

POSTGRADUATE DOCTORS IN TRAINING AS CLINICAL SUPERVISORS FOR FOUNDATION YEAR TWO DOCTORS: EVALUATION OF A PILOT

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ABSTRACT

Introduction: There are challenges associated with the availability of Educational and named Clinical Supervisors (CS) for Postgraduate Doctors in Training (PGDiTs). This is likely to increase with NHS England's (re)distribution and expansion of Training Programmes. Although supervision responsibility is common for Consultants and SAS (specialist, associate specialist) Doctors, PGDiTs are not afforded the opportunity of experience and practice. This pilot is part of a strategy to widen the pool of available future supervisors.

Methods: Selected PGDiTs with appropriate training were matched to act as CS to FY2 Doctors in the December 2023 to April 2024 rotation across 3 trusts in the Southwest.

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Evaluation of the pilot involved: emailed questions, online surveys and structured WhatsApp Voice Note Interviews with thematic analysis.

Results: 91% of FY2s and 100% of PGDiT CS would recommend taking part in this programme to colleagues. Thematic analysis demonstrated that FY2s valued the closer mentoring presence that the PGDiT CS provided and preferred this dual supervision to the traditional model. Registrars reported professional and personal development, including specific supervision skills that positively influenced their preparedness to take on supervision in the future.

Conclusion: There is minimal risk to FY2s of taking part in such a programme. For the PGDiT CSs there are many benefits to taking part and not only does it better prepare them for conducting supervision but they may take on these responsibilities earlier which will expand supervisory capacity. These results have supported the integration of this programme within the Foundation Training Programme in England.

Keywords: medical education, supervision, training, workforce planning, clinical supervision

INTRODUCTION

The UK Foundation Programme Curriculum states that *“It is the responsibility of the CS [Clinical Supervisor] to provide clear feedback to the FD [Foundation Doctor] on their performance in the placement, to highlight good practice and to guide developments”* (UK Foundation Programme, 2021). In line with NHS England’s Educator Workforce Strategy (NHS England, 2024), the Medical Education Reform Programme team (MERP) were tasked to increase educational supervision capacity. Supervisors were already a scarce resource with difficulty maintaining a sufficiently large cohort to support Postgraduate Doctors in Training (PGDiTs). This problem is likely to be exacerbated due to the redistribution and expansion of training posts (Health Education England) which will see many areas with increasing numbers of doctors in training requiring appropriate supervision.

PGDiTs are eligible to undertake training in Clinical Supervision during the final years of training. Previously they have been unable to act as clinical supervisors, until appointed in a Consultant or SAS Doctor post. Unusually for training, PGDiTs not given experimental learning opportunities despite these being core to their future consultant roles.. Considering the paucity of available supervisors (NHS England, 2024), this seems peculiar.

With General Medical Council (GMC) and UK Foundation Programme Office (UKFPO) permission, a pilot was conceived to determine if senior PGDiT acting as the named Clinical Supervisor (CS) for FY2 doctors was acceptable to the FY2 doctors, and beneficial to the PGDiT themselves. The aspiration was this would also work towards widening the future pool of available supervisors, by preparing and enabling doctors to take on supervisory roles earlier in their consultant posts.

CAN REGISTRARS SUPERVISE FY2S?

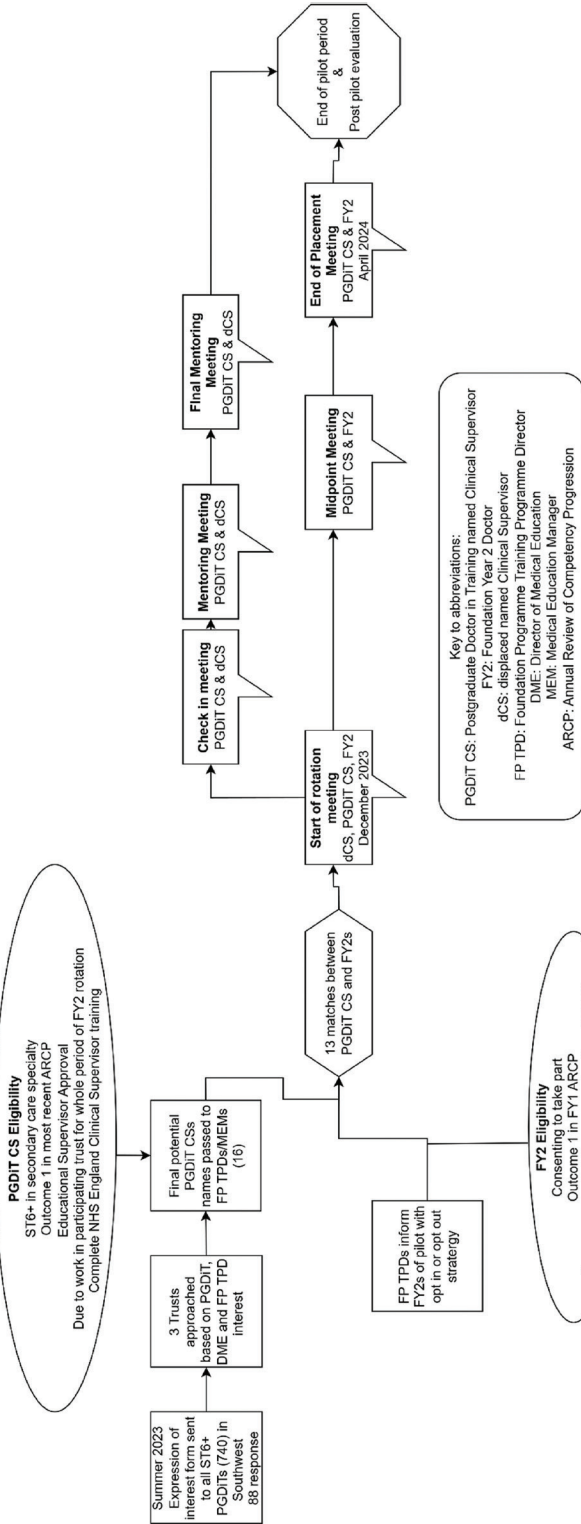


Figure 1. Flowchart to demonstrate pilot management

The first iteration of the pilot in Kent, Surrey & Sussex Deanery (KSS), which took place between December 2022 and April 2023, demonstrated the safe and beneficial use of senior PGDiTs as the clinical supervisors for FY2 Doctors rotating in Obstetrics & Gynaecology and Emergency Medicine. Although this work remains unpublished, the content was used to develop the continuation phase, with one of the KSS senior team members involved.

