has attempted to establish a clear demarcation between the two and identify a set of responsibilities for each role.[4]

The educational supervisor is responsible for providing adequate support to the trainee for the development of their learning requirements and ensuring that appropriate training opportunities are made available to acquire the necessary competencies. Through a regular appraisal process the educational supervisor should also ensure that the trainee follows a programme which meets the educational objectives as laid down by the training body. Learning outcomes are discussed and agreed with the trainee, as well as the clinical supervisor in charge of that period of training when appropriate. Unlike the clinical supervisor, the educational supervisor may not be in direct clinical interaction with the trainee but should have a good overview of training needs. This does not mean that the same person cannot do both, though it is arguable that it is best to separate the two posts and responsibilities.

Educational supervision therefore requires time, dedication and, more importantly, adequate training to qualify for the role. Although it is recommended that educational supervisors should have an understanding of educational theories and practical educational techniques including constructive feedback, communication skills and dealing with difficulties, regrettably this is not the case. It is a matter of fact that all consultants are expected to become qualified educational supervisors with minimal training or interest. Furthermore, even those who are qualified in education find themselves taking on this role with little or no time allocation in their job plans and as an add-on to their clinical commitments. Few would disagree that very little investment has been made in this area. One of the major challenges facing postgraduate education is meeting educational demands through formal training in educational supervision. This admittedly would require time and resources. Until then it may be advisable to limit educational supervision to those qualified to do so and with adequate time allocation.

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Competing interests
AA is an Educational Supervisor for Foundation and CMT trainees, and a Royal College of Physicians College tutor.

References

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2 Calman K. Hospital Doctors: Training for the Future. In: *The Report of the Working Group on Specialist Medical Training.* London: Health Publications Unit, 1993
3 Kilminster S, Cottrell D, Grant J, Jolly B. AMEE Guide No. 27: Effective educational and clinical supervision. *Medical Teacher* 2007;**29**:2–19
4 Operational framework for foundation training.. http://www.mmc.nhs.uk/pages/resources/keydocuments

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Erratum: Wernicke's encephalopathy in a funny patient

In the Letter 'Wernicke's encephalopathy in a funny patient' published in the last issue of the *JRSM*, the author's affiliation was missing (*JRSM* 2007;**100**;538). Dr Kittisupamongkol is based at Surin Hospital, Surin 32000, Thailand. His email address is E-mail: weekitti@gmail.com, as published.

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