Royal College of Obstetricians & Gynaecologists

Thematic Report
Educational Supervision

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Background

The RCOG states that effective educational supervision is essential for good training. Not only do educational supervisors provide clinical guidance, but they also nurture supervisees' career development and overall well-being. The GMC has published guidance on supervision, emphasising the importance of fostering a supportive learning environment where trainees feel they can discuss issues and concerns openly and ensuring there are sufficient encounters to provide personalised feedback to enhance professional development. Furthermore, they state that delivering high-quality training is vital for service recovery, without which may result in long-term consequences for staff well-being, resulting in poor patient care. Kilminster and Jolly (2000) noted in their review that current supervisory practice lacks sound methodology. The RCOG has since created a toolkit to support senior clinicians undertaking the responsibilities of supervising trainees more effectively through best-practice demonstrations, case studies, and tutorials. This is important as the educational supervisor report (ESR) remains a key document for trainees undergoing an Annual Review of Competency Progression (ARCP) within the implementation of the O&G Curriculum 2024. Therefore, this report aims to:

- Outline the views of trainees on educational supervision within the specialty of O&G in the UK using their response in the 2024 TEF survey,
- Highlight associations that may impact the adequacy of supervision

Questions

The questions from the TEF 2024 survey that were analyzed to inform this report are outlined below:

- What is your age?
- Would you describe yourself as:
- Which of these best describes your ethnic group?
- Where is your Primary Medical Degree awarded from?

- Do you consider yourself to have a disability, long-term illness or health condition?
- Deanery / HEE region
- Are there any gaps in the rota at your level of training in your current unit?
- Exception reports are used by my trust to improve training
- I was able to meet with my educational supervisor to set my personalised work schedule within 2 weeks of starting my new post
- My induction meeting included an effective assessment of previous experience and competence and my learning needs
- My educational supervisor is familiar with the RCOG curriculum
- My educational supervisor can use the ePortfolio effectively
- What grade of trainee were you for the period that this survey covers?
- I have had appropriate supervision for my level of training in elective gynaecology theatre
- I have had appropriate supervision for my level of training in gynaecology clinic
- I have had appropriate supervision for my level of training in gynaecology outside of normal hours
- Trainers were supportive in completing the required gynaecology workplace-based assessments
- My clinical supervisors have provided me with feedback that is constructive and helpful
- I have had appropriate supervision & support whilst on labour ward – outside of normal working hours
- Trainers were supportive in completing the required obstetric workplace-based assessments
- My clinical supervisors have provided me with feedback that is constructive and helpful
- I have had appropriate supervision for my level of training in antenatal clinic

Analysis

In our analysis, we aimed to address the following research questions:

Question 1: What is the breakdown of the components of adequate supervision?

Question 2: Are trainees able to have regular educational meetings with their supervisors?

Question 3: What are the geographical differences in supervision adequacy?

Question 4: Is there an association between adequate supervision and a positive view on exception reporting?

Question 5: Is there a difference in supervision between obstetric and gynaecology settings?

Question 6: Does adequate supervision vary between different trainee demographics?

Education supervision was considered adequate when all of the following criteria were fulfilled:

- The trainee was able to meet with their educational supervisor to set their personalised work schedule within 2 weeks of starting their new post
- A response of "agree" or "strongly agree" to all of the following:
    - My induction meeting included an effective assessment of previous experience and competence and my learning needs
    - My educational supervisor is familiar with the RCOG curriculum
    - My educational supervisor can use the ePortfolio effectively

A total of 2,044 trainees were surveyed, with 47 trainees opting out of the survey. 1,983 trainees completed the necessary questions to formulate supervision adequacy. Of which, 1,313 (66.2%) reported to have received adequate supervision for the period covered in this survey. which is unchanged from 2023.

Q1. Components of adequate supervision

When looking at the four factors that comprise adequate supervision, trainees reported high rates of supervisor familiarity with the curriculum (1789, 90.2%) and supervisor ability to use the ePortfolio effectively (1776, 89.6%). 1689 (85.2%) of respondents felt that the initial meeting included an effective assessment of previous experience, competence and learning needs. The factor achieved least frequently was an initial meeting within 2 weeks of the start of placement, which was reported in 1574 (79.4%).