METHODS

This is an interview study which sought to explore the potential benefits and disadvantages to the PGDiT of being a named Clinical Supervisor to an FY2. The secondary aim was to determine if FY2 doctors were disadvantaged by their participation in the pilot and to explore their experience, including any potential advantages.

PILOT MANAGEMENT

This pilot matched senior PGDiTs as the named Clinical Supervisor for FY2s during the December 2023 to April 2024 rotation. Figure 1 depicts the full pilot management as a flowchart including PGDiT CS and FY2 Eligibility.

The final decision on participation and matching responsibilities was retained by local Foundation Programme Training Programme Director (FP TPD) and Medical Education Manager (MEM) teams. Care was taken by these teams to consider the FY2 participant's wider supervisory network.

PILOT EVALUATION: DATA COLLECTION

This pilot was evaluated across five invested cohorts: PGDiT CS, FY2 Doctors, dCS, FP TPDs and MEMs. Data collection methods were determined based upon maximising participant responses while obtaining sufficient detail to evaluate the pilot and identifying learning points for future iterations of the PGDiT CS Programme. Methods were discussed with senior supervisors across NHS England regions to determine appropriateness for each cohort while attempting to maintain comparability with the evaluation of the previous iteration of this supervision pilot. A full list of the evaluation form questions is listed within Appendix 1.

Qualitative data can explore complex themes and generate rich data (Adams, 2015). The majority of data beneficial for exploring our aims was expected to come from PGDiT CS and FY2 doctors. The PGDiT CS and FY2 doctors completed online questionnaires hosted on Google Forms and provided their mobile phone number to generate data using a novel interview technique. WhatsApp (Meta, USA) was used to distribute the agreed structured interview questions (Appendix 2) with participants responding by recording voice notes for each question. WhatsApp as a tool for ethnographic and qualitative data

collection has been discussed and used for several studies and is gaining popularity predominantly due to the convenience to both the researcher and participants (Mwanda, 2022, Mavhandu-Mudzusi et al., 2022, Bueno-Roldan and Röder, 2022). In addition, data from three other cohorts was collected via online questionnaire (dCS) and requested via e-mail feedback (TPDs and MEMs).

All participants were informed that the results of this pilot, along with their anonymised evaluation data, would be used to inform future development of this programme and used in reports and publications. Audio data was sent to phone and laptop only accessible to one member of the research team. Audio files were transcribed by an AI transcription service (Cockatoo) and then re-read and listened to by the study team in order to correct errors. Raw audio files were kept until the completion of the project and then deleted.

PILOT EVALUATION: DATA ANALYSIS

The qualitative data was analysed using reflexive thematic analysis, described by Braun and Clarke (Braun and Clarke, 2006, Byrne, 2022, Braun and Clarke, 2021) by two members of the study team (HC and EH). Two separate thematic analyses were conducted in relation to FY2 and PGDiT cohorts. Researchers independently familiarised themselves with the transcripts and coded them with relevance to the research aims before discussing their respective codes, identifying similarities and agreeing and defining the final codes. These were amalgamated into preliminary themes and the results presented to the rest of the study team for discussion. Themes were refined and adjusted, alongside iterative engagement with the raw data until the study team were content that they gave a fair representation of the data.

POSITIONALITY & REFLEXIVITY

HC is a PGDiT in General Surgery currently undertaking a Faculty and Education Fellowship with NHS England South West. CV has previously undertaken an Education Fellowship with NHS England South West, was a PGDiT in Obstetrics & Gynaecology and is now a PGDiT in General Practice. EH is a Resident Doctor in Obstetrics & Gynaecology. CS is a PGDiT in General Surgery and a researcher with experience of qualitative methodologies. HC and CS both have an academic interest in medical education and mentoring. SR and JT are both employed by NHS England in the Workforce Training and Education directorate, but have no stakeholder interest in the pilot outcomes. HC, CV and CS have prior experience of the Foundation Programme and HC, EH, CV and CS have received clinical supervision in the manner described within the pilot. This knowledge will have helped the research team to understand and empathise with the participants' experiences, but will have influenced their interpretation of the data.

RESULTS

16 eligible PGDiTs representing 11 different specialties were identified. 13 of these resulted in successful matches with FY2 Doctors; three did not have an eligible FY2 doctor to supervise within their working areas. All 13 matches completed the rotation without the need for the dCS to be formally reinstated.

11/13 FY2 doctors and 13/13 PGDiT CSs provided data via Likert scale questionnaire (Table 1). 10 FY2s and 10 PGDiT CS also responding to the WhatsApp structured interview questions. One FY2 and two PGDiT CS chose to respond using text rather than voice note. The results of the thematic analysis are summarised in Table 2; a complete breakdown of the comprising thematic codes is included as Appendix 3.

FY2S

‘PGDiTs are attentive Clinical Supervisors’ represents an overall positive attitude that the FY2s demonstrated towards their PGDiT CSs. It was evident that the PGDiT CS felt invested in the FY2 doctors as individuals, with one FY2 describing *“I had a really positive experience [...] they are really attentive, always checking in, very supportive and kind and caring...”* The concept of a near peer mentor was consistently mentioned: *“I might have been slightly blasé about minor issues that I would have had and maybe not brought them up with a consultant, potentially because of their status as being a consultant, but with the registrar I felt a little bit more comfortable in discussing even minor issues which probably meant that these got resolved where otherwise they’d have maybe gone unresolved through the course of the placement.”* This quote demonstrates the perceived ease that the PGDiT CS brought to the relationship, which sits alongside attributes of approachability and accessibility, two distinct characteristics that were key to this relationship and were felt to be improved within this pilot.

