ESSR: Educational Supervisors Structured Report

A Guide to Educational Supervisors

Dear Educational Supervisor,

We are thankful for your stellar job in looking after our resident doctors. You take personal interest in guiding them and you are also their mentor and confidante. The Gold guide which is the reference guide for Postgraduate Foundation and Specialty Training in the UK recognises the central role you play in the training pathway.

Once a year as part of your role as educational supervisor, you will have to complete the Education Supervisors Structured Report (ESSR).

You might be supervising a Stage 1 resident one year and then other year a doctor approaching the end of their training. There are times when you will be supervising an ACCS doctor and other times a doctor on dual training programmes. This can make it difficult for you to remember the key aspects that need to be covered in the ESSR.

We hope this guide, along with the RCoA National Anaesthetic ARCP Checklist and the trischool ARCP checklists, will help you with your job. We rely on your ESSR to make a holistic judgement of how the resident doctor is progressing and give the right outcome to help them with their training.

We hope you will find this document useful and helpful.

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This guide was produced by Dr Prashanth Reddy and Dr Lloyd Craker [TPDs from the Stoke School of Anaesthesia] and distributed within the Warwickshire School with their permission.

Your resident doctor is informed about the upcoming ARCP well in advance and they should have told you about the timing of this during their initial Educational Supervisors' meeting. If they haven't, then please ask them as this will be useful information to help plan your meetings. The ESSR must reach the ARCP panel two weeks in advance. This means that your resident doctor must fill in their sections and send it to you in time for you to complete the ESSR. Once you complete your report and click on the 'Sent to College Tutor' button, it goes to the College Tutor who will also need time to complete their review before the two-week deadline.

What is an ESSR?

An Educational Supervisor's Structured Report (ESSR or ESR) is a formal, periodic summary by a resident's supervisor, crucial for UK medical training, that consolidates evidence (like SLEs, exams, reflections) from the resident's portfolio to assess their overall progress, identify areas for development, and feed into their Annual Review of Competence Progression (ARCP) to decide on suitability for progression to the next training stage. It's a global overview, not just a single assessment, providing a narrative of a trainee's journey towards competency.

Before you start ……

When you receive the ESSR for you to complete your report, it is best to check a few things before you start inputting the various sections of the ESSR.

Dates: This should ideally be from the date of the last ARCP to the date the doctor has created the ESSR. This pulls all the data from the LLP from the last ARCP. This will give the correct summary of the work done.

College Tutor's name: Please ensure that the CT name has been input [you can see this at the top of the ESSR next to your name]. If not, all the work you do goes to waste and you may have to do the ESSR comments again!

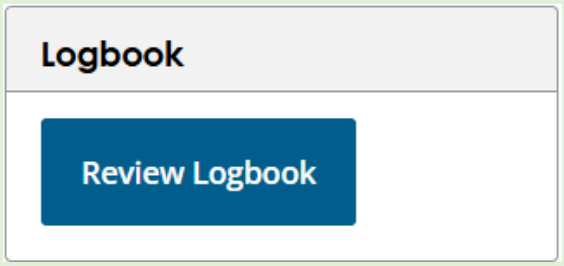
C.V: Please encourage resident doctors to upload their latest CV [recommended but not required].

Milestones: Please check that they are up to date.

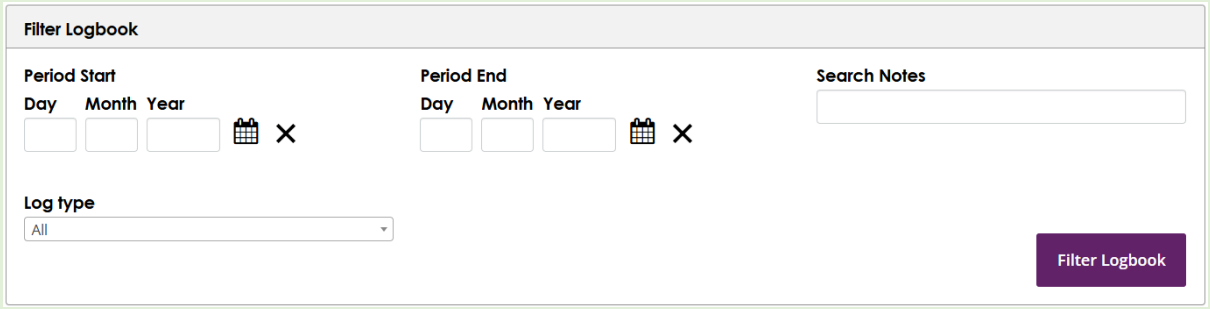
PDP: Please check that the doctor has updated the PDP and it reflect what you have discussed.

Interrogating the logbook on LLP.