Q2. Regular meetings

Although not part of the adequate supervision criteria, we found that only 1490 (75.1%) of respondents were able to meet with their supervisors at least monthly. Of the 493 (24.9%)

respondents who did not have regular meetings, 475 described the barriers to achieving this. Some respondents identified more than one reason. The most common reason was rota/work schedules, followed by supervisor unavailability.

Barrier to regular meetings, monthly or more frequently	Number of respondents	Percentage of respondents
Rota/work schedule	275	55.6%
Supervisor unavailability	85	17.2%
LTFT working	33	6.7%
Not working clinically together	32	6.5%
Working on different sites	27	5.5%
Unexpected leave	24	4.8%
Perceived lack of interest from supervisor	31	6.3%
Monthly meetings felt to be unnecessary	27	5.5%

Q3. Geographical differences

The proportion of respondents with adequate supervision varies across deaneries. When compared to the findings from the Trainee Evaluation Form (TEF) 2023, national rate of adequate supervision remains unchanged, though there was considerable change in the rates within each deanery. The highest percentage of respondents with adequate supervision was in Scotland, although there was a small decrease compared to 2023. West Midlands, Wessex, and Yorkshire & Humber all improved compared to the previous year, with Wales demonstrating the most significant improvement.

Deanery	Percentage of Respondents with	Percentage of Respondents with	Total respondents per Deanery 2024 (n)

	Adequate Educational Supervision 2023	Adequate Educational Supervision 2024	
East Midlands	59.8	55.7	131
North, Central and East London	64.6	61.5	117
Thames Valley	61.1	61.5	65
North West London	75.2	63.7	102
Yorkshire and Humber	61.5	64.0	186
North West	69.5	65.1	249
Wales	53.3	66.7	57
Kent, Surrey, Sussex	74.1	66.7	117
South London	68.8	67.2	119
North East England	71.3	67.7	93
Wessex	67.2	68.3	60
Northern Ireland	70	68.8	64
West Midlands	63.2	69.5	164
East of England	69.8	69.6	161
South West	72.0	69.7	142
Scotland	74.3	72.4	156

Q4. Association between Adequacy of Supervision and Perception Towards Exception Reporting

Of the 1,983 trainees surveyed, 369 (18.6%) either agreed or strongly agreed that exception reports were used by their trust to enhance or improve their training experience. Among those who believed that exception reporting had a positive impact, 288 (78.0%) reported receiving adequate supervision, while 81 (22.0%) did not. Conversely, trainees who did not