The theme of ‘Beneficial learning and development’ represents the clinical benefits of joint clinical exposure and the teaching opportunities apparent alongside this. In addition, there was an orientation within the supervisory relationship more toward portfolio and career development. Part of this was due to the time proximity of the PGDiT CS to Foundation training as opposed to traditional consultant supervisors; even though this duration might be variable amongst PGDiT CS, the challenges of progressing through a curriculum were shared with the FY2s, with one commenting *“they’re still working towards a portfolio, they know how to do all these little bits to kind of match the learning outcomes and they could share advice on that... it’s really useful to actually be able to look at someone’s portfolio who is still using it”*. It was perceived that career advice may be more relevant, perhaps again a representation of the proximity of PGDiT CS to specialty applications.

Table 1. FY2 and PGDiT CS Questionnaire results

FY2 Questionnaire Results					
Statement	Strongly Disagree % (n)	Disagree % (n)	Agree % (n)	Strongly Agree % (n)	
I enjoyed taking part in this pilot	0 (0)	9 (1)	27 (3)	64 (7)	
Taking part in this pilot was rewarding	0 (0)	9 (1)	55(6)	36 (4)	
My PGDiT CS was well prepared	9 (1)	9 (1)	18 (2)	64 (7)	
I liked my PGDiT CS	0 (0)	0 (0)	9 (1)	91 (10)	
I respected my PGDiT CS	0 (0)	0 (0)	18 (2)	82 (9)	
My PGDiT CS was knowledgeable about what their role was	0 (0)	18 (2)	9 (1)	73 (8)	
I feel having a PGDiT CS is a benefit	0 (0)	9 (1)	18 (2)	73 (8)	
I would recommend taking part in this pilot to other FY2 Doctors	0 (0)	9 (1)	27 (3)	64 (7)	
When I become a senior PGDiT I would like to take part in a similar scheme	0 (0)		36 (4)	64 (7)	
PGDiT CS Questionnaire Results					
I enjoyed taking part in this pilot	0 (0)	0 (0)	15 (2)	85 (11)	
Taking part in this pilot was rewarding	0 (0)	0 (0)	23 (3)	77 (10)	
Taking part in this pilot challenged me	0 (0)	23 (3)	69 (9)	8 (1)	
I learnt something while taking part in this pilot	0 (0)	0 (0)	46 (6)	54 (7)	
I feel better prepared to undertake clinical supervision as a result of this pilot	0 (0)	0 (0)	31 (4)	69 (9)	

(Continued)

Table 1. (Continued)

Statement	Strongly Disagree % (n)	Disagree % (n)	Agree % (n)	Strongly Agree % (n)
PGDIT CS Questionnaire Results				
I would encourage other senior PGDITs to take part in this pilot	0 (0)	0 (0)	23 (3)	77 (10)
Did you work clinically with the FY2 you were supervising	Yes % (n) 77 (10)	No % (n) 23 (3)		
Do you have self development time during your working week to undertake your meetings with the FY2?	62 (8)	31 (4)		
Did any meetings take place outside of working hours?	46 (6)	54 (7)		
Did you have any problems accessing the FY2's eportfolio?	15 (2)	85 (11)		
If this Pilot ran again, would you be interested in participating?	100 (13)	0 (0)		
	FY2 % (n)	PGDIT CS % (n)	Both % (n)	Other % (n)
If meetings took place outside of working hours was this at the request/requirement of the FY2, PGDIT CS or both?	29 (2)	0 (0)	57 (4)	14 (1)
	None % (n)	dCS % (n)	Foundation TPD % (n)	Own ES % (n)
From which sources did you require any support during this pilot?	46 (6)	46 (6)	0 (0)	15 (2)
			Foundation Admin Team % (n)	Pilot Project Team % (n)
			15 (2)	0 (0)

