**GUIDANCE ON THE ROLE OF SUPERVISORS IN CURRICULUM 2024 – IMPLEMENTATION NOTE NO. 13**

# Introduction

* This document follows on from [Implementation Note 12 Supervisor Role Descriptions for Educational Supervisors (ES) and Named Clinical Supervisors (NCS)](https://www.rcophth.ac.uk/wp-content/uploads/2024/07/Implementation-Note-12-Supervisor-Role-Descriptions.pdf). The role descriptions are also available in Section 3 of the [Curriculum Handbook](https://www.rcophth.ac.uk/wp-content/uploads/2024/05/Curriculum-2024-Handbook-August-2024.pdf).
* This document is intended to give HoS/TPDs further guidance on the roles and responsibilities of NCS and ES.
* **It is vital that no trainees are disadvantaged** in this initial phase of transition while deaneries engage with the new requirements of the curriculum. The Training Committee will be taking a close interest in how the curriculum is being delivered, and the GMC will also expect the RCOphth to report back after this first year. Please therefore send any feedback or queries to Curriculum2024@rcophth.ac.uk.

# Summary of supervisor roles

* NCS are trainers responsible for overseeing a specified trainee's clinical work and providing constructive feedback during a training placement. NCS have a more formalised role than previously, and greater responsibility in terms of judging the level of entrustment. NCS should complete Entrustable Professional Activities (EPAs) after consultation with other supervisors (Assessors) in the post. There should be one NCS for every six months in Level 1 and 2 and one NCS for every SIA every six months for Level 3 and 4. For more detail, see [Implementation Note 12.](https://www.rcophth.ac.uk/wp-content/uploads/2024/07/Implementation-Note-12-Supervisor-Role-Descriptions.pdf)
* ES are trainers responsible for the overall supervision and management of a specified trainee’s educational progress during a clinical training placement or series of placements. There should be one ES per post. An ES is responsible for completing the GSAT (minimum of one every six months) and the ESR (minimum of one every six months). For more detail, see [Implementation Note 12.](https://www.rcophth.ac.uk/wp-content/uploads/2024/07/Implementation-Note-12-Supervisor-Role-Descriptions.pdf)

# Resourcing the NCS role

* The [Curriculum Handbook](https://www.rcophth.ac.uk/wp-content/uploads/2024/05/Curriculum-2024-Handbook-August-2024.pdf) approved by the GMC states
	+ *Named Clinical Supervisors (NCS) – a new role – and ESs consider the evidence to make a professional judgement as to whether the trainee has achieved each Learning Outcome and is ready to be signed off at a Level.  Supervisors who hold either of these roles are trainers recognised by the GMC. The RCOphth strongly supports the provision of adequate, equivalent time in their job plan for the ES and NCS to carry out their duties. The RCOphth advises a minimum of 0.25 PA per trainee per role (for both NCS and ES).*
* This is the strongest recommendation that the RCOphth can make about PA allocation for NCSs and it has no power to enforce in any way. The statement in Section 3 of the [Curriculum Handbook](file:///C%3A%5CUsers%5CChadhvi405%5CAppData%5CLocal%5CTemp%5CMicrosoftEdgeDownloads%5C73fb16fc-6f9b-455a-989c-bfc93f80ac51%5CCurriculum%20Handbook) is quite clear and can be used to support cases. A pragmatic approach is needed that takes into account the complexity of delivering ophthalmology training within multiple locations, such as demonstrated in the examples below.
	+ In one region, the TPD has successfully argued that ophthalmology is the only speciality which has NCS which is a new role between the previous Clinical Supervisors and Educational Supervisors. The other specialities do not have an NCS role so there is no danger of them asking for PA allocation. This Trust has allocated 0.25 PA per NCS.
	+ Another region has requested and obtained 0.125 PA per NCS. The request for 0.125 PA is considered favourably as it is a small allocation; however, if the same consultant is NCS to two trainees, it amounts to 0.25 PA for that consultant
	+ Many regions are ensuring that all ES are NCS as the ES already have 0.25 PA allocation
	+ One more argument used has been that the number of NCS is at least half the number of previous CS as there can only be one NCS responsible for every EPA (as opposed to 2 or more CS reports being submitted previously).

# Allocation of ES and NCS to a trainee

* The allocation of the NCS role to all ES is encouraged – all ES should also be NCS, and normally, a supervisor would carry out only one of these roles for a trainee, i.e. ideally, a supervisor would be an ES for one trainee and NCS for a different trainee.
* It is recognised that there will be circumstances where the ES is the only consultant in the rotation who can also take up the NCS responsibility for that same trainee. It is important to remember that the NCS is not making any decisions on his/her own - other consultants feed into the EPA in the form of MARs, other assessments and informal feedback to the NCS. In summary, it is entirely possible for the ES and the NCS to be the same for the same trainee if no other option exists.
* If there is absolutely no other option, an NCS from a different SIA or not directly supervising the trainee in that rotation, can take on the NCS role and be responsible for the EPA. This will be an exceptional situation and should not be encouraged or universally applied. In this case, more evidence will be needed on the EPA as the NCS may not be able to use 'direct observation' as evidence of the trainee obtaining the competencies required.
* The RCOphth is also aware that there may not be sufficient numbers of people to fulfil all the roles required in smaller deaneries. **The expectation is that the guidance will be adhered to as best as possible with need for local adaptations to allow training to progress.**

October 2024

Curriculum 2024