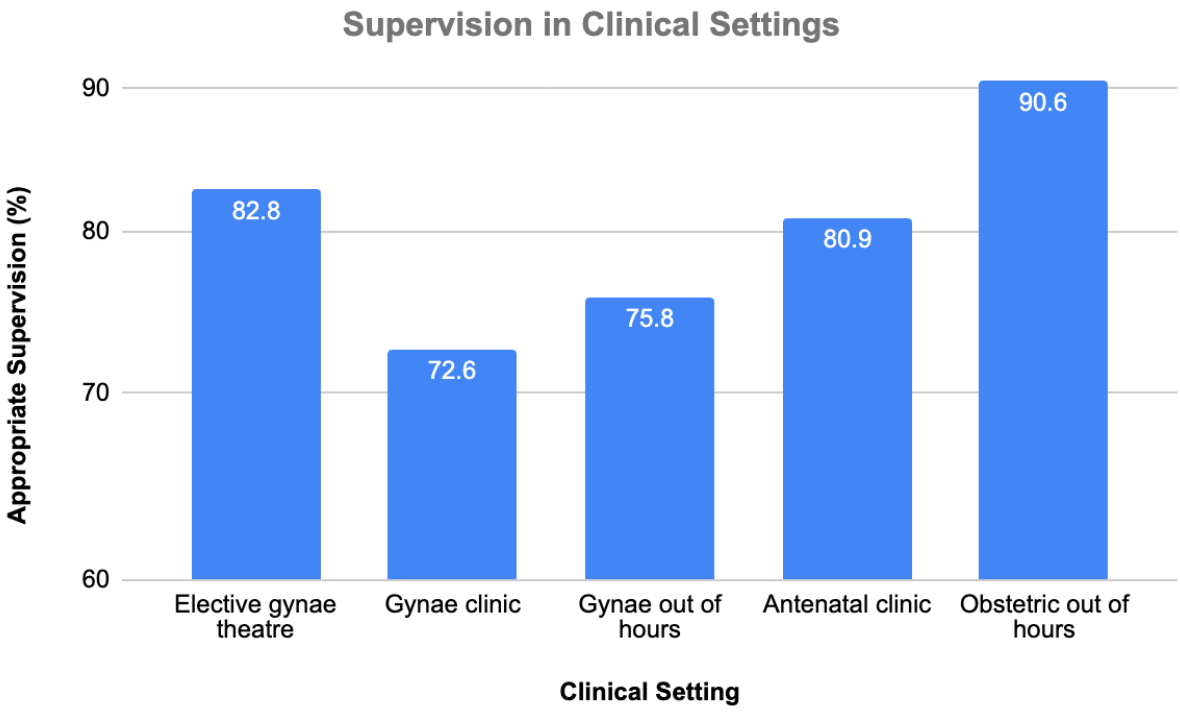
believe exception reporting improved training, a large proportion still reported receiving adequate supervision. Specifically, 1,082 out of 1,615 (67%) trainees who did not agree that exception reporting was used to improve training still stated that they received adequate supervision. 533 (33%) of these trainees felt they did not receive adequate supervision.

		Exception Reporting supports training		Total
		Agree/ Strongly Agree	Disagree/ Strongly Disagree/ Neither Agree nor Disagree	
Educational Supervision	Adequate	274	1039	1313
	Inadequate	95	575	670
Total		369	1614	1983

Q5. Supervision in Obstetrics and Gynaecology Work Environments

Trainees reported differing levels of supervision adequacy across obstetrics and gynaecology settings. Of 1,928 respondents in gynaecology, 82.8% (n=1,597) felt adequately supervised in elective theatres, while 72.6% (n=1,400) and 75.8% (n=1,461) reported adequate supervision in clinics and out-of-hours care, respectively. In obstetrics, supervision ratings were higher, with 80.9% (n=1,563) of 1,933 respondents feeling adequately supervised in antenatal clinics, and 90.6% (n=1,752) during out-of-hours labour ward care.

Support for workplace-based assessments was noted by 74.4% (n=1,436) in gynaecology and 87.8% (n=1,700) in obstetrics. Constructive feedback was reported by 81.7% (n=1,576) in gynaecology and 87.4% (n=1,689) in obstetrics.



Q6 Demographic Factors and Supervision

Trainees aged 35–44 reported the highest rates of adequate supervision, correlating with training progression: 61.6% of ST1-2 (n=325), 65.5% of ST3-5 (n=614), and 71.1% of ST6-7 (n=334) reported adequate supervision.

Gender identity influenced perceptions of supervision. Those self-identifying their gender reported the highest supervision rates (83.3%, n=6), though the sample was small. The lowest rates were among those not disclosing gender (46.2%, n=26). Female trainees reported higher adequacy (67.3%, n=1583) compared to male (62.4%, n=354) and non-binary trainees (64.3%, n=14).

International medical graduates (IMGs) reported lower supervision adequacy (62.7%, n=480) than trainees from EEA (68.5%, n=111) and UK medical schools (67.2%, n=1392). Trainees with disabilities reported lower supervision adequacy (56.2%, n=121) compared to those without (67.0%, n=1816).

Ethnicity also affected supervision reports, with higher adequacy among Bangladeshi (73.3%, n=15), White Irish (78.2%, n=46), White Roma (100.0%, n=1), and those specifying another ethnicity (84.2%, n=19). Detailed data is provided in the Appendix.