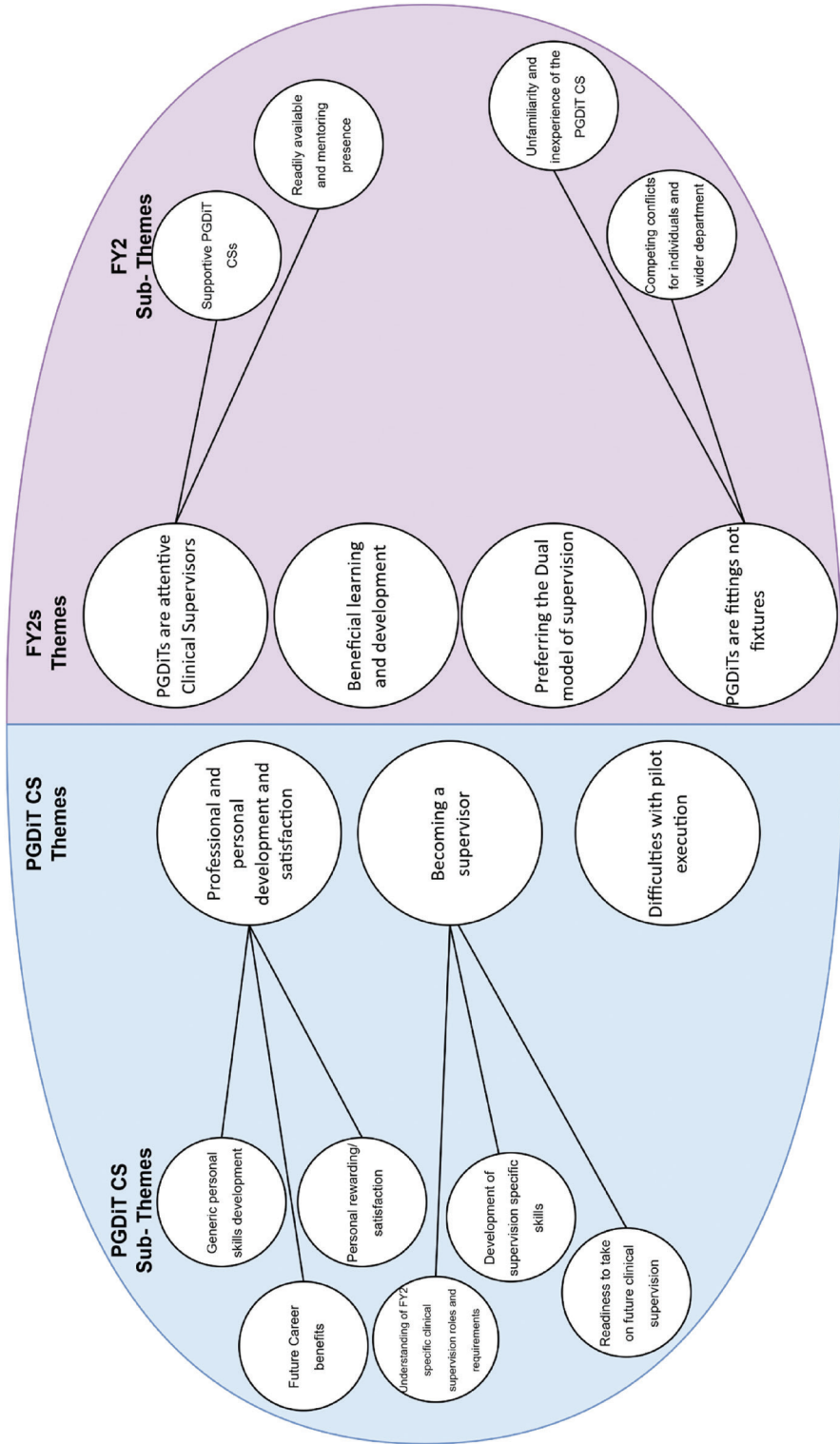


Table 2. Themes and sub themes identified from FY2 and PGDIT CS thematic analysis

The theme ‘PGDiTs are fittings not fixtures’ represents the rotational nature of training and the disadvantages a PGDiT may have when acting as a CS as opposed to a substantive consultant or SAS doctor. Two sub-themes capture both the inevitable inexperience that the PGDiT CS had with the role – *“a possible advantage of having an established consultant is they probably know how the department works possibly slightly better and they might know about more audits and things like that going on”* – and also the more precarious position that they inhabit in the trust and department, with one participant expressing that *“there could be certain issues if... you were raising any issues kind of about the job that was causing them to raise issues with their seniors, they might feel a bit uncomfortable, it might put them in a more of an uncomfortable position...”*.

Finally, ‘preferring the dual model of supervision’ is an important theme as it encapsulates our answer to the research aim regarding the FY2s disadvantages and benefits of participation. It is important to note that while a preference was expressed by several of the FY2s to have a PGDiT as their CS again – *“I think if I had the option I probably would choose a senior registrar as opposed to a consultant again”* – what they are really stating preference for is the pilot set-up of a PGDiT CS with a displaced CS as backup, rather than a PGDiT in isolation. This is reflected in a PGDiT CS describing this as a *“great way to test out being a supervisor with the backup of having the additional support provided by this pilot programme”*.

PGDiT CS

‘Professional and personal development and satisfaction’ is formed of a collection of sub themes that represent the development benefits to the PGDiT CS of taking part in this programme. One PGDiT explained that : *“Being a clinical supervisor has been useful in developing my mentoring and communication skills. It has prepared me for one of the roles I will take on as a consultant. It has also given me more confidence in how I might deal with conflict and other challenging situations in the workplace environment”*. It is also worth noting that two of the PGDiT CS undertook Consultant interviews prior to submitting evaluation data and mentioned this pilot in those interview. *“... it’s given me something really great to talk about in my consultant interview . I think people were quite impressed that I had taken the time to do the training and was taking time out of my schedule to supervise my FY2... I ended up getting the job... I like to think that it potentially contributed”*. Within this theme it was also affirming to see the personal reward and satisfaction that the PGDiT CS took from this role: *“I found it absolutely brilliant. It’s made me feel really proud. I would say the main thing to be able to kind of act as a mentor to somebody more junior.”*

‘Becoming a supervisor’ is comprised of three sub-themes that represent the skills, attitudes and experiences relevant to the development of the PGDiT

CS as a supervisor. One PGDiT stated that *“being a clinical supervisor has enabled me to better understand the training processes that are involved in getting foundation doctors through their competencies. It’s also given me the opportunity to understand about different training pathways to my own, which is important and hopefully set me up to be a safe clinical supervisor in the future.”* This also highlights that there are differences between providing clinical supervision for different grades of trainee and, although there is much that crosses over in skillset, this should be considered when asking supervisors to take on different trainees, especially at the beginning on their supervisory careers.

The perceived increase in confidence with supporting trainees in difficulty as a result of their participation in this pilot is important. A PGDiT CS said *“It’s made me feel a lot more confident in my abilities to kind of do this again in the future and to do it well”*. This is both given the context of the FY2 thematic analysis code regarding the potential for the PGDiT CSs to struggle with a trainee in difficulty and because this pilot was set against the background of increasing supervisory capacity.

Some of the more logistical elements involved in understanding how to specifically supervise FY2s and their requirements are important as one PGDiT CS remarked that they *“feel I’ve really got a much better handle on the foundation portfolio and how to navigate this”* which is important given unfamiliarity with this system fed into a sub-theme within the FY2 thematic analysis (Unfamiliarity and inexperience of the PGDiT CS).

There were some challenges, identified within ‘difficulties of the pilot execution’ which warrant further discussion. For example, *“that I wasn’t specifically on the same kind of clinical rotation as him. So I’m a rheumatology registrar and I’m on the medical on-call rota. So our sort of crossover was when I was on call for medicine. So I wasn’t sort of there as a day-to-day person sort of in his life. So that perhaps would have been maybe more beneficial to him”*. Other participants reported challenges due to a lack of supervision resources and frustrations with some of the logistical challenges that taking part in this pilot demonstrated. One CS said *“don’t have a specific dedicated private office space where we could meet so we were sort of shunted around between clinic rooms”*. The survey data shows that 46% of the pairs had meetings outside of work hours and although this was predominantly (57%) to suit both PGDiT CS and FY2 it is important that this programme strives to reduce this kind of burden on the trainees.

