Educational supervisor training reports (ESTR) – examples

About

This document provides a variation of exemplar educational supervisor training reports (ESTR) for the ARCP (Annual Review of Competence of Progression) to support educational supervisors.

The aim of the ESTR is to support the ARCP panel in whether a resident doctor in training is making progress within their training programme and over their training year. To do this effectively, an educational supervisor needs to review the current evidence within the ePortfolio including:

- Level of the trainee and working pattern
- PDP (personal development plan) evidence
- Evidence of the required Supervised Learning Events as per the RCPCH assessments table – see www.rcpch.ac.uk/resources/assessment-guide#assessments-table
- Curriculum (tagging to key capabilities) evidence and how they are making progress with their specific curriculum(s)
- Exams/START progress.
- Review Clinical Supervisor (CS) reports - if ES is different to the CS

This document is a helpful resource to support supervisors who need guidance in their role. This is specifically for Heads of School (HoS), local Training Programme Directors (TPDs) and College Tutors to share with specific trainers. This is an additional resource to the RCPCH Effective Educations supervision course and guidance around the ePortfolio for supervisors – see https://www.rcpch.ac.uk/resources/rcpch-eportfolio-guidance-supporting-training#for-supervisors

These are just four examples that might be helpful and act as a guide to writing the ESTR. Individual reports will need to vary depending on the resident doctor in trainings specific needs.

ESTR example 1 – early on in training

Trainee A is currently working at 80% FTE and has completed a 12-month post in General Paediatrics. She has completed 9 months FTE in that post and moves to ST2 in 3 months' time. She has had a good year of training and is making progress. Her clinical supervisor report shows that she is clinically safe, developing her practical skills and increasing confidence in managing acutely unwell children. Her MSF is excellent with the only development to increase her confidence.

Trainee A has undertaken a wide range of supervised learning events both on the wards and on the assessment, unit demonstrating her emerging capability and increasing clinical skills. She has also completed and reflected on various CBDs with consultants and registrars around various conditions including managing a patient with DKA, a neurodisability patient in status epilepticus and some interesting cases on the wards. She has achieved her DOPS on cannulation, LP, and IO insertion. Trainee A is moving back to Neonates in her next placement so has time to achieve her other mandatory DOPS.

Trainee A has met most areas of her PDP this year. I am pleased that she has managed to achieve her FOP and TAS. She has also managed to evidence her increase clinical paediatric knowledge of common conditions through her various assessments and reflections. She has made substantial progress with her audit on bronchiolitis and this PDP goal should be completed after she presents in the next few months in the audit meeting.

With regards to the general core curriculum Trainee A is making progress in most domains. We have gone through these and summarised below:

Domain 1- She has evidence around discussion and reflection on the consent process. She needs to focus on attendance and reflection at some morbidity and mortality meetings and knowledge of the child death process.

Domain 2- Trainee A has demonstrated clear verbal communication at her level through a HAT, her MSF, and assessments. She has completed a DOC of a transfer letter demonstrating written communication. She needs to focus on more challenging communication scenarios.

Domain 3- She has gained some of her key procedures with a plan to complete the others during her neonatal placement. She has completed NLS and APLS. Evidence of simulation training or leading the team during an emergency situation would support this domain.

Domain 4- Trainee A is making clear progress. She has multiple assessments and reflections around patient management. She has reflected on observing a number of paediatric clinics. Her MSF also demonstrate clear clinical knowledge and abilities. She needs to evidence more neonatal experience which she will do within the next rotation.

Domain 5. Trainee A has not added a huge amount to this domain, and we discussed options on how she can do this including thinking about discussions around smoking cessation, breastfeeding when reviewing patients on the wards. We discussed the RCPCH health inequalities toolkit to support her with this domain.

Domain 6- Trainee A has evidence of progression with team working in various assessments including her MSF, HAT and other SLES. She works well with the wider MDT.

Domain 7- Trainee A has started her paediatric script modules. She has reflected on a minor prescribing incident she was involved in and has also reflected on a bigger incident for which she learnt about the incident reporting process.

Domain 8- Trainee has nearly completed a local audit and has previously support a guideline re-write.

Domain 9- Trainee has completed her required safeguarding CBD and also managed to sit in and reflect on a discharge planning meeting for a complex YP with mental health issues.

Domain 10- Trainee A has attended and reflected on teaching she has attended. She has excellent feedback from sessions she has delivered which is also in her MSF. She clearly excels in teaching others.