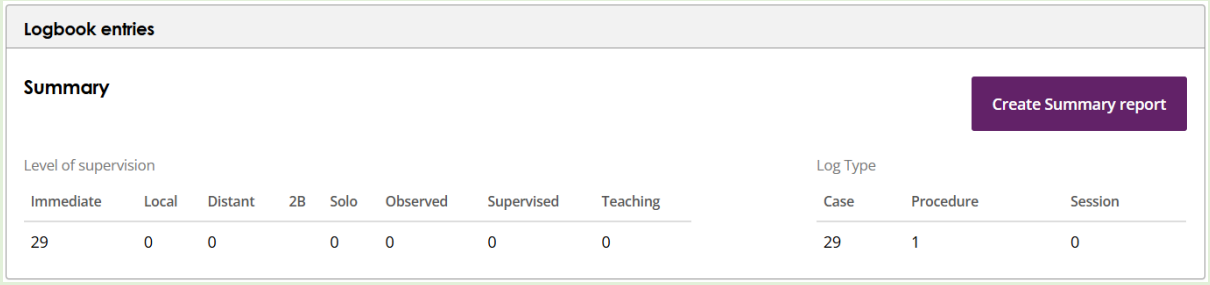
This section is intended as a refresher; if you are already comfortable interrogating the logbook, you may wish to move on. On the main page of the LLP, Click on the 'Review Logbook' button.



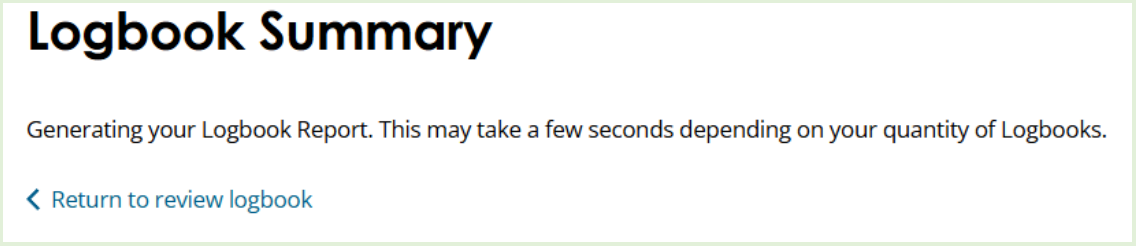
This takes you to the 'Review Logbook' page. On this page input the start date and the date of review as the 'Period Start' and 'Period End' date. Click on the 'Filter Logbook' button.



The page refreshes itself. Then click on the 'Create Summary report' button.



You will get this message.



At this point, please wait for a minute or two and then you will get the report.

Note the total number of cases, directly supervised and indirectly supervised case numbers.

Make a note of primary specialities and the number of cases in each of them.

Then, please move to the last section on that page. This gives the number breakdown of 'Modes of Anaesthesia'.

Make a note of the number of cases in under different modes of anaesthesia.

Educational Supervisor comments

There are different sections of the ESSR where you will have to input your comments. We will look at each of those in detail. Your comments under these sections will give us a good feel for the resident doctor's training journey for that year.

Logbook

Your comments under this 'Review Logbook' section will give the panel a good idea of all the work the resident doctor has input in that year. It shows the subspecialties that the doctor has worked in, tells us about the number of direct/indirectly supervised cases and also the various modes of Anaesthesia provided by the resident doctor.

What info needs to go on the Logbook comment section?

- Total number of cases in that year.
- You could highlight some of the subspecialties done with numbers.
- Direct supervision vs indirect should be commented on.
- If you cross check with the modules they have done, it will give you an indication of why certain subspecialty numbers are low. If this is the case, please comment on it.
- Consider commenting on procedures completed.

Some good examples of comments on the Logbook

Example 1: Around 220 cases recorded. Mainly general - 80 cases, ortho - 29, trauma -40, Airway -10, gynae -14 cases. Procedures wise - LMAs, ETTs, CVP, art lines, spinals, brachial plexus blocks, some peripheral blocks seen. Good number of cases for a year of Anaesthetics and ICM.

Example 2: Approx 201 cases this year November 2023 onwards (130 directly supervised and 71 indirectly supervised). Case mix demonstrates wide exposure to various areas of anaesthetic practice including neurosurgery, cardiothoracic surgery, paediatrics, obstetrics, trauma and orthopaedics and experience gained through on call work in CEPOD and maternity. ITU cases are not included in this. Total cases on logbook throughout training: 1082

Example 3: The logbook for this period includes mostly the cases from the complex airway module and trauma and regional anaesthesia. A good number of fibreoptic intubation (12), awake (7) and asleep (5) A larger number of major max fax cases and ENT cases as well. Quite a lot of indirect and solo list suggesting an independent level of practice expected at this level. A good number of regional block and managing of trauma lists. 7 brachial plexus and good number of other blocks. Overall number might look low but that is due the long max fax cases for airway module consuming whole days. I am happy with amount of work Dr Another has put in.