DISPLACED CLINICAL SUPERVISORS

Nine of the 13 displaced Clinical Supervisors provided feedback. Eight (89%) responded positively that the PGDiT CS seemed adequately prepared for their role. Four (44%) felt that PGDiT CS acting as CS for FY2s was a positive innovation and the remainder (56%) said it was neutral, none felt it was negative.

Five (56%) of the dCS said that participation in this pilot decreased the demands on their time, with four (44%) reported participation had a neutral effect on the demands on their time. None reported that the pilot increased demands on their time. The neutral time commitment was summarised by one comment by a dCS *“while it saved me having meetings with the trainee, I instead had meetings with the senior PGDiT and we went through the portfolio and discussed the meetings she’s had with the trainee to make sure everything was on track for F2 sign off”*. Those that felt their time commitment was reduced are reflected in *“Although I still kept in touch with both FY2 and PGDiT, there was less need for me to complete forms. The final meeting took place without me attending. It did generate a few more email correspondence with both parties to ensure everyone was happy and if any assistance was required.”*

100% of the responding dCS reported that they would be happy for a future FY2 under their supervision to participate in the pilot.

TRAINING PROGRAMME DIRECTORS & MEDICAL EDUCATION MANAGERS

Two of three FP TPDs and all three MEMs responded to the e-mail request for feedback. All respondents were positive about their trust’s involvement in the pilot and were *“very happy”* to be involved with future pilots of this programme. Although no overt negatives were identified, the slight increase in administrative burden from participating in the pilot was mentioned, which was from the careful matching of PGDiT CS, FY2s and dCS as well as the logistical burden putting supervisors on the Horus online portfolio. However, one of the MEMs remarked following this comment that this *“could be streamlined as we become more familiar with the process in future”* and that *“familiarity will help”*. All MEMs recognised the advantages to the FY2s and PGDiT CS and one mentioned specifically how good the standard of end of placement reports was

Both FP TPDs recognised the benefits as a *“...good opportunity to train the next generation of clinical supervisors...”* ‘and allowing them *‘legitimate participation’* in supervision activities. They both also mentioned the benefits to the FY2 doctors of having a CS who was closer in career-stage and who they potentially work with more in a clinical context. One TPD felt that it *“...frees up the displaced CS to potentially oversee more trainees at arms length, just as they do with patients...”* and it also *“recreates some of the supportive components of the firm which were jettisoned in MMC [Modernising Medical Careers¹]”*.

¹Modernising Medical Careers was a postgraduate training programme introduced in 2005 which has widely been attributed to the demise of the ‘Firm’ structure of medical teams. Returning to this structure has been posed as a solution to the disenfranchisement and low morale among resident doctors teams.

Rimmer A. The firm: does it hold the answers to teamworking and morale? BMJ. 2019;365:l4105, 12.

DISCUSSION

The data generated by participants of this pilot clearly demonstrates that participation is not only beneficial to the PGDiT CS in terms of their own development but also in preparing them to take on supervision in the future. There are strong reports of self development opportunities and the potential to improve employment prospects. While capacity of the supervisory workforce is important, the quality of this workforce also matters. Increased preparedness for supervision responsibilities will hopefully be reflected in the quality of supervision that they provide when they enter consultant jobs.

This pilot either reduced or had a neutral effect on the demands on the time of existing consultant CS, with 100% reporting they would be happy to participate in this role again. Both of these represent willingness from these vital enablers for continuation of this programme. Although their enthusiasm for this as a reduction in demands on their time may reduce if, for example, they are asked to take on more trainees as a result.

The FY2 doctors support and even prefer this type of supervision and there are minimal risks of participation, particularly with the ‘backup’ that the displaced CS represents. With an increasing number of doctors being trained in the UK (NHS England, 2023), the Foundation Programme will be the first to need additional supervisory capacity and this programme would partially alleviate this constraint.

The addition of a mentor for foundation doctors is not a new concept, and our themes mirror many of those found by Havard et al (Havard and Baker, 2018) when they used Core Medical Trainees as mentors for Foundation Doctors. In their study, trainees were included as an additional presence whereas our pilot created a formal relationship between PGDiT CS and FY2, albeit with a displaced CS available. As mentorship becomes more central to the medical education conversation (Platz and Hyman, 2013) it is important to consider how we can identify opportunities for practice, but also who should be involved. This mentorship aspect of the supervisory relationship may be what is eluded to in comments by TPDs regarding the supportive elements of the firm structure.

The potential for issues if the FY2 doctors struggle and even become PGDiTs who need support are important to consider. Although this did not happen in this pilot, it is inevitable that this will happen even with the strict inclusion criteria for the FY2s. It is reassuring to note that that some codes within the thematic analysis for the PGDiT CS touch on this concept with “Supporting Trainees in difficulty” and “Supervision Experience” being the

Timm A. The demise of the firm – What is happening to apprenticeship learning? 2013 [Available from: https://cdn.southampton.ac.uk/assets/imported/transforms/content-block/UsefulDownloads_Download/4762464A4BAD4178B69F79EDB183F8ED/The%20demise%20of%20the%20firm_Report_v2.pdf].

most obvious. This displays some insight from the PGDiT CS of this area of risk. The training module relating to 'PGDiTs needing Support' is not part of the standard CS training but is included in the longer Educational Supervisor Training. It could be considered to include the full Educational Supervisor Training as a prerequisite to participation in this programme so that PGDiT CS have a better overall view of the considerations for FY2s who are struggling.

It is relevant to note that the PGDiT CS in this pilot have the same training that a consultant starting supervision of trainees would have. The PGDiT CS have now gained supervision experience while being mentored by a dCS and there will always be a first time for supervising. We would hope that in any department support would be available to support supervisors and within this pilot many avenues of support were advertised to the PGDiT CS. Although not required on this pilot it is not inconceivable that a displaced Clinical Supervisor could be un-displaced to support a trainee in difficulty of a severity the PGDiT CS could not manage on their own.