Domain 11- Trainee A has attended various journal clubs and has completed a few clinical questions around evidence-based medicine. She needs to continue to develop her research skills.

ESTR example 2 – wants to move to middle grade working

Trainee B is currently working at 100% but is planning to move to LTFT training at 80% in his next placement. He is finishing his ST2 level and feels ready to move to the tier 2 rota in his next placement. He has evidence from his CS report , his middle grade readiness form and 2x ECATs in neonates and on a paediatric ward demonstrating that he is ready to move to tier 2 working. His MSF also suggest he is ready. Trainee B has completed his PDPs for this year which were around gaining skills for tier 2 working , completing his written exams and evidence of managing the acutely unwell child.

With regards to his progress in his curriculum, it is clear that he has been focusing on gaining his written exams and supporting his skills for middle grade readiness. There are a number of his curriculum domains, which have less evidence than others. These include research , safeguarding and teaching. I can see that Trainee B , has regularly added entries to his development log and has reflected on cases he has seen. He needs to focus on good quality evidence to meet the key capabilities not yet achieved.

We discussed how he can meet some of these today including safeguarding - evidence of attending strategy/MDT meetings, attending adoption medicals and spending time in the bumps and bruises clinic. As trainee B has a post in community within his ST3 year, I would be hopeful he can achieve more in this domain.

Trainee has little evidence in his research domain, and we discussed use of clinical questions , reflections on journal clubs and being involved in local research to achieve this domain.

ESTR example 3 - wants to capability progress from core training

Trainee C is currently an ST4 trainee working on the middle grade rota at 60% LTFT. She has completed 9 months FTE at ST4 and is keen to capability progress to speciality training at this ARCP. Her career aim is to be a general paediatrician with an interest in allergy. She plans to apply for the paediatric allergy SPIN once in speciality training.

Since her last outcome 1 in Summer 2024, Trainee C has made excellent progress within her curriculum. She has completed all her clinical exams, and all her mandatory assessments and DOPS needing for core training. She is up to date with her resuscitation courses and safeguarding requirements.

Reviewing her PDP, she has met all the requirements including a regional presentation around an interesting case report , completing a local guideline and evidence of her development in general paediatric clinics.

I have reviewed her curriculum and all the domains as she wants to progress on the basis of capabilities acquired. At her last ARCP she needed to focus on evidence in Domain 4, 9 and 11 to move to speciality training. I can see that she has provided superior quality evidence to achieve these Domains including assessments and reflections of her clinic work, evidence of writing safeguarding reports and reflecting on safeguarding cases she has seen as well as leading a strategy discussion. For Domain 11 she has completed GCP, recruited to local studies and presented her case report.

She has clear and supporting evidence in all her domains and key capabilities. She has not multi tagged to pieces of evidence and has thought hard about what evidence to use in each domain. The pieces of evidence link well to the key capabilities.

Her MSF is very complimentary and demonstrates that she is working well at middle grade level. She is making sensible decisions in both the acute and outpatient setting.

As her educational supervisor I feel she has met the requirements to move to speciality training.

ESTR example 4 – want to complete CCT

Trainee D is currently working at 80% LTFT at ST7. We have reviewed his time in training and his current CCT is in 6 months' time. However, His last ARCP June 2024 was supportive of capability-based progression and Trainee D has expressed an interest of gaining his CCT 6 months early.

Trainee D has completed 2.6 years FTE of general paediatrics and has had his SPIN in NICU signed off by the CSAC. His last post has been in general paediatrics, and he has demonstrated his readiness for consultancy. He has undertaken 2 service weeks where he has been leading the team and has evidence of positive feedback through assessments of these. He has led multiple MDTs/strategy meetings over the year demonstrating leadership skills. This was an area of focus from his START assessment, and I feel this has been achieved. The other aspects of his START included understanding more about the child death process and Trainee D has attend a child death meeting and reflected on this experience. His START PDP also suggests some more experience in the complaints process and Trainee D has written a complaint response and spent time with the complaints team to learn about the processes within the trust.

Reviewing his curriculum for sign of for CCT, Trainee D has clear evidence in all domains in both his generic and general paediatric curriculum. From his last ARCP he needed to focus on evidence around clinic working and governance. He has reflected on his clinics and completed various DOCs around his clinic letters. He has also attended a local clinical governance meeting and has taken on a QI project improving compliance with the trust neonatal sepsis guidance. He has presented this project at a local and regional level.

Trainee D has an excellent MSF, and his clinical supervisors report is incredibly positive with both of these identifying that he is ready for consultant working.