

**SOUTH WEST POPULATION AND PUBLIC
HEALTH ACADEMY**

Toolkit for Supervisors



Final

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Toolkit for Public Health Supervisors

Introduction

This toolkit is to provide additional information for Educational, Academic, Health Protection and Activity Supervisors in the South West.

This document should be read alongside the Public Health Specialty Training Curriculum 2015.

We have structured this document based on the two phases of Specialty Training. Section one covers getting started in a placement and establishing the working relationship. Section two provides information on the consolidation of the Training Programme and section three suggests ways to manage the ending of the placement and whatever follows (new placement or applying for a consultant post).

We hope it is helpful to new and experienced Supervisors and will stimulate debate about what excellence in training looks like, from the supervisor and registrar perspective. We also intend that this should facilitate a consistent experience for both registrars and supervisors.

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Section 1: Getting started

1.1 Public Health Training

Public health specialty training normally lasts five years. The delivery of training is overseen by the Head of School. The training covers ten key areas of public health practice in the three domains of public health and aspects of professionalism. The curriculum builds on learning from both the undergraduate public health curriculum and generic competencies from the Foundation Programme curriculum, or from other experience in the case of registrars from backgrounds other than medicine.

PHASE 1			PHASE 2	
ST1	ST2	ST3	ST4	ST5
KNOWS	KNOWS HOW/SHOWS	SHOWS HOW/ DOES		DOES
	ARCP	ARCP	ARCP	ARCP

DFPH MFPH

The two phases of learning are not primarily defined by time but by successful acquisition of the learning outcomes defined for each phase.

Phase 1 combines early induction to training and introduction to basic core public health skills with acquisition of knowledge. Registrars usually complete a Master's in Public Health during their first year of training. Academic courses combine face to face teaching with self-directed learning and this is complemented by workplace-based experiential learning, putting early knowledge into practical settings. This phase is assessed through examination (DFPH exam), a two-part examination testing knowledge and skills through short answer questions and knows how through critical appraisal and a practical written exercise of a real public health problem.

The DFPH exam is usually held twice yearly, in January and June. Registrars would be expected to sit this examination at the earliest opportunity (June).

Following successfully passing the DFPH exam, StRs will complete the mandatory Health Protection placement, organised by the Programme team.

Following this, the StR will be expected to sit the MFPH exam; typically, 9-12 months after the DFPH.

Phase 2 allows the registrar to consolidate core skills in the practice of public health and to develop specific interests which will enhance career opportunity. This phase is covered mainly by experiential learning with new advanced theoretical knowledge covered by formal courses and conferences. Registrars are encouraged to use their study leave allowances to support their educational and career objectives. StRs can only move into phase 2 of training upon completion of the MSc, DFPH, Health Protection and MFPH.

Acting up as a Consultant Acting up provides registrars coming towards the end of their phase two training with the experience of navigating the transition to consultant while maintaining an element of supervision. Please refer to the [acting up policy](#).

1.2 The Training Programme

The South West Population and Public Health Academy Board

The board is responsible for overseeing the establishment, implementation and monitoring of a comprehensive high quality approach to multidisciplinary public health training and development in the South West. Specifically, it is responsible for the running and oversight of a regional training programme for public health specialists and Public Health Workforce Development Programmes in the South West region. The board meets 3 times a year.

Membership of the board includes:

- Head of School (Chair)
- Nominated zone leads representing North, South, East and PHE
- Academic Leads
- Faculty Adviser
- CPD Co-ordinator
- Lead Health Protection Representative
- Public Health StRs (co-chairs representing the StR group)
- Dental Public Health Representative
- Lead for Public Health in HEE

Head of School

The Head of School is appointed by Health Education England to organise, develop and oversee the running of the public health training programme in the South West. They will work in close collaboration with the Academy Board and will oversee the work programme of the Training Programme team.

Programme Team

The Training Programme team is based within Severn Postgraduate Medical Education. The office based team consists of a Programme Manager, Training Manager and Business Support Administrator.

The team can be contacted by emailing; PublicHealth.SW@hee.nhs.uk

Specialty Tutors

Each training location has a nominated specialty tutor who is identified as an enthusiast to support quality of training in each location to ensure the systematic implementation of the PGME Quality Framework. Specialty tutors are educational or academic supervisors who have achieved all five core competencies required to be an accredited Educational Supervisor by background. University leads provide the specialty tutor role at each of the three locations.

The role of specialty tutors is to help:

- Maintain an environment within the departmental multi-professional team that supports training and delivers the curriculum and relevant assessments at Foundation, and Specialty levels
- Support registrars and supervisors
- Ensure systems are in place for induction, developing the quality of training, delivery of formal education and study leave management

- Act as point of contact for the Training Programme for promotion of training events and other communications where local support is particularly needed.
- Specialty tutors support rather than line manage their supervisor colleagues. In some locations DPHs have adopted the specialty tutor role rather than delegating to an educational supervisor in their department.

A Specialty Tutor pack is available for those new to the role, please contact the Programme team for an electronic copy of this. PublicHealth.SW@hee.nhs.uk
Click [here](#) to see a full list of Specialty tutors in the South West.

All registrars have an educational supervisor, an academic supervisor and will be supported for individual projects by an activity/project supervisor.

Educational Supervisors

Educational Supervisors are based within service locations. Specialty Registrars are allocated a supervisor based upon availability at their first training location. When a StR moves training location, a new Educational Supervisor will usually be allocated. The nominated Educational Supervisor is responsible for overseeing the Specialty Registrar's training programme. Regular meetings between supervisor and StR should be maintained throughout the StR's training.

Educational supervisors have a longitudinal overview of the training of each StR appointed. They are responsible for supervising the service experience, for ensuring that adequate resources are available to the StR for that purpose, and for monitoring the adequacy of the programme.

Educational supervisors are responsible for providing a structured report of evidence of progress in training prior to the annual review process (ARCP). This report will be read by the ARCP panel and must have been discussed with the StR.

Educational supervisors will:

- Assess the learning needs of StRs attached to them on an individual basis and draw up a realistic and achievable learning plan with them.
- Be readily accessible to the StRs for whom they have been appointed supervisor.
- Use a written framework for training with regular review and constructive feedback. Be able and willing to identify and ensure delegation of appropriate tasks and responsibilities to the StR.
- Ensure that all ARCP competences are met and signed off
- Provide support for StRs taking the DFPH examination and preparing for the MFPH.
- Facilitate learning opportunities not available locally to ensure exposure to the full range of required competencies.
- Encourage, support and offer the StR constructive feedback.

Academic Supervisors

Academic Supervisors are linked to the three academic institutions, University of Bristol, University of Exeter and the University of the West of England

All Registrars will be allocated an Academic Supervisor who will meet with them a minimum of three times a year. As well as providing advice and guidance on research

and academic practice the supervisor will highlight additional development opportunities within the University including appropriate lectures, workshops and seminars. Academic Supervisors will need to write a report for a Registrar's ARCP.

All Registrars will:

- Be assigned an Academic Supervisor and take responsibility for setting up the first meeting
- Set up and attend at least one three-way meeting between the Registrar, Educational Supervisor and Academic Supervisor each year
- Receive advice and guidance to attain relevant research and academic skills
- Have appropriate access to University facilities and resources
- Be given support in relation to examinations
- Be given support during MSc (dissertation and publications)
- Have access to a range of courses provided by the University and funded by the training programme

In the South West, a guide to three way meetings has been produced, you can find this guide [here](#)

Activity Supervisors

StRs may undertake a variety of work under an activity supervisor other than their Educational Supervisor. This will be agreed in discussion with their Educational Supervisor as part of their work programme. Task contracts may be helpful in setting aims, objectives, scope and duration of pieces of work.

Activity supervisors should:

- Have a broad understanding of public health, though not necessarily a public health qualification
- Understand the relevance of the project in meeting the StRs' required learning outcomes
- Be committed to providing high quality training and be able to demonstrate it by attending Supervisor training or other equivalent courses
- Be willing and able to set aside protected time for supervision with the StR and Educational Supervisor as appropriate.

As a Supervisor in the South West, you may be asked to help support training events from time to time. Below are some of the interesting things you can get involved with as a Supervisor;

- ✓ Contributing to the planning of the Annual Training Conference
- ✓ Contributing to the planning of the South West Public Health Development School
- ✓ Contributing to the planning of the South West Public Health Scientific Conference
- ✓ Volunteering as an actor or examiner at Mock MFPH exams
- ✓ Observing ARCPs or even sitting as a panel member
- ✓ Presenting at Registrar Tutorials
- ✓ Presenting at Public Health as a Career Events and Open Evenings

Registrar committee

The South West has an active StR Committee that works to improve the quality of the training experience. It provides a chance for registrars to network with each other, trainers and other public health partners. The induction programme, regular tutorials and the annual events are just some examples of the work of the StR Committee will support. This work is only possible through the hard work and commitment of many StRs and it is important supervisors encourage and support participation in StR activities. Taking on responsibilities for specific roles should be done through discussion between the StR and educational supervisor, considering other commitments such as exams and required learning outcomes. However, it is important that all StRs are given time and support for these activities since they are integral to improving the training experience. It is also helpful to include such pieces of work within the educational supervisor's report, so that StRs can document their network activities within their ARCP.

The initial training period is often pressurised because of the work required from the MSc and the exams. Nevertheless, identifying the best opportunities for StRs to participate in the StR community is an important aspect of preparing them for working as a consultant.

1.3 Induction

In appendix A there is a list of links to key documents that provide important background information to the training programme and the Supervisor's role.

In appendix B you will find the Training Programme's local induction checklist. It covers;

- Housekeeping and general location information
- Organisation and department
- Personal expectations, opportunities and support

This checklist provides a number of suggested topics to discuss at your first meeting with a registrar. Every registrar is different and discussion topics will differ depending on phase of training, previous public health experience and type of placement. Therefore, this checklist should be used as a guide only.

1.4 Early meetings

In this section we suggest issues you may wish to consider in preparing and carrying out your first meetings with the registrar. We also explore the nature of the relationship and learning styles.

The nature of relationship

The educational supervisor undertakes a range of roles in relation to the StR. Supervisors are in effect required to undertake a range of different roles from direct line management and supervision, to teaching, coaching and careers guidance.

Health Education England lists the competencies and duties of an educational supervisor as follows:

- Teaching

- Supporting preparation for exams
- Writing reports
- Assessing competence
- Facilitating reflection
- Setting objectives
- Assessing competence
- Reviewing performance
- Giving feedback
- Performing appraisal
- Giving careers advice
- Managing absence
- Managing poor performance

Appendix C provides a learning styles survey you may wish to use to help each of you to reflect on your own learning styles. This can be a useful way for Supervisor and registrar to get to know each other and consciously think about where they have similarities and differences in their preferred styles.

1.5 Sample agenda for first meeting

- Induction checklist
- Frequency of 1:1s
- Duration
- Working arrangements
 - a. Ground rules and expectations
 - b. Preferred mode of contact
 - c. Managing leave including sick leave
 - d. Role in team
 - e. Link to senior management team
- Learning agreement (appendix D)

The registrar and Supervisor should familiarise themselves with the ePortfolio and curriculum and consider areas of challenge and topics already experienced in.

1.6 Peer support for registrars

All new ST1s are allocated a buddy StR from other year cohorts in the region. It may be particularly helpful to consider this particularly in those areas where StRs may be on their own in a training location. New StRs could 'buddy up' with a more senior StR. StRs could arrange their own peer support groups e.g. for exam preparation. Other means of gaining peer support are through participation and attendance at the

tutorials organised by the StRs. In addition to attending the tutorials, StRs can ask for support and advice through the Glasscubes network.

1.7 Peer support for trainers

As a supervisor you may wish to think about your own needs in terms of peer support and whether you wish to link up with a more experienced supervisor or Specialty Tutor. There may also be benefit in trainers sharing their generic experiences and taking an action learning approach to this role.

Section 2: Consolidation of Training

The section includes tools and techniques that may be helpful as part of the consolidation of training.

2.1 The ePortfolio

The ePortfolio system is a central platform for the management of information and documentation on progression of learning against the public health curriculum during training. The ePortfolio allows StRs to relate documentation and evidence to the curriculum and incorporates the ability to record various sign offs. The ePortfolio is managed by the StRs; they must reflect on and record achievements on an on-going basis.

Both supervisor and registrar need to ensure they have access to the system, are linked to each other and have agreed how they will manage keeping the record up to date. It is important to do this well ahead of an ARCP.

The E-portfolio manual

The FPH E-portfolio manual for supervisors is available at <https://www.fph.org.uk/media/1132/e-portfolio-es-as-tpd-manual.pdf>

Access and Login

The E-portfolio can be accessed at <https://eportfolio.fph.org.uk/>

Account set up (first time supervisors)

Username and passwords for login can be obtained through the training programme who need to authorise this with the Faculty.

If you need access to the system, please contact PublicHealth.SW@hee.nhs.uk in the first instance. Access will only be given if trainers are fully accredited.

Any ongoing issues with the ePortfolio, please contact educ@fph.org.uk. Please contact the Programme team if you have any questions about the system.

There are some useful e-portfolio support documents here:

<https://www.fph.org.uk/training-careers/specialty-training/training-eportfolio/>

2.2 What makes a good project? case study examples

Specialty Registrars (StRs) in Public Health are sometimes requested to present examples of their work each year at the Training Conference. The presentations provide an excellent overview of the projects and how the work supported StRs to achieve their learning outcomes.

2.3 Recording meetings

Supervisors need to consider how they wish to record 1:1s, agree with the registrar who does the recording and how they store this information. This becomes a useful tool for keeping track of actions. It can also be used as supporting evidence as part of a consultant's appraisal.

2.4 Giving and Receiving feedback

Giving feedback is an integral part of learning and training. Ideas are formed and modified through experiences and these ideas underpin the idea of the 'reflective practitioner'.

The learning cycle requires four kinds of abilities or learning contexts:

- concrete experience – learners are enabled and encouraged to become involved in new experiences
- reflective observation – gives learners time to reflect on their learning
- abstract conceptualisation – learners must be able to form and process ideas and integrate them into logical theories
- active experimentation – learners need to be able to use theories to solve problems and test theories in new situations.

There are a number of approaches and tools that can be used when giving and receiving feedback. These include:

- Pendleton's rules – see Appendix E
- The teacher's toolbox – see Appendix F
- Incorporate the Myers Briggs Type Indicator preferences into the feedback process. – see Appendix G
- BOOST model – see Appendix H

Directly observed feedback can be undertaken by both supervisor and registrar. It can be used for those learning outcomes requiring assessment by direct observation. It can also be a helpful way for registrars to give feedback to their supervisors. A template to structure these methods of feedback and assessment can be found here;

<https://www.fph.org.uk/media/1173/blank-doph.pdf>

2.5 Supporting revision and exam preparation

The Faculty of Public Health Diplomate Exam (DFPH)

The DFPH examination is intended to test candidates' knowledge and understanding of the scientific basis of public health, and their ability to apply their knowledge and skills to the practice of public health. It consists of two written papers (Paper I and Paper II). Both Papers I and II are split into two parts/components A and B (Paper IA, Paper IB, Paper IIA and Paper IIB) and taken over two consecutive days. More information on the exam can be found on the [FPH website](#).

Registrars are expected to sit the exam in the June following commencing training (if typically completing MSc). Please note this may differ for some StRs.

In the South West all StRs are offered a place on a DFPH revision course organised by the University of Bristol. This usually lasts a week and takes place in the Spring. StRs should refer to the South West Public Health [study leave policy](#) for information on private study.

The Final Membership Exam (MFPH)

The MFPH exam is a 'show how' assessment of a candidate's ability to apply relevant knowledge, skills and attitudes to the practice of public health. Candidates must demonstrate that they can integrate the theoretical and practical aspects of public health practice. More information on the MFPH Exam can be found on the [FPH website](#).

Registrars are expected to apply for the MFPH exam as soon as possible and should sit it approx. 9-12 months after passing the DFPH exam. StRs must have completed their Health Protection placement prior to the MFPH exam.

Registrars are offered a mock MFPH ahead of taking the final exam. In most cases this is organised by the Programme. However, alternative arrangements may be made for StRs to attend a mock within another region if this cannot be arranged locally.

2.6 The coaching approach

Focuses on structuring conversations so that you can help the StR (referred to as coachee in this section) to explore a topic or situation and discover answers for themselves. Whilst formal coaching is typically carried out by qualified people, the principles of this non-directive approach can be transferred to everyday conversations in the workplace by adopting some simple techniques for structuring conversations and phrasing questions. Therefore, the educational supervisor may take the role of coach, or this role may be undertaken by a trained coach if such a person is accessible. The Professional Support Unit may be able to advise how to access trained coaches.

The fundamental premise of this approach is that the answers lie within the coachee or can be discovered by the coachee for themselves. It is the coach's job to ask the right questions to help coachees arrive at their own conclusions. Coaches can provide helpful input or suggestions, but the process of discovering answers for themselves is a very powerful way of supporting change and learning.

A useful introduction to coaching, and some simple techniques can be found at http://www.mindtools.com/pages/article/newTMM_15.htm

TGROW structure for a coaching conversation:

- Topic – decide on the subject for discussion
- Goal – agree measurable output/outcome
- Reality – describe the current situation, and explore this to uncover the real issues
- Options – draw out all possible solutions, select the preferred solutions
- Wrap up - discuss possible implications/obstacles, commit to action, identify support and check when/
 - how they will know the goal is achieved.

2.7 Specialty registrars in need of extra support

There are some signs that may offer an early warning that a StR is experiencing difficulties.

- *The 'disappearing act'* – lateness; not answering emails, missing meetings
- *Low work rate* – slowness in completing pieces of work; arriving early, leaving late and still not achieving normally
- *Conflict, or lack of engagement* with colleagues
- *Avoidance of tasks*, referring pieces of work to someone else
- *Rigidity* – poor tolerance of ambiguity; inability to compromise; difficulty prioritising
- *'Bypass syndrome'* – team members avoid seeking this StRs advice/opinion/involvement
- *Career problems* – difficulty with exams; uncertainty re career choice
- *Insight failure* – rejection of constructive criticism and defensiveness

Difficulties may arise from a range of circumstances including:

- Educational challenges, exams, revision
- Anxiety concerning career decisions
- Pressure of work, lack of team support
- Unfamiliarity, inexperience
- Changes in team dynamics
- Personal health problems
- Sickness within the family
- Personal relationship difficulties
- Cultural isolation
- Domestic responsibilities or pressures

Examples of possible scenarios include:

- Sharing an unsatisfactory ARCP outcome
- Overconfident StR
- Apparently unmotivated StR
- StR not asking for help appropriately
- StR a cause for concern
- Unprofessional behaviour (e.g. late, rude)
- StR smelling of alcohol
- Insight failure

South West Public Health Registrars are employed by Gloucestershire Hospitals NHS Foundation Trust. Diane Lloyd, acts on behalf of the Trust as HR Manager for all StRs.

The lead employers' policies around conduct and managing performance should be used. The FPH Public Health Specialty Training Curriculum 2015, section 2.12 (p.30) describes how remediation should be addressed. Structures for different kinds of conversations such as returning to work after sickness are given in appendix I.

Where there is an interaction of health and performance, referral to the Lead Employers Occupational Health referral service can be made, either by the training programme, e.g. as part of the sickness absence/performance management process, or the StR may self-refer. The Lead Employer has a self-referral system which is available to all Trust employees providing confidential support.

The range of problems that may present is very wide ranging from minor, one-off incidents, to recurring patterns of sickness. Serious performance issues are rare but are often complex and educational supervisors will need to seek advice, support and guidance from the Training Programme team.

Where the StR is not making expected progress, supervisors should discuss with the Head of School. The Educational Supervisor should record performance issues via the Educational Supervisors report. These can then be addressed at ARCP. The ARCP has discretion to put in place a variety of remedial measures including extra time of up to one year of training if needed. The Professional Support Unit is available through Health Education England. The most successful intervention occurs when the registrar makes contact early either through self-referral or referral through the Training Programme via the Educational Supervisor.

Supervisors may find it helpful to refer to the Professional Support Unit guidance which can be found on this link. <http://www.severndeanery.nhs.uk/about-us/professional-support-unit/>

Section 3: Endings

The assessment of satisfactory progress in the training programme is undertaken at an annual review; this is called an ARCP: 'Annual Review of Competence Progression'

The ARCP is a formal review of a specialty registrar's progress throughout the preceding year. The ARCP panel has two objectives:

- To consider and approve the adequacy of the evidence and documentation provided by the registrar,
- To make a judgment about the registrar's suitability to progress to the next stage of training or confirm training has been satisfactorily completed, provided that adequate documentation has been presented.

Progress is judged as passing the FPH examinations and completing competencies in the e-portfolio at an appropriate rate.

The ARCP is a requirement for all public health registrars, both full time and those in less than full time training and normally happens annually. Exemptions may occur if a specialty registrar has had significant leave from the training programme (for example out-of-programme leave, sickness or maternity). These are agreed on a case-by-case basis.

Most ARCPs for Health Education South West are held in June or July although we do have smaller sittings in April and December. In the Southwest, we expect all StRs to attend the ARCPs. Supervisors are encouraged to observe.

The ARCP also provides a formal process whereby more specific and targeted help can be provided for registrars who are experiencing difficulty. In these cases, the panel can recommend, for example, additional training time, a period of focused training or that training be repeated in a particular area of work. Occasionally, after other forms of support have not proved successful, it may be concluded that public health is not the specialty in which an individual is most suited, and training should be discontinued.

The ARCP panel also determines whether a registrar has completed training satisfactorily and makes a recommendation to FPH for the issue of a Certificate of Completion of Training (CCT). This is then referred onwards to the General Medical Council (GMC) or the UK Public Health Register (UKPHR) that make the ultimate decisions.

More information on the ARCP and how the process works can be found on School website <https://publichealth.severndeanery.nhs.uk/about-us/specialty-training/arcp/>

3.1 Preparing for ARCP

All specialty registrars will be using the online ePortfolio to record their work. As a supervisor you will need to ensure that all their learning outcomes, activity sheets and competencies are signed off electronically in time for their ARCP. This can be extremely time consuming

if your registrar has completed a large number at the same time. Some supervisors find it helpful to arrange a meeting with their registrar in order to go through the learning outcomes submitted. You will need to sign off activity summary sheets and competencies. You will also need to make sure you have signed off a learning agreement (with the Head of School) which you have probably completed earlier in the year. Educational and Academic Supervisors will be required to write a report for the ARCP.

The Training Manager will formally notify the StRs well in advance of their ARCP and inform them of the documents that are required.

Registrars are expected to submit the following documents to the Programme team by the deadline specified;

- Educational Supervisor Report
- Academic Supervisor Report
- Curriculum progress review form (this must match the StR ePortfolio)
- Learning Agreement
- Training Record form
- Form R
- Wider scope of practice form
- Revalidation – Educational Supervisor Questions
- Form 4 – to be completed following an appraisal (including those attending their first ARCP)

Activity summary sheets

These are for the registrar to reflect on what they learned from what went well and what could be improved, how it will influence their approach in future. It is not for describing the activity.

One activity should not be linked to too many learning outcomes. Conversely a learning outcome only needs a few robust pieces of evidence, rather than a lot of weaker demonstrations of work.

Educational Supervisor's comments should relate to how the StR handled each activity and any implications from this.

Competencies

The ARCP review will only sample some of the signed-off competencies. As a consequence, the responsibility lies almost entirely with the educational supervisor to confirm that the specialist registrar has achieved the appropriate level. This is particularly relevant for StRs nearing the end of their training; you are signing them off as 'ready for a consultant post'.

Supervisor reports

The supervisor's report describes the progress the registrar is making with comments on activity summary sheets.

Your report should comment on specific achievements, not just on what areas the StR has worked on and review progress through the training curriculum. Identify their strengths and weaknesses and set out recommendations for the next year

StRs who are *not making expected progress* need to have particularly good training records. The educational supervisor's report is the formal record for assessment. Any action taken which may result in them being referred to the StRs in Difficulty panel or being asked to leave the scheme will depend on the evidence in these reports.

Appendix J contains specimen educational supervisor reports.

3.2 What needs to be done after ARCP

Review the ARCP with your Specialty Registrar: how did it go? Besides your reports for the ARCP, you should review the recommendations set out by the panel and draft a new learning agreement for the year ahead.

If they are leaving or moving to a new location, how will you mark their leaving? What advice and feedback can they give you and your location? Advise them to use the opportunity to do an exit interview with the training programme team.

If they are not leaving, prepare a new learning agreement and discuss how the next year will be used to best effect.

If they are going on a short attachment, such as in health protection, ensure the hand over to their HP supervisor is coordinated and be clear of the expectation on all sides. Are they coming back to you? If so when and have a plan for them to pick up pieces of work to make progress on outstanding learning outcomes.

3.3 Accreditation and CPD

Requirements to be a Supervisor in the South West

This section contains information for Consultants and Public Health Professionals in the South West for:

- [New Educational Supervisors](#)
- [Educational Supervisors with previous experience in a different region](#)
- [New Activity Supervisors](#)

Accreditation for New Educational Supervisors

In order to supervise a Specialty Registrar based in a South West training location you must be fully accredited to standards set by Postgraduate Medical Education (PGME). To become accredited, you must attend core competency training in 5 training activities:

1. Training and trainee supervision
2. Successful learning environments for supervisors
3. Workplace-based assessments, appraisal and feedback
4. How to support trainees
5. ARCP

This revised training has been developed by PGME and was implemented in April 2020.

Supervisors must also meet the [requirements](#) as set out by Faculty of Public Health.

Maintaining accreditation

Having achieved full accreditation, you must maintain your skills with an annual update. The annual update can be completed by attending the Public Health Training Conference, if a Supervisor cannot attend, video clips will be available online. Details of this will be communicated to you by the Programme Team.

Accreditation for Supervisors who have moved to the South West and trained as a supervisor elsewhere

For experienced supervisors who have attended supervisor training in another region it is still necessary to attend training in the south west.

Accreditation for New Activity Supervisors

In order to project/activity supervise a Specialty Registrar based in a South West training location you must meet standards set by Postgraduate Medical Education (PGME) by attending a training relevant workshop covering:

1. Training and trainee supervision
2. Successful learning environments for supervisors
3. Workplace-based assessments, appraisal and feedback

These training requirements 1-3 can be achieved by attending Public Health specific training communicated by the Programme team. You are not required to repeat this training.

(Please note Project/Activity Supervisor is a term used in Public Health only. The FPH is now referring to Project Supervisors as Activity Supervisors and there is reference to both throughout the Public Health website. In PGME, the role of Project/Activity Supervisor equates to Clinical Supervisor in other medical specialties.)

You should also complete equality and diversity training in your own organisation - evidence of this may be required by the Training Programme upon request.

If you are interested in extending your training related skills, you are welcome to attend any [other PGME courses](#)

For any queries relating to accreditation or Supervisor training please contact PublicHealth.SW@hee.nhs.uk

More information can also be found in the South West Public Health [Training Policy](#)

Supervisor Accreditation and Competences

Requirement	How can this be achieved?	How often do I need to repeat this training?	Educational Supervisor	Academic Supervisor	Health Protection Supervisor	Activity Supervisor
ES 1 ES 2 ES 3	By attending Public Health specific training for all Supervisors (one day)	Never	Yes	Yes	Yes	Yes
ES4 How to support trainees	This is delivered through half day courses organised by Severn Postgraduate Medical Education.	Never	Yes	Yes	Yes	No
ES 5 ARCP	This is delivered through half day courses organised by Severn Postgraduate Medical Education. The Public Health Training Programme are also planning to deliver this training.	Never	Yes	Yes	Yes	No
Equality and Diversity	This training is part of mandatory training within each training location. Supervisors may be required to provide evidence of completion. Responsibility for ensuring training is complete sits with the Specialty Tutor.	As per location requirements	Yes	Yes	Yes	Yes
Annual update	Update specifically for Public Health by attending Annual Training Conferences. Video clips are available for those who cannot attend.	Annually	Yes	Yes	Yes	No (but advised)
CPD Educational Skills course	By attending CPD courses	Not required-optional				

3.4 Variation of Supervision and Training

In 2018, a paper (Appendix K) was written to present the work that Registrars and Supervisors in the South West have been working on to address issues of variation in Supervision and training. The issue of variation in Public Health Supervision and Training has been discussed by both Specialty Tutors and Registrars with both groups very keen to address the issue. The Training Programme agreed to lead a task and finish group to address the issues and outlined in the document are some of the areas that have been discussed and suggested actions aimed at reducing variation in Public Health Supervision and Training.

3.5 Placements

Specialty Registrars can undertake short term placements towards the end of their training. All organisations who wish to offer such an opportunity to Public Health StRs should ensure that their placements are formally advertised using the Placement template form (see Appendix K) amongst the StR group. The placement form once complete should be sent to the Training Programme office for circulation.

Initially, Specialty Registrars should discuss possible placements with their educational supervisor to ensure its relevance to their training needs. A clear outline of the expected work programme and the way in which it will address the Specialty Registrar's training needs and enhance their experience should then be submitted to the Head of School for formal approval before applying for the placement.

Following approval, the Specialty Registrar can commence discussions and agree the specific details of the placement and the start date with the Placement supervisor. The Specialty Registrar must inform the Training Programme team once final details are agreed.

Appendix A: A list of key documents and their electronic links

(as at June 2020)

Document(s)	Link
Faculty of Public Health	
Information for Educational Supervisors	https://www.fph.org.uk/training-careers/specialty-training/regulation-of-training/
Public Health Specialty Training Curriculum 2015	https://www.fph.org.uk/media/1882/ph-curriculum-2015_updated.pdf
Training supervisor/e-portfolio guidance	https://www.fph.org.uk/training-careers/specialty-training/training-eportfolio/
Membership Grades and Benefits	https://www.fph.org.uk/membership/benefits-and-pricing/
DFPH documents (including regulations and syllabus)	https://www.fph.org.uk/training-careers/the-diplomate-dfph-and-final-membership-examination-mfph/the-diplomate-examination-dfph/
MFPH documents	https://www.fph.org.uk/training-careers/the-diplomate-dfph-and-final-membership-examination-mfph/the-final-membership-examination-mfph/
List and links to all Deaneries in Britain	https://www.fph.org.uk/training-careers/specialty-training/training-placements/letbs-deaneries/
Health Education England	
The Gold Guide	https://www.copmed.org.uk/gold-guide-8th-edition/
Lead Employer	
Gloucestershire Hospitals NHS Foundation (main website)	http://www.gloshospitals.nhs.uk/
Local Government Association	
Training of Public Health Specialty Registrars: A guide for local authorities	http://www.ukphr.org/wp-content/uploads/2016/08/Training-of-PH-SPRs-guidance-for-local-councils-2016.pdf
South West School of Public Health	
Health Education England Includes public health resources for careers, skills and training	http://www.publichealth.severndeanery.nhs.uk/

Appendix B: Induction check list

This is particularly important to new Speciality Registrars (StRs) and StRs who are returning to the scheme after being out of training for any period of time.

South West Public Health Training Programme Specialty Registrar Local Induction	
Timings and induction training overview	
Housekeeping and general location information	
Health and Safety, and hazard reporting	
Emergency procedures, fire drill, first aid	
Accident reporting	
Delivery of stat/man training	Liaise with programme team
Other housekeeping issues	
General administration	
Restricted areas, access, passes	
IT training	
Access to personal data/ information governance/ IT security	
Time and attendance system - usual hours worked, Homeworking policy	
Security	
Transport and parking	
Absenteeism and lateness	Programme team to be notified of absence as well as training location
Food and drink, catering	
Your Organisation and Department	
History and background overview	
Ethics and philosophy	
Mission statement(s)	
Organisation overview and structure	
Departmental structure and interfaces	
Who's who (names, roles, responsibilities)	
Site layout	
Other sites and locations	
Dress codes	
Basic communications overview	
Facilities and amenities	
Department tour	
DPH - Departmental functions and aims	
Line manager - Team and management	
People and personalities overview	
Related departments and functions agreed visits and 1:1s needed. Agree shadowing	
How the department actually works and relates to others agree visits and 1:1s needed	
Politics, protocols, unwritten rules (extremely helpful, but be careful to avoid sensitive or judgemental issues)	
The work-flow - what are we actually here to do?	
How the StR job role fits into the department	
Reporting, communications and management structures: Working with your Educational Supervisor, Academic Supervisor & Activity Supervisor. Your Specialty Tutor.	
Terminology, jargon, glossary, definitions of local terms	
Work space or workstation	

	Stationery and supplies	
	Carry out an exercise about getting to know the LA data	
	Personal:	
	Developing a working partnership with your Educational Supervisor. Line management arrangements	
	Job description - duties, authority, scope, area/coverage/territory	
	Expectations, standards, current priorities	
	Training needs analysis method and next steps	
	Initial training plans after induction	
	Training support, assistance, mentor support	
	Where to go, who to call, who to ask for help and advice	Specialty Tutor PA support: -arranging meetings. StR colleagues
	Develop a learning agreement and work programme	
	Training review times and dates	
	Development of personal objectives and goals	
	Employer appraisal, necessary for revalidation	
	Opportunities for self-driven development	
	Virtual teams, groups, projects open to job role	
	Social activities and clubs, etc.	
	Initial induction de-brief and feedback	
	Confirmation of next training actions	
	Visits and tours of other relevant locations, sites and partners – key meetings – have set up before Registrar arrives	
	Attendance of meetings and project groups	

Appendix C: Learning Style Survey

This survey is designed to help you gain an understanding of learning styles so that you can incorporate the various learning styles in your daily learning activities. It is NOT meant to show you your best way of learning as the [research](#) does not promote that. Rather, it is a tool for *learning-to-learn* ([metalearning](#)) in order to increase self-awareness about your strengths and weaknesses as a learner so that you will try to use the correct method for learning a task or subject, rather than sticking with a preferred method.

Note that like any survey of this nature, it is not 100 percent accurate, but it should help you gain some understanding of your preferred learning styles based on two continuums:

- Processing Continuum: Our approach to a task — learn by doing or watching.
- Perception Continuum: Our emotional response — learn by thinking or feeling.

For a learning style survey based on modalities (Visual, Auditory, and Kinesthetic), see [VAK](#).

Instructions

Read each statement carefully. Answer honestly as there are no correct or incorrect answers. It is best if you do not think about each question too long, as this could lead you to the wrong conclusion.

SECTION 1 (Doing & Watching)

Circle either "**Doing**" or "**Watching**" next to the statements below, depending upon the part of the statement you most closely relate to.

1. **Doing** - I often produce off-the-cuff ideas that at first might seem silly or half-baked. **Watching** - I am thorough and methodical.
2. **Doing** - I am normally the one who initiates conversations. **Watching** - I enjoy watching people.
3. **Doing** - I am flexible and open minded. **Watching** - I am careful and cautious.
4. **Doing** - I like to try new and different things without too much preparation. **Watching** - I investigate a new topic or process in depth before trying it.
5. **Doing** - I am happy to have a go at new things. **Watching** - I draw up lists up possible courses of actions when starting a new project.
6. **Doing** - I like to get involved and to participate. **Watching** - I like to read and observe.
7. **Doing** - I am loud and outgoing. **Watching** - I am quiet and somewhat shy.
8. **Doing** - I make quick and bold decisions. **Watching** - I make cautious and logical decisions.
9. **Doing** - I speak fast, while thinking. **Watching** - I speak slowly, after thinking.

SECTION 2 (Thinking & Feeling)

Circle either "**Thinking**" or "**Feeling**" next to the statement below, depending upon the part of the statement you most closely relate to.

1. **Thinking** - I ask probing questions when learning a new subject. **Feeling** - I am good at picking up hints and techniques from other people.
2. **Thinking** - I am rational and logical. **Feeling** - I am practical and down to earth.

3. **Thinking** - I plan events down to the last detail. **Feeling** - I like realistic, but flexible plans.
4. **Thinking** - I like to know the right answers before trying something new. **Feeling** - I try things out by practicing to see if they work.
5. **Thinking** - I analyze reports to find the basic assumptions and inconsistencies. **Feeling** - I rely upon others to give me the basic gist of reports.
6. **Thinking** - I prefer working alone. **Feeling** - I enjoy working with others.
7. **Thinking** - Others would describe me as serious, reserved, and formal. **Feeling** - Others would describe me as verbal, expressive, and informal.
8. **Thinking** - I use facts to make decisions. **Feeling** - I use feelings to make decisions.
9. **Thinking** - I am difficult to get to know. **Feeling** - I am easy to get to know.

SCORING PROCEDURES

Total up the two choices from Section One (Doing & Watching). The one that has the larger number is your task preference:

Total number of **Doing** _____

Total number of **Watching** _____

Total up the two choices from Section two (Thinking & Feeling). The one that has the larger number is your thought or emotional preference:

Total number of **Thinking** _____

Total number of **Feeling** _____

Each preference (high score) from the two above sections are used to determine your preferred learning style:

If you prefer Watching and Feeling then this puts you in the **reflecting** category:

- Prefers to learn from activities that allows watching, thinking, and to review what has happened, such as brainstorming and cooperative groups.
- Lectures may be helpful but only if they provide expert explanations and analysis.
- Likes innovative and imaginative approaches to doing things.
- Prefers to view situations from many perspectives.
- Interested in people and tends to be feeling-oriented.

If you prefer Watching and Thinking then you are in the **philosophy** category:

- Prefers to pull a number of different observations and thoughts into an integrated whole in a step-by-step manner (go from details to big-picture).
- Prefers to reason logically and design models, theories, and projects.
- Likes lectures, analogies, systems, and case studies.
- Talking with experts is normally not helpful.

If you prefer Doing and Thinking then you are in the **analyzing** category:

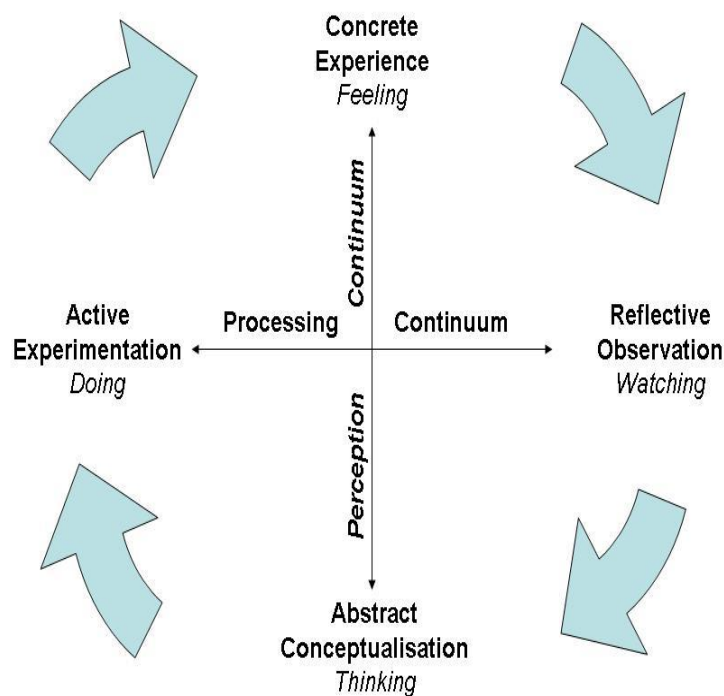
- Prefers the practical application of ideas, solving problems, feedback, and decision-making (obvious links between the task-on-hand and a problem).

- Prefers technical problems over interpersonal issues.
- Prefers to apply new learnings to actual practice to see if they work.
- Likes laboratories, field work, observations, and coaching.

If you prefer Doing and Feeling then you are in the **organizing** category:

- Good at adapting to changing circumstances and solves problems in an intuitive, trial-and-error manner, such as discovery learning.
- Tends to be at ease with people.
- Prefers the challenges of new experiences, involvement with others, assimilation, and role-playing.
- Likes anything new, problem solving, and small group discussions.

You will learn best by using **ALL** four styles, rather than your preferred learning style. That is, you should incorporate the styles so that you use the [Learning Cycle](#).



Reliability and Validity

This survey was designed as a learning tool for use in training programs such as leadership development and learning-to-learn (metalearning), rather than a research tool, thus it has not been formally checked for reliability or validity. However, in order to be of any use to the learners, it has to be fairly accurate.

Appendix D: Learning Agreement

Learning agreement for next 6/12 months*

Name: _____
 NTN: _____

Phase: _____
 Year: _____

Item	Detail	Plan	Learning Outcomes	Date for completion
Educational objectives identified in ARCP				
Exam milestones for current phase				
Phase-based learning outcomes to achieve				
Generic skills to achieve				

Study leave to support learning outcomes				
Placement move discussion				

We agree this educational plan for the next 6/12 months*

Educational Supervisor

Name:

Signature:

Head of School

Name:

Signature: _____

Specialty Registrar

Name: _____

Signature: _____

Date: _____

* delete as

Appendix E: Guidelines for giving and receiving feedback

Guidelines for giving and receiving feedback

Giving feedback – do's

- Establish the student's agenda
- Get the student to start with what went well – the positive
- Teacher starts positive– however difficult it may seem
- Comment on specific aspects of the consultation – i.e. in history taking
- Active listening (eye contact, stance etc.)
- Use of silence
- Clarifying
- Responding to cues (verbal, nonverbal, psychosocial)
- Summarising
- Empathising etc.
- Move to areas “to be improved” (avoid the term “negative”!) – follow the student's agenda first
- If in a group, ask other students to comment – but remind them “No criticism without recommendation”
- Teacher offers own observations & constructive criticisms
- Be specific
- Always offer alternatives
- Begin with “.....I wonder if you had tried”
- “....perhaps you could have.....”
- “...sometimes I find.....helpful....”
- Distinguish between the intention and the effect of a comment or behaviour
- Distinguish between the person and the performance (“what you said sounded judgmental” – rather than “You are judgmental”)
- Do discuss clinical decision making
- Do be prepared to discuss ethical and attitudinal issues if they arise

Giving feedback – don'ts

- Don't forget the student's emotional response
- Don't criticise without recommending
- Don't comment on personal attributes (that can't be changed)
- Don't generalise
- Don't be dishonestly kind – if there was room for improvement be specific and explore alternative approaches
- Don't forget that your feedback says as much about YOU as about the person it is directed to!
- Guidelines for receiving constructive feedback
- Listen to it (rather than prepare your response/defence)
- Ask for it to be repeated if you did not hear it clearly
- Assume it is constructive until proven otherwise; then consider and use those elements that are constructive
- Pause and think before responding
- Ask for clarification and examples if statements are unclear or unsupported
- Accept it positively (for consideration) rather than dismissively (for self-protection)
- Ask for suggestions of ways you might modify or change your behaviour
- Respect and thank the person giving feedback

Appendix F: Myers Brigg Type Indicator (MBTI)

This section only works if you've completed the questionnaire and know your set of preference.

People with a preference for thinking prefer to receive direct feedback, there is no need to do the good, bad, good sandwich.

People with a preference for feeling want to be appreciated and receive feedback that identifies what they did well along with what needs to improve.

Introduction

The Myers-Briggs Type Indicator is one of the oldest and most respected psychometric instruments in the world. It was developed by a mother and daughter team, Katharine Briggs and Isabel Myers and is based on the theories of the distinguished Swiss thinker; Carl Jung. To this extent, it represents a useful blend of American and Western European thinking. There are over 50 years of history and research behind it. It is also unusual in that its strengths is *sorting* rather than *judging*. So, for instance, there are no 'better than' or 'worse than' types, or 'sick'/well' types. All of the 16 personality types are assumed to have equal value.

So it is important to remember that:

- The MBTI reflects preferences: it does not mean that you don't ever use the other half of the bi-polar scale
- It does not describe skills, ability or intelligence
- All preferences are regarded as equally important and valuable
- All preferences have potential plusses and minuses; how you use or develop them may vary over your life, a developmental process which is continuous
- Each type has its potential strengths; each type has its potential blind spots; one of Jung's principles is that we all have the potential to become our 'best possible selves'
- You should treat your feedback with a degree of scepticism until you have decided which type is the best fit for you; this may or may not be the same as the one reported through the questionnaire

The Four Scales

The MBTI looks at eight possible preferences organised into four bi-polar scales. When you take the Indicator; the four preferences that you identify as being most like you are combined into a personality type.

Extraversion	E	_____	I
Introversion			
Sensing	S	_____	N iNtuition
Thinking	T	_____	F Feeling
Judging	J	_____	P Perceiving

Energising	Extraversion (E) Drawing energy from the world of People, things, activities; dealing in breadth rather than depth	Introversion (I) Drawing energy from the internal world of thoughts, ideas; preferring depth; pausing for thought
Unconscious preoccupation	Access to people	Privacy
Perceiving	Sensing (S) Preferring to take in information through the five senses; liking the concrete and practical; tolerating detail	iNtuition (N) Preferring to take in information through a sixth sense of what might be; liking the big picture; tolerating change
Unconscious preoccupation	Evidence	Possibilities
Decision making	Thinking (T) Structuring decisions through objective balance; emphasising logic and reason, truth and fairness	Feeling (F) Structuring decisions through an emphasis on personal values, people-needs
Unconscious preoccupation	Truth	Harmony with others
Living	Judging (J) Preferring to live in a planned, organised, way; liking to come to conclusions quickly	Perceiving (P) Preferring to live in a spontaneous, flexible way; adapting rather than controlling
Unconscious preoccupation	Control	Keeping options open

Communicating: Extraversion and Introversion

Extraversion (E)

Potentially helpful

- being outgoing and sociable
- being spontaneous and enthusiastic
- enjoying talking through ideas with peers and the people you manage
- demonstrating energy

Potentially hindering

- overwhelming people
- wanting to get to action too quickly
- finding listening difficult
- appearing to have a “butterfly” approach
- wanting to get to action too quickly

- being easily distracted

Introversion (I)

Potentially helpful

- a reflective style which allows people space
- listening attentively
- concentrating on what is happening below the surface
- staying calm

Potentially hindering

- appearing withdrawn or moody
- lacking a social confidence
- seeming over-intense
- disliking large meetings
- appearing lacking in presence

Influencing Others Using the Sixteen Personality Types

Clues to other people's type preferences* :

Extraversion (E)

- Speaks quickly
- Speaks a lot – long sentences
- Interrupts
- Speaks loudly

Introversion (I)

- Speaks slowly
- Brief sentences
- Pauses before speaking and between sentences
- Speaks quietly

Sensing (s)

- Gives/asks for step by step information
- Focuses on now
- Mentions details, facts, figures
- Asks for / offers evidence
- Questions begin "what ?" "how ?"

iNtuition (N)

- Gives/asks for overall picture
- Focuses on future
- Mentions patterns, connections
- Asks for / offers new ideas
- Questions begin "why ?"

Thinking (T)

- Conversation follows "if this, then that" format
- Weighs objective evidence
- Appears to be testing you
- What others have done is of little interest

Feeling (F)

- Conversation stresses personal values
- Looks to effects on people
- Wants to like and be liked
- What others have done matters

Judging (J)

- Offers opinions and advice
- Wants timescales agreed
- Talks about goals
- Moves to decision quickly

Perceiving (P)

- Adapts to other's views
- Flexible about time
- Talks about direction
- Stays open to more information

Influencing STs (Sensing-Thinking types)

ST value

- Specifics and facts
- Dealing in the here and now
- Practicality
- Taking things step by step
- A logical framework
- Acting responsibly
- Value for money
- Stability, certainty
- Sensible goals and hierarchy

Language used by STs

Look out for words like; practical, concrete, realistic, down –to-earth

STs tend to use: passive tense, impersonal words and pronouns

Metaphors; engineering, building, surgery, mathematics, sport, military

Examples; 'We knocked out the competition'; "Our troops need a bit of a boost".

Influencing SFs (Sensing – Feeling types)

SFs value

- Practicality, realism
- The impact on people of any policy
- Personal loyalty, trust
- An individualised approach
- Helpfulness, friendliness
- Duty
- Prudence, especially with resources
- Traditions, especially those that honour people
- Enjoyment of the here and now
- Proper systems
- Taking things one step at a time

Language used by SFs

*Look out for words like;*care, concern, common sense, man-or-woman-in-the-street, detail, realistic

SFs tend to us; personal pronouns and make considerable use of people's names

Metaphors; nature, domestic, eating and drinking, nutrition, hygiene

Example: "We need better *housekeeping* where our IT systems are concerned"

Influencing NFs (Intuitive – Feeling types)

NFs value

- Enthusiasm

- Authenticity, sincerity, striving for the highest possible standards in personal relationships
- Having a positive impact on others
- Big ideas that will have value for society/community
- Exploring the widest possible range of possibilities
- Harmony, peace
- Feeling connected to other people
- Novelty
- Personal growth
- Teamwork
- Cooperation

Language used by NFs

Look out for words like: ideal, connect, vision, image, possibility, feeling, dream

NFs tend to use: personal pronouns, enjoy talking in generalities, mention values

Metaphors: music, literature, religion, psychology, mysticism

Examples: “this organisation is *bedevilled* by ...”, My *dream* for this department is ...”

Influencing NTs (Intuitive – Thinking types)

NTs value

- The big picture, general concepts
- Analysing and creating logical options
- Competence
- Having options
- Being unique; don’t want to be just like others
- Projecting into the long term from an impartial point of view
- Being resourceful and ingenious
- Productivity
- Autonomy
- Testing your thinking; may make slightly barbed, abrasive jokes; may jockey for position

Language used by NTs

Look out for words like: on balance, fair, justice, analyse, future, long term, theory, underlying causes, implications.

NTs tend to use: slightly impersonal language, for instance with few personal pronouns

Example: “There was a feeling that the company ought to move to a more participative style of management”

Metaphors: astronomy, law, physical sciences, architecture

Example: “We need a *constellation* of new ideas here”

When the other person prefers:

Extraversion (E)

- Speak briskly
- Respond quickly
- Project enthusiasm
- Be animated
- Speak reasonably loudly
- Talk it through on the spot

Introversion (I)

- Leave pauses
- Allow reflection time
- Don't interrupt
- Use calm tone and body language
- Keep to lowish volume
- Send something in writing first

Judging (J)

- Be decisive
- Establish clear goals
- Avoid loose ends
- Set time frames
- Don't 'give unnecessary information
- Let them offer advice

Perceiving (P)

- Keep an open mind
- Negotiate the direction
- Provide structure only if needed
- Allow for flexibility on time
- Give extra information when asked for
- Let them stay flexible

Source: Rogers, J. (1997) Influencing others using the sixteen personality types. ASK Europe plc and Management Futures Ltd. Rogers, J. (1997) Sixteen personality types at work in organisations. ASK Europe plc and Management Futures Ltd.

Appendix G: BOOST

BOOST

BOOST feedback model is a popular informal method. It is used to give constructive & continuous feedback about positive behaviour as well as rectifying shortcomings. It has been proven to identify and tackle specific performance issues before they escalate into major problems.

Balanced – what went well and things that need attention

Observed – what you have seen the person say or do

Objective – factual (not aimed at personality)- focus on actions (not your feelings about

the person)

Specific examples

Timely - as close to the event as possible

Appendix H: Sample structure for HR conversation

Return to work interview

A good way of dealing with people in the return to work interview scenario is to use the WARM approach. This is an easy to remember phrase which encompasses all the main points you want to cover during the return to work interview. Here are the four stages you need to cover using the acronym WARM:

Welcome back, be friendly and open, non -hostile, focus on the individual and wellbeing

Absence discussion, (look at attendance record, count up days absence this year etc)

Responsibility for attendance at work (remind of need to attend in cases of short - term repeated absence, business needs, importance of work the individual does)

Move on – update on what has happened in their absence, allocate work for the day/week ahead

If you require any further guidance contact the Public Health Programme Manager.

Appendix I: Educational Supervisors' reports

What's in a good and a bad report?

These notes complement the fictitious examples on pages 40-43.

Tips to write a good report:

- Comments on specific achievements, not just on what areas the StR has worked on
- Reports on progress through the training curriculum
- Identifies strengths and weaknesses
- Clearly sets out recommendations for the next year
- Provides the next educational supervisor with background to enable them to support StR through the next part of their training.

Examples of a bad report:

- Mentions the topics on which the StR has worked, but gives no indication of individual's achievements or learning outcomes.
- Gives little or no indication of progress in training
- Strengths not sufficiently clarified, e.g. what is meant by "Is confident", StR may like to chair meetings, but are they any good at it?
- No recommendations for the future: does this mean the StR has no development needs whatsoever? Everyone has development needs.
- Insufficient information for next educational supervisor to assess how best to support StR.

EDUCATIONAL SUPERVISOR'S REPORT

(1)

Comment (add additional sheets if necessary)

GENERAL

X is an enthusiastic, conscientious StR and it is a pleasure to be his trainer. He is motivated and has a firm understanding of public health issues.

STRENGTHS

X works well independently and is very reliable. In particular he is able to work to very tight deadlines and always delivers for me. He has a strong academic background and supports his written work with research evidence.

AREAS FOR IMPROVEMENT

Xs' enthusiasm sometimes leads to him 'overpowering' other team members and not listening as well as he might. He enjoys debating issues and often has very clear views on what the outcome should be – life is not always quite so black and white!

Recommendations (state where special attention should be given in future)

X is leading the joint strategic needs assessment programme for me, which involves chairing meetings and leading the discussions. This project will give me the opportunity practice his leadership skills and debating skills

EDUCATIONAL SUPERVISOR'S REPORT

(2)

Comments (add additional sheets if necessary)

GENERAL

X is pleasant, hardworking specialist registrar who is committed to developing a career in Public Health. Unfortunately she has been unsuccessful in two attempts at the Part A exam which is extremely disappointing and we have discussed more targeted support to help her develop a more effective exam technique.

X has not had a consistent education supervisor during her time at XYZ as her allocated supervisor was on secondment between February and June 20011.

STRENGTHS

X is clearly an able epidemiologist. She enjoys digging down into the detail of issues and has produced some valuable in-depth analyses of health care utilization by locality. She has also completed a very useful review of the available data on local infant mortality rates.

AREAS FOR IMPROVEMENT

X is aware that she can get side-tracked by an interesting issue that comes up during her time of work and may spend valuable time exploring this in too much detail. She is now making a conscious effort to maintain a focus on the question being asked and to check with her work supervisor if this is not clear. Setting out a clear framework and maintaining a focus are valuable skills that she is concentrating on to help in future service work and exam situations.

Recommendations (state where special attention should be given in future)

The part A is now a major hurdle for X. I have advised her not re-apply for the next sitting but to wait until we agree that her exam technique has more definitely improved. We have planned a programme of shadowing, short project work and cases X has identified as current gaps, and discussion of exam questions. However, I do feel that the lack of an ongoing deanery Part A preparation programme is regrettable.

X is also about to develop the second and third stages of her work on infant mortality. These will involve working with acute trust clinicians on case note review of low birth weight babies and interview with local focus groups. I am sure this work will provide her with very valuable and relevant experience. She also plans to do her HPA attachment in January 2009.

EDUCATIONAL SUPERVISOR'S REPORT

(3)

Comments (add additional sheets if necessary)

GENERAL

X has integrated well into the department. He continued with the lead on contributing public health and project management support for the ERAS project working with clinicians and nursing colleagues. This project has completed the pilot phase and X will provide further input into the evaluation and report writing. He has taken a lead role in planning and designing an audit of the Early Warning Score System in the trust and is coordinating the data collection process through medical and nursing colleagues. He has analysed HES data, Diabetes care COPD admissions and presented his finding to various clinical forum. He was a major help in coordinating and leading the production of the Greater Manchester Hip Fracture Audit report. This has just been circulated.

STRENGTHS

Sustained ability to work and support colleagues from a range of different professional backgrounds and help co-ordinate and progress projects on behalf of others. Able to devise and institute novel situations e.g ERAS / conventional algorithm, risk log etc. Delivers a public health perspective in healthcare service interventions and gains clinical acceptance. Collect and collate data from a number of different sources and construct a meaningful summary with recommendations

AREAS FOR IMPROVEMENT

Recommendations (state where special attention should be given in future)

Listening and comprehension skills need to be improved especially for Part B. Needs more practice at report writing and being able to express public health concepts and issues succinctly and clearly to lay and professional audience. More attention to summarising and presenting complex data sets in a succinct fashion. Preparing papers for publication.

EDUCATIONAL SUPERVISOR'S REPORT

(4)

Comments (add additional sheets if necessary)

GENERAL

X started as a Clinical Lecturer in the Division of Public Health, University of Anywhere in January 2007. Over the last 12 months, she has identified a PhD project, working with Profs. M Black and R White (Professor of Botany), has registered, and is starting work on this. This is not the main focus of the academic component of her training publication. She continues to contribute to both Undergraduate and Postgraduate teaching and is working to complete PG Cert in Teaching and Learning in HE. Her NHS (service) relationship is now with Anytown, with Dr Blue as her Health Service tutor, with whom she is working on projects designed to address competencies gaps.

STRENGTHS

X is friendly, bright, helpful, confident and competent. She is self-motivated and focused. She uses his time well. She has a growing publication record.

AREAS FOR IMPROVEMENT

While X usually focuses well on what she needs to do, she sometimes gets distracted by taking on tasks that she feels she can do, but that are not key aspects of what she should be doing.

Recommendations (state where special attention should be given in future)

X needs to continue to focus on ensuring she achieves her outstanding competencies, and to work on her PhD project.

Appendix J

South West Public Health Variation in Supervision and Training

FINAL

May 2018

**Chair: Head of School, South West Public Health Training
Programme**

Background and Aim

This paper has been written to present the work that Registrars and Supervisors in the South West have been working on to address issues of variation in Supervision and training. The issue of variation in Public Health Supervision and Training has been discussed by both Specialty Tutors and Registrars with both groups very keen to address the issue. The Training Programme agreed to lead a task and finish group to address the issues and outlined on the pages that follow are some of the areas that have been discussed and suggested actions aimed at reducing variation in Public Health Supervision and Training.

Timeline

It was agreed to spend around three months working on the variation in Supervision and Training issues. Work began in December 2017 with three virtual meetings held during this time. The draft paper was reported to the RSTC in March 2018 and progress will be picked up at Training Conference later in November 2018. Many of the agreed objectives can be implemented for the new intake in August 2018.

Acknowledgements

The following people were part of the working group developing the paper or made contributions:

- Maggie Rae, Head of School, South West Public Health Training Programme
- Tracey Polak, Educational Supervisor, Devon County Council
- Paul Scott, Educational Supervisor, Bath and North East Somerset Council
- Sara Blackmore, Educational Supervisor, South Gloucestershire Council
- Ruth Milton, Educational Supervisor, Public Health England
- Kate Blackburn, Educational Supervisor, Wiltshire Council
- Helen Tapson, Public Health Specialty Registrar, Somerset County Council
- Joanna McLaughlin, Public Health Specialty Registrar, Bath and North East Somerset Council
- Gemma Brinn, Public Health Specialty Registrar, North Somerset Council
- Rebecca Maclean, Public Health Specialty Registrar, Swindon Borough Council
- Sarah Bird, Public Health Specialty Registrar, Cornwall Council
- Diane Lloyd, Programme Manager, South West Public Health Training Programme
- Gemma Cooke, School Support Manager, South West Public Health Training Programme

Comments and feedback from Registrars and Supervisors

- An issue was raised on the uncertainty of when to speak to the Training Programme – some Registrars are going to their Supervisors when it should be the programme team.
- Supervision should be individually tailored for the Registrars ensuring an appropriate level of support is given which could differ for each Registrar.
- It is important to ensure consistency within teams – to include all supervisors including Activity Supervisors.
- Difficulties were identified with new Registrars and new Supervisors – unsure of aims and what success is.
- Variation in signing of learning outcomes was highlighted – This is one of the bigger issues of variation. There is currently variation in what is signed off but also the timing/frequency of sign off; both are equally important.
- Explore the option of other Supervisors in the location offering support to Registrars in the absence of the main Supervisor.
- It is good practice to hold monthly team meetings – possibly where the first part includes all Registrars and Supervisors and the second part is separated to work on things/offer peer support. This process is also good for managing workload and ensuring there are equal opportunities.
- Explore buddy options across locations if there is only one Registrar in a location.
- Consider shared local teaching sessions between registrars and consultants across several local authorities.
- A Supervisor feedback form has been developed which works well and has been shared with Specialty Tutors.
- A suggestion is that an Educational Supervisor and Registrar could work on the first project together to build up a good working relationship.
- It is important for Supervisors to observe ARCPs when preparing Registrars for ARCPs- especially if it is their first.
- Explore the possibility of identifying Registrar's needs and then appropriately match to a Supervisor.
- There are issues with variation in Registrars' organisation – meeting deadlines for expenses/ARCPs – what is expected from Registrars?

- Awareness of the Registrar's skills/development needs thorough first hand observation and discussion e.g. DOP is more helpful than always relying on a Registrar self- reporting.
- Regular discussion about a Registrar's current work including reviewing progress, troubleshooting and advice on dealing with difficult personalities/conversations etc is valuable to registrars.

Comments on variation across the region and moving locations

Variation in training locations across the South West was also discussed and the differing experiences Registrars may receive. Although it was noted that variation is not always a negative.

- Some locations have very large Public Health teams whilst others are small. This can cause inconsistencies in relation to acting up opportunities on offer and senior Registrars taking on more responsibilities and leading in certain areas.
- Handovers should be more structured and should be face to face.
- Early meetings prior to moving locations should take place. The South West Public Health Programme team have recently developed a policy in relation to the process when moving training locations. Please contact the Training Programme team to view the policy.
- It is important for a new training location to have history of the Registrar before moving, including any specific learning and training needs.
- More discussions should take place and be encouraged between locations.
- Specialty Tutor teleconferences run bi-monthly by the Training Programme are very helpful as these messages are filtered down.

Agreed main objectives

A set of main objectives were agreed by the group which are listed below;

- ✓ Programme team to work on providing a series of webinars to clarify expectations of each year of training. These can be run as digital lunchtime learning sessions run by a Specialty Tutor and Registrar.
Please see final section in audit tool

- ✓ Improve on handover of placements/training locations by providing good practice guidance.
- ✓ Avoid new Registrars being allocated newly trained Educational Supervisors.
- ✓ Work on ensuring support from Supervisors or Specialty Tutor is offered within locations for new Registrars if their Supervisor is on any type of leave during their training.
- ✓ Specialty Tutors and experienced directors have a key role to play in ensuring the overview of standards for sign off of learning outcomes in their locations.
- ✓ Create feedback/discussion questions for Registrar and Educational Supervisor to use together (3 questions)
- ✓ Develop the South West Training Policy to be clear on 'must dos' for all training locations.
- ✓ Encourage the use of directly observed practice (DOP) to demonstrate competencies.
- ✓ Introduce exit interviews with the Training Programme at the end of each placement (Training Programme to arrange and implement).
- ✓ Further develop the Supervisor Toolkit to provide guidelines on what is expected from all Supervisors and explore its dissemination and use across the South West.
- ✓ Complete audit of good practice as part of the annual Quality process.

Best practice recommendations

- ✓ Learning agreement co-produced and signed off by TPD, with detailed reference to named learning outcomes identified.
- ✓ Learning needs documented in learning agreement; study budget utilised to meet STR learning needs.

- ✓ Formal feedback given following directly observed practice (in line with suggested techniques in toolkit document).

- ✓ Placement moves discussed and facilitated e.g. handovers completed.

Webinars

- Recommended thresholds for learning outcome signoff. To include:
 - a. Clarity over flexibility in interpretation e.g. do all elements listed in 'partial' need to be met even if all elements listed in 'full' are complete?
 - b. Provision of a robust portfolio of examples for each learning outcome
 - c. Agreed route to query sign off needs/approve evidence if the STR and ES are not in agreement or are both unsure of threshold
- How to choose an appropriate project/support registrar's interests (and career planning)
- Guidance on specific expectations and considerations for Phase 1, Phase 2 and final year registrar.

Appendix K: SPECIALTY REGISTRAR PLACEMENT TEMPLATE

POST TITLE

Specialty Registrar in Public Health (StR)

ORGANISATION PROVIDING PLACEMENT

Health England (PHE) South West and NHS England SW

PLACEMENT LOCATIONS

SPRs Current Location with access to Public Health England, Bristol or Totnes if and when required.

Also attend meeting in various SW Locations on request

PLACEMENT DURATION

3 - 6 months – 2/3 days per week

START DATE

From Feb 2017.

Placement for 2 SPRs

HAS THIS POST/PLACEMENT RECEIVED PROSPECTIVE GMC APPROVAL?

Yes – Fully Approved

SUPERVISORS

Educational Supervisor can continue to be provided by SPRs current Educational Supervisor – Project Supervision will be provided by Prof David Philips, DPH Dorset, Debbie Stark Deputy Director, PHE SW and Dr Caroline Gamblin NHSE. Maggie Rae. PHE, will be leading the project and will act as Technical Architect.

BACKGROUND

PHE's Strategic Plan for 2016-2020 includes both a number of specific commitments on the Prevention agenda and supporting the Development and Implementation of both the NHS Five Year Plans and the Sustainability and Transformation Plans (STPs).

Both NHSE and PHE have an assurance and support role for system delivery across the SW. In addition to PHE Strategic plans - this project is designed to enhance Local Community Delivery Models for the Prevention elements of the STPs and NHS Five Year Plans. It will also contribute to Health Care Public Health objectives.

PROGRAMME COMPONENTS

The placement provides a fantastic opportunity to:

- Work in a fast-paced national role, focusing on whole system approaches
- Contribute to delivery of PHE's and NHSEs public health priorities
- Work across domains of public health
- Apply a wide range of public health skills such as negotiating and influencing, strategic leadership and collaborative working, and appropriate use of public health evidence

The placement will enable the trainee to gain an improved understanding of:

- The key institutions relevant to System Leadership across Health and Local Government including relevant Voluntary and Community Sectors
- Relevant strategies/policies/plans and how they can be developed, delivered, monitored and evaluated
- Developing a prevention-based Community Based Delivery Models, approach, working with a wide range of stakeholders and agencies, the NHS/social care, the voluntary sector and relevant private sector.

LEARNING OUTCOMES

Objectives – Objectives will be tailor made to both the needs of PHE, NHSE and the Training needs of the SPR. There is an expectation that SPRs will take on a strong person leadership of their objectives.

The possible learning outcomes which could be met or partially met with this placement are too numerous to list individually and cover all areas of the new 2015 curriculum. There are however likely to be specific opportunities to fulfil competencies in the new 2015 curriculum under:

- Key area 2 - Assessing the evidence of effectiveness of interventions, programmes and services intended to improve the health or wellbeing of individuals or populations
- Key area 3 - Policy and strategy development and implementation
- Key area 4 - Strategic leadership and collaborative working for health
- Key Area 5: Health improvement, determinants of health, and health communication
- Key Area 6: Health Protection
- Key area 10 – Integration and application of competences for consultant practice

There will also be opportunities to focus on **Health Economics, Finance and Resource Management.**

Which specific competencies can be addressed during the placement will vary according to the projects agreed.

ESSENTIAL

Applicants must:

- Be on a formally accredited specialist training programme
- Have completed Part A and Part B of the MFPH examination
- Must have satisfactory progression through annual assessments (ARCP/RITA)
- Have agreement from their Training Programme Director that this is a suitable training opportunity

Desirable:

- Demonstrable interest in Strategic Planning
- Strong skills in communication of complex issues to a variety of audiences
- Aptitude for collaborative leadership across organisational boundaries

APPLICATION PROCEDURE

SPRs should discuss their expression of interest with their Educational Supervisors, Project Leads Contact Details below) and TPD/HoS.

SELECTION PROCEDURE

This attachment is being advertised via the SW Public Health Training Programme and placements are offered following successful application and subsequent interview. Start date negotiable.

EQUAL ACCESS ARRANGEMENT

Placements are available on a project basis (2/3 days per week) but consideration will be given to requests for full time.

PROGRAMME CONTACT DETAILS

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