Supervisory meeting

No comments are expected from you for this section. Please check that the summary reflects the meetings you have had. If you are in the habit of filling in a structured or unstructured form for each of your ES meeting, please ensure that the resident doctor has attached them to each of the ES meeting summaries.

Review learning progress

This section concentrates on the HALO progress.

According to the stage of training of your resident doctor please comment on the following.

CT1/ACCS Anaesthetics CT2: EPA 1 and 2 signed off and IAC achieved. Let us know that there is an MSF and MTR to support this sign off. ICM completed and signed off. All other HALOs are still open.

CT2/ACCS Anaesthetics CT3: further progress on all the HALOs. EPA 3 and EPA 4 signed off and IACOA achieved with a satisfactory MTR.

CT3/ACCS Anaesthetics CT4: Primary FRCA pass and all HALOs are completed and signed off. Please check that all key capabilities have evidence in each of the HALOs before signing any off. Check with the college tutor if you are unclear whether you can sign a HALO or not as there may be a specific HALO lead for that domain in your department.

ST4: Most HALOs should be open. Please mention any subspeciality triple-c forms completed with MTRs for them (e.g. Cardiac, Neuro, Paeds, Obs). Let us know if they have done their ICM domain. Comment on the progress.

ST5: Final FRCA Pass and all HALOs are completed and signed off. Please check that all key capabilities have evidence in each of the HALOs before saying that they are completed. Check with the college tutor if you are unclear whether you can sign a HALO or not as there may be a specific HALO lead for that domain in your department.

ST6: Most HALOs should be open with some evidence in them. If any SIA done, comment on its progress or completion with MTR on it. If generic work done, comment on the components done and what is pending.

ST7: All HALOs are completed and signed off. Check with the college tutor if you are unclear whether you can sign a HALO or not as there may be a specific HALO lead for that domain in your department. 12-months of SIAs should be completed and signed off with satisfactory MTRs.

If the progress is not as expected ……

There are many reasons as to why the resident doctor has not progressed to the level expected for their level of training. Please let us know if there is a reason for this. E.g. Exams not completed, been unwell etc. My mindful not to put personal information on the ESSR without consent.

PLEASE STILL COMPLETE THEIR ESSR ON TIME. Do not delay completing their ESSR until all the required evidence is there as they need their ESSR for their ARCP and often this is when the ESSR is of most use to the ARCP panel.

Good example of ES comments on this section

Dr A Doc has done all the required SLEs, personal activities and reflections to address all the necessary key capabilities at the required entrustment levels. All their LOs except LO8 have sufficient and relevant evidence. Dr A Doc has got HALOs for EPA1 and EPA2 and their IAC is complete. They have completed an ASAT. Their ICM HALO sign off will happen along with LO8. She has sent both to her Clinical supervisor. There is enough evidence for this to be signed off.

ACCS additional documents

If you are an ES for ACCS CT1 or CT2 doctor, please remember to get the two ‘End of placement’ reports and one ‘End of year’ report done before completing the ESSR.

SLEs

This review should look at the SLEs in each domain and the entrustment/supervision levels achieved. Please comment on the supervision levels for each of the domains and if they are appropriate. If not, you can comment on why they are not.

Entrustment levels

Based on this encounter, what level of supervision does the trainee require for this case?	
1	Direct supervisor involvement, physically present in theatre throughout.
2A	Supervisor in theatre suite, available to guide aspects of activity through monitoring at regular intervals.
2B	Supervisor within hospital for queries, able to provide prompt direction/assistance.
3	Supervisor on call from home for queries able to provide directions via phone or non-immediate attendance.
4	Should be able to manage independently with no supervisor involvement (although should inform consultant supervisor as appropriate to local protocols).

Good examples of ES comments on this section

Example 1: Impressive number of high-quality SLEs completed this year; these demonstrate Dr L's commitment to specialty training and active engagement with the curriculum and portfolio. Supervision levels on SLEs also demonstrate how well Dr L has progressed during their stage 2 training and achieved key capabilities across various stage 2 domains. Interim gap analysis document and procedures list completed and uploaded to help focus on relevant areas next year.

Example 2: Dr Other has shown consistent and commendable progress throughout his CT3 year. All 14 domains of the Stage 1 curriculum are open and have been evidenced with multiple high-quality SLEs, covering both clinical and non-clinical areas. His portfolio reflects strong engagement with training, with thoughtful and reflective entries across all domains. Dr Other is currently undertaking the Obstetric Anaesthesia module with strong progress toward IACOA, attended PROMPT training, participated in Obstetric GA section, Difficult Airway In Situ Simulation. He is expected to achieve IACOA by end of July, with plans to gain further experience through on-calls on labour ward.

MSF

Please ensure that there are at least 12 responses. Commenting on the mix of responses is helpful (Consultants, Resident doctors, Nurses, ODPs, ACCPs, Admin staff etc.). Please highlight the themes of good comments. If there are any negative comments, please mention that you have discussed the comments with