Other researchers have recognised that there is a paucity of training for PGDiTs in how to take on supervisory roles (Noble et al., 2021) and they have implemented training courses to alleviate this. However, to our knowledge this is the first pilot to give such a formal supervisory role to PGDiTs to allow them to experience and practice these skills.

MOVING ON FROM THE PILOT PHASE

To progress beyond the pilot phase, it is important to address identified barriers to participation and 'difficulties with pilot execution' included several barriers to participation in this pilot. These mirror some of those identified within a recent review of the barriers to clinical supervision in the workplace (Rothwell et al., 2021). Much of this will be within an individual trust's ability to improve, such as arranging for protected time and space for supervisory activities and this will hopefully reduce any requirement to consider financial remuneration for participation in future iterations of this programme.

Another logistical barrier to integration of this programme is the availability of FY2s; some departments have very few, demonstrated by this pilot featuring three potential PGDiT CS who had no matched FY2 to supervise. Similarly, differences in rotation dates in some training pathways mean that the programme in this form can only take place in the December to April rotation, which adds further complexity to negotiate. We would see participation in the future as a desirable rather than essential activity.

It is important to talk about the issues of mismatching as this is central to a successful continuation of this programme. Within our pilot, one match was between a Paediatrics ED FY2 and a Paediatrics Registrar and the differences in the working patterns and environment led to their experience being a relative outlier within the dataset. This FY2 remarked "*it actually didn't work very well at all because he wasn't part of my team . So I think that's quite important*". This

risk was illustrated by one comment from a dCS “*I do not believe it works well to have the PGDiT and FY2 doctor working in separate departments as this hinders the relationship and opportunities to link in with each other easily.*”

Participation required significant self motivation on the part of the PGDiT CS and it is likely that they were self selecting in terms of the quality of clinical supervision they would provide. Although this may be considered as a negative to wider adoption of this programme, we interpret this as support for supervision of FY2 doctors this not becoming a mandatory requirement for all PGDiTs to undertake. Likewise, nor should it be standard for every FY2 to have a PGDiT as their CS.

This pilot was set against the background of a requirement to increase supervisory capacity in light of the redistribution and expansion of training posts (Health Education England). Whilst in fact any senior (ST6+) PGDiT CS can access the training it was perceived that participation in this pilot unlocked it. This suggests that PGDiTs may wait to start as consultants before undergoing clinical supervisor training and running this as a programme more widely may expand the potential consultant supervisor workforce simply by engaging doctors to undertake the mandatory training earlier.

LIMITATIONS

The initial pilot of this programme was run in a different deanery and within the Obstetrics & Gynaecology and Emergency Departments only. In order to build on their evidence to inform a wider adoption of this programme we tried to complement their evaluation methods. This did limit our freedom in designing the evaluation to fit with our aims. The initial pilot used evaluation methodology of a workshop and semi-structured interviews to generate data. We chose to use alternative evaluation methods, partly due to the constraints of time and resources that would be required to run this type of evaluation, and limited experience within the evaluation team of these qualitative data collection methods.

Although WhatsApp is gaining recognition and a valuable tool for qualitative data collection (Mwanda, 2022, Mavhandu-Mudzusi et al., 2022, Bueno-Roldan and Röder, 2022) the predominant disadvantage when used in this manner is that the interviews had to be fully structured and will not be able to explore concepts organically in the way a semi-structured interview could (Adams, 2015). Although we were able to examine a large amount of qualitative data in the form of transcripts of voice notes and text messages (3 respondents chose to respond using text rather than voice note data) we were not able to explore comments or clarify experiences. An example of this is if a PGDiT CS listed teamworking skills as an advantage of their participation, we were not able to get them to expand on this to explain what exactly they meant. Additionally, if questions were misinterpreted it was not possible to clarify our intent; unfortunately, the questionnaire was not piloted prior to dissemination.

CONCLUSION

The results of this pilot were presented to the GMC education board (approved May 2024) and UKFPO and it was approved as a ‘business as usual’ programme aligned to the Foundation Programme by the English Deans in November 2024. Careful monitoring and evaluation of this roll out is recommended to ensure and maintain quality. Longer term follow up with the PGDiT CS who undertake this programme should be conducted and compared with the experiences of those new supervisors who did not take part. This is in order to build an evidence base to support the findings of this research that taking part in such a programme better prepares PGDiTs to start supervising trainees and that they will do so earlier in their consultant practice

The results of our pilot evaluation demonstrate significant support for this type of programme from all the relevant cohorts involved. There is minimal risk to FY2 doctors when being supervised by appropriately trained PGDiTs providing consideration is given to the appropriateness of the pairing in terms of work scheduling. Coupled with a displaced Clinical Supervisor, this supervision model is preferable. For Registrars acting as PGDiT Clinical Supervisors there are a plethora of benefits to taking part, not least that this experience better prepares them for conducting supervision in the future. There is potential that this may lead them to take on these responsibilities earlier which will improve supervisory capacity. The results of the evaluation of this pilot strongly support expansion of this programme in order to develop and enhance the supervisory capacity of the future.

AUTHOR CONTRIBUTIONS

Pilot preparation CV, pilot initiation, management, evaluation including thematic analysis and article drafting HC, thematic analysis EH, qualitative methods supervision CS, pilot supervision SR & JT. All authors contributed to redrafting and approved the final draft of this manuscript.

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CONFLICTS OF INTEREST

The authors declare that they have no competing interests.

ETHICS STATEMENT

This pilot was approved and supported by NHS England, General Medical Council and by the UK Foundation Programme Office. No Ethical approval was required.

APPENDIX 1

E-mailed Questions to FP TPDs and MEMs:

- 1) From your point of view as a Foundation Training Programme Director/ Medical Education Manager what positives have you found as a result of the PGDiT CS Pilot?
- 2) From your point of view as a Foundation Training Programme Director/ Medical Education Manager what negatives have you found as a result of the PGDiT CS Pilot?
- 3) Would you wish to have your trust take part in further pilots?
- 4) Are there any other comments you wish to make about this pilot?