Discussion

A significant finding from this report, consistent with the GMC training survey, highlights that improved supervision is dependent on increased time and availability for educational supervision. The GMC 2024 Trainer Survey, encompassing trainers across all specialties including obstetrics and gynaecology, revealed that although 90% of trainers find their role fulfilling, they continue to express concerns regarding the time and support available for supervision. Notably, 27% reported insufficient dedicated time for supervision within their job plans, and only 48% were consistently able to use allocated training time as intended. Additionally, 31% of secondary care trainers believed that their trainees' education and training suffered due to unaddressed rota gaps. Published in the Harvard Business Review, Fuller and Shikaloff underscored the importance of regular meetings, noting that employees who forgo such engagements are four times more likely to become disengaged and twice as likely to hold negative views about leadership.

A substantial number of trainees remain sceptical about the effectiveness of exception reports in enhancing their training experience, even among those who report adequate supervision. Introduced under the 2016 Junior Doctor Contract, the exception reporting system aimed to create a safe working environment, allowing resident doctors to fulfil training requirements without compromising patient care. However, a study by Hassan and Maggs (2019) indicated that nearly half of surveyed trainees had never submitted an exception report, with 85% fearing negative repercussions from senior clinicians. This sentiment is corroborated by Senn et al. (2021), where resident doctors expressed apprehension about meeting supervisors, fearing perceptions of inefficiency. The British Medical Association (BMA) is conducting a review of exception reporting, with findings yet to be published. Without substantial reform, trainees' trust in the system's impact on their training experience is unlikely to improve.

The disparity in supervision and completion of workplace-based assessments between obstetrics and gynaecology is also a concern. Trainees reported the highest levels of

supervision during out-of-hours obstetric care, with the lowest in gynaecology clinics. This discrepancy may reflect enhanced consultant presence in obstetrics due to recent high-profile public inquiries, such as the Birth Trauma Inquiry (2024), the Ockenden Maternity Review (2023), and the East Kent Maternity Report (2022). The relative lack of focus on gynaecology may result in stagnant departmental support, with appropriate supervision being a key metric affected.

Supervision disparities based on demographic factors underscore potential bias, whether explicit or unconscious, within training. Our data echoes the similar findings conducted by the GMC in the National training Survey 2024. Recent MBRRACE reports have highlighted the disproportionate impact on minority women during pregnancy, with Black and Asian women being three and two times more likely, respectively, to die during pregnancy. The NHS 2023 Survey found that 56.4% of staff believed their organisation was fair in career progression irrespective of ethnicity, gender, disability, or age, while 9.07% reported discrimination from managers, leaders, or colleagues.

Enhancing workforce diversity within obstetrics and gynaecology is vital for improving patient care, particularly for minority groups. This aligns with the initiatives in NHS England's 2023 plan aimed at fostering equality and inclusivity.

Summary of findings

- Protected time for educational supervision is lacking for both trainers and trainees
- There is a lack of parity of educational supervision between IMGs compared with their UK/ EEA counterparts
- There is a discrepancy in supervision between gynaecology and obstetrics settings

Recommendations

Protected Meetings

Ideal job plans and rota design should support both supervisors and trainees, and time allocated for supervision should be protected. Amid ongoing pressures within the service and the broader NHS, prioritising time for training and education presents a significant challenge that necessitates coordinated efforts. The GMC has launched a comprehensive programme to address these issues, with forthcoming recommendations anticipated. In the interim, Directors of Medical Education and College Tutors should collaborate to develop strategies that effectively support trainers and trainees within their units. In the corporate sector, regular one-to-one meetings are commonly employed to promote professional growth and address workplace concerns. Emphasising the value of regular educational meetings for both trainers and trainees is essential, and the use of structured templates can help ensure these meetings are effective and productive, even amidst clinical demands and time constraints.