GOOGLE FOR QUESTIONS FOR DCS:

PERSONAL INFORMATION

Did the PGDiT seem adequately prepared for their role as CS? *Yes/No*

Do you wish to make any further comment on this? *(free text)*

Do you see PGDiTs being CS for FY2s as a Positive, Neutral or Negative innovation? *Positive/Neutra/Negative*

Do you wish to make any further comment on this? *(free text)*

Do you see any advantages to the **FY2** in having PGDiTs as the CS? *(free text)*

Do you see any disadvantages to the **FY2** in having PGDiTs as the CS? *(free text)*

Do you see any advantages for **senior PGDiTs** in undertaking CS Role? *(free text)*

Do you see any disadvantages for **senior PGDiTs** in undertaking CS Role? *(free text)*

What effect did participating in this pilot on the demands on **your** time? *Increased demand on your time/No change to demand on your time/Decreased demands on your time*

Please explain: *(free text)*

Would you be happy if future FY2 you supervised took part in this pilot? *Yes/No/Other*

Do you have any other comments about your involvement with this pilot? *(free text)*

PGDiT CS Google form questions:

Personal information

CAN REGISTRARS SUPERVISE FY2S?

To what extent do you agree or disagree with the statement:

I enjoyed taking part in this pilot. *Strongly Disagree/Disagree/Agree/Strongly Agree*

Taking part in this pilot was rewarding. *Strongly Disagree/Disagree/Agree/Strongly Agree*

Taking part in this pilot challenged me. *Strongly Disagree/Disagree/Agree/Strongly Agree*

I learnt something while taking part in this pilot. *Strongly Disagree/Disagree/Agree/Strongly Agree*

I feel better prepared to undertake clinical supervision as a result of this pilot. *Strongly Disagree/Disagree/Agree/Strongly Agree*

I would encourage other senior PGDiTs to take part in this pilot. *Strongly Disagree/Disagree/Agree/Strongly Agree*

Did you work clinically with the FY2 you were supervising? *Yes/No/Other*

Any comments you wish to make about this? *(free text)*

Do you have self development time during your working week to undertake your meetings with the FY2? *Yes/No/Other*

Any comments you wish to make about this? *(free text)*

Did any meetings take place outside of working hours? *Yes/No*

If meetings took place outside of working hours was this at the request/ requirement of the FY2, PGDiT CS or both? *FY2/PGDiT CS/ Both*

Is there anything the pilot team could have done to better prepare you or support you to take part in this pilot? *(free text)*

Did you have any problems accessing the FY2's eportfolio? If so please describe and who helped resolve this. *No/Other*

Did you feel your educational supervisor course prepared you to be a CS? If not why not? *(free text)*

Is there anything else that would have been good to know before you started in role? *(free text)*

Did you require any support during this pilot from the following sources? (Please tick all that apply) *None/FY2's dCS/Foundation TPD/Foundation Admin Team/Own Educational Supervisor/ Pilot Project Team/Other*

What support did you require? *(free text)*

If this Pilot ran again would you be interested in participating? *Yes/No/Not Sure*

Are there any other comments you wish to make on any aspects of this pilot? *(free text)*

FY2 GOOGLE FORM QUESTIONS:

PERSONAL INFORMATION

To what extent do you agree or disagree with the statement:

I enjoyed taking part in this pilot. *Strongly Disagree/Disagree/Agree/Strongly Agree*

Taking part in this pilot was rewarding. *Strongly Disagree/Disagree/Agree/Strongly Agree*

My PGDiT CS was well prepared *Strongly Disagree/Disagree/Agree/Strongly Agree*

I liked my PGDiT CS. *Strongly Disagree/Disagree/Agree/Strongly Agree*

I respected my PGDiT CS

My PGDiT CS was knowledgeable about what their role was. *Strongly Disagree/Disagree/Agree/Strongly Agree*

I feel having a PGDiT CS is a benefit. *Strongly Disagree/Disagree/Agree/Strongly Agree*

I would recommend taking part in this pilot to other FY2 Doctors. *Strongly Disagree/Disagree/Agree/Strongly Agree*

When I become a senior PGDiT I would like to take part in a similar scheme. *Strongly Disagree/Disagree/Agree/Strongly Agree*

Is there anything the pilot team could have done to better prepare you or support you to take part in this pilot? *(free text)*

Are there any other comments you wish to make on any aspects of this pilot? *(free text)*

APPENDIX 2

Structured WhatsApp Interview Questions for PGDiT CS:

- 1) What motivated you to take part in this pilot?
- 2) What benefits to the FY2 Doctor do you think come from having you as a PGDiT as their CS?
- 3) Were there any disadvantages to the FY2 Doctor from having you as a PGDiT as their CS?
- 4) What benefits did you get from participating in the pilot?
- 5) Did participating in this pilot negatively impact you?
- 6) Did you feel that there were any risks to your training and ability to CCT by taking part in this pilot?
- 7) What was the biggest challenge you found taking part in this pilot?

CAN REGISTRARS SUPERVISE FY2S?

- 8) How has being a clinical supervisor contributed to the development of your professional capabilities?
- 9) What skills did you develop as part of your participation in this pilot?
- 10) What differences do you think there are with PGDiTs as CS as opposed to a consultant or SAS doctor.

Structured WhatsApp Interview Questions for FY2:

- 1) How did you feel at the beginning of the placement about having a senior PGDiT as your CS?
- 2) How do you feel about it now you are at the end of the placement?
- 3) What benefits to you were there of having a PGDiT CS as opposed to your other consultant/SAS CS?
- 4) Were there any disadvantages of having a PGDiT CS?
- 5) What was the biggest challenge of having a PGDiT as a CS?
- 6) Did you need advice or support from the dCS during your placement? If so do you feel comfortable sharing broadly what this was in relation to? (if you are uncomfortable answering this then please feel free to not respond)
- 7) Do you feel this form of supervision is an acceptable alternative to having a consultant supervisor? Would you choose an ST7 as a CS again if you had the option?
- 8) Do you have any other comments about your participation with this pilot?
- 9) Did you have any unexpected (positive or negative) outcomes from your participation in this project.

APPENDIX 3

Table A1. Themes and codes with descriptions for the analysis of the FY2 data

Theme	Sub Theme	Code	Description
PGDITs are Attentive Clinical Supervisors	Supportive PGDIT CSs	Supportive PGDIT CSs	Engaged, Attentive and kind supervisors
	<i>Readily available and mentoring presence</i>		
		Near Peer Mentor	Felt more at ease with CS closer to level of training
		Accessibility	How much time they have available to meet
		Approachability	How welcoming the CS is to talk to and arrange to meetings
		Proactivity	Active investment in supporting FY2s
Beneficial learning and development opportunities			
		Understanding working towards a portfolio	Understanding working towards a portfolio
		Improved Teaching opportunities	CS choosing to conduct Teaching with FY2s including WBAs
		More relevant career advice	PGDIT CS were more willing to discuss and deliver relevant career advice to FY2s for their stage of training
		Joint clinical exposure	Opportunity to work clinically with CS
Preferring the Dual model of supervision			
		Dual Supervision	Having both a PGDIT CS and a regular CS both providing supervision

(Continued)

Table A1. (Continued)

			Prefer PGDIT CS	Preferred the experience of a PGDIT CS to that of their previous experiences
PGDITs are fittings not fixtures	<i>Unfamiliarity and inexperience of the PGDIT CS</i>			
			Departmental functionality	Knowledge of the functionality including educational opportunities and day to day workings of department
			PGDIT CS supporting struggling trainees	Ability of the PGDIT CS to support a struggling trainee
			Unfamiliarity with supervision	Unfamiliarity with working as a CS and therefore less able to tap into previous experience
			Horus inexperience	Not being confident/competent at navigating the software side of Horus electronic portfolio
	<i>Competing conflicts for individuals and wider department</i>			
			Training conflicts	PGDIT CS's own commitments competing for space such as professional exams, projects and day to day work
			PGDIT CS conflict of interest in raising concerns	PGDIT CS in a more vulnerable position within their department if they need to raise concerns. Vulnerable- might want a job there in the future not they weight throw around
			Potential FY2 and PGDIT CS Conflict	FY2 may not feel comfortable raising issues about working with PGDIT who is also their CS
<i>No Theme</i>				
			Mismatch of working area between PGDIT CS and FY2	The PGDIT CS was not appropriately selected to be working in the same area as the FY2

Table A2. Themes and codes with descriptions for the analysis of the PGDIT CS data

Theme	Sub theme	Code	Description
Professional and personal development and satisfaction	<i>Generic personal skills development</i>		
		Mentoring Skills	PGDIT CS feel their personal mentoring skills have developed
		Time Management Skills	PGDIT CS feel their own time management skills have improved by participation in this pilot.
		Leadership Skills	PGDIT CS feel their own leadership skills have improved by participation in this pilot.
		Team Working Skills	PGDIT CS feel their own team working skills have improved by participation in this pilot.
		Communication Skills	PGDIT CS feel their own communication skills have improved by participation in this pilot.
		Teaching Skills	PGDIT CS feel their own teaching skills have improved by participation in this pilot.
		Organisational skills	PGDIT CS feel their own organisational skills have improved by participation in this pilot.
	<i>Future Career benefits</i>		
		Consultant Interview	Beneficial experience to demonstrate at consultant interview
		Personal portfolio development	Participation in this pilot provided personal development of skills that are required as part of current portfolio development and future jobs
	<i>Personal rewarding/satisfaction</i>		

(Continued)

Table A2. (Continued)

Theme	Sub theme	Code	Description
Professional and personal development and satisfaction	<i>Generic personal skills development</i>	Enthusiasm for Supervision	PGDIT CS had a genuine enthusiasm for taking on the role of clinical supervision
		Appreciation of supervision challenges	Appreciate the challenges of providing quality clinical supervision and understanding from their own previous negative experiences
		Personal fulfilment	PGDIT CS reporting personal satisfaction and fulfilment from supervising FY2s as part of this pilot
Becoming a supervisor	<i>Understanding of FY2 specific clinical supervision roles and requirements</i>		
		Understanding FY Curriculum	An in depth understanding of the requirements of the FY Curriculum and how to navigate Horus eportfolio
		FY2 Progression responsibility	Taking the responsibility for adequate progression of an FY2
		Understanding FY Challenges	Understanding the challenges faced by FY2s as part of their professional progression
	<i>Development of supervision specific skills</i>		
		Awareness of Regional Pastoral Support	The Training package helped the PGDIT CS become aware of the regional support available for struggling trainees.
		Meeting differing training needs	The requirement to balance the priorities and training needs of another trainee and their own

(Continued)

Table A2. (Continued)

Theme	Sub theme	Code	Description
Professional and personal development and satisfaction	<i>Generic personal skills development</i>		
		Supporting Trainees in difficulty	Confidence in supporting future trainees in difficulty
		Feedback report writing	Improvement in ability to write feedback reports
		Colleague feedback acquisition	The ability to canvas feedback on your trainee from colleagues
		Access to supervision training	The benefit of being able to undertake formal clinical supervision training
		Dual Supervision	The experience of being a clinical supervisor with support from a experienced qCS
	<i>Readiness to take on future clinical supervision</i>		
		Confidence in supervision	Gaining confidence for providing future supervision by the experience of this pilot
		Preparedness for future clinical supervision	A feeling that they are now better prepared, more confident and ready to take on the role of clinical supervisor again in the future
		Supervision Experience	The benefits of having put into practice clinical supervision skills and had experience of being a supervisor
Difficulties with pilot execution			
		Allocation mismatch	The challenges associated with different working schedules and sites within the same or slightly differing sub departments
		Supervision resources	The lack of logistical and financial infrastructure and support for PGDITs taking on CS responsibilities

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