Strengthening Supervision in Gynaecology Settings

Similar to many developed nations, the UK is confronting the challenges associated with an ageing population. This demographic shift and other societal changes are likely to drive an increased demand for services related to menopause and fertility care. Additionally, there is an expectation of enhanced service provision for the prompt diagnosis of endometriosis, particularly for individuals experiencing chronic pelvic pain. Ensuring high-quality gynaecological care will necessitate improved supervision for trainees. The introduction of Special Interest Training Modules (SITMs) as part of the revised training curriculum, scheduled for August 2024, may influence the level and nature of supervision provided to gynaecology trainees. Further research will be essential post-implementation to assess the impact of these changes on training quality and supervisory practices.

Exception Reporting

The college must strengthen collaboration with key stakeholders to enhance trainees' confidence in the exception reporting pathway as an essential tool for improving training and supervision. This collaborative approach should include engagement with other faculties within the Academy of Medical Royal Colleges, NHS England, NHS Scotland, Health and Social Care in Northern Ireland, NHS Wales, and the BMA. The forthcoming publication of the recent BMA survey on exception reporting is anticipated to offer valuable insights that will inform

the strategic development and implementation of a more effective and reliable exception reporting system.

Demographic Differences

The observed disparities in supervision among international medical graduates, certain ethnic groups, and individuals with other protected characteristics necessitate comprehensive evaluation to mitigate and eliminate these inequities. This is particularly critical for senior clinicians, who hold the responsibility of providing training supervision. Adequate and effective supervision is fundamental to ensuring high-quality patient care and affords all trainees equal opportunities as they advance beyond specialty training and transition into the post-CCT workforce. A diverse and inclusive NHS workforce across all levels is essential for delivering equitable healthcare that is accessible to all individuals at the point of need.

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Appendix

Appendix 1: Supervision at Different Clinical Settings

Clinical Setting	Total (n)	Adequate (n)	%
Elective gynae theatre	1928	1597	82.8
Gynae clinic	1928	1400	72.6
Gynaecology out of hours	1928	1461	75.8
Antenatal clinic	1933	1563	80.9
Obstetric out of hours	1933	1752	90.6

Appendix 2: Comparison of Supervision between Different Demographics

Age Range	Total (n)	Adequate (n)	%
25-29	416	271	65.1
30-34	795	505	63.5
35-39	514	362	70.42
40-44	195	136	69.7
45-49	53	33	62.2

50-54	8	5	62.5
55-60	2	1	50
Total	**1983**	**1313**	**66.2**

Gender	Total (n)	Adequate (n)	%
Female	1583	1066	67.3
Male	354	221	62.4
Non-binary	14	9	64.3
Prefer to self-describe	6	5	83.3
Prefer not to say	26	12	46.2
Total	**1983**	**1313**	**66.2**

Primary Medical Cert	Total (n)	Adequate (n)	%
UK	1392	936	67.2
IMG	480	301	62.7
EEA	111	76	68.5
Total	**1983**	**1313**	**66.2**

Disability	Total (n)	Adequate (n)	%
No	1816	1216	67.0
Prefer not to say	46	29	63.0
Yes	121	68	56.2
Total	**1983**	**1313**	**66.2**

Ethnicity	Total (n)	Adequate (n)	%

Asian/ Asian British - Bangladeshi	15	11	73.3
Asian/ Asian British - Chinese	63	41	65.1
Asian/ Asian British - Indian	212	148	69.8
Asian/ Asian British - Other	102	66	64.7
Asian/ Asian British - Pakistani	86	55	64.0
Black, Black British, Caribbean or African - African	180	114	63.3
Black, Black British, Caribbean or African - Caribbean	33	22	66.7
Black, Black British, Caribbean or African - Other	13	7	53.8
I do not wish to disclose	62	37	59.7
Mixed or multiple ethnic groups - White and Asian	40	23	57.5
Mixed or multiple ethnic groups - White and Black African	7	4	57.1
Mixed or multiple ethnic groups - White and Black Caribbean	5	5	100
Mixed or multiple ethnic groups - Other	35	24	68.6
Other - Arab	106	61	57.5
Other – Please Specify	19	16	84.2
White - English, Welsh, Scottish, Northern Irish or British	793	536	67.6
White - Irish	46	36	78.3
White - Other	165	106	64.2
White - Roma	1	1	100
Total	**1983**	**1313**	**66.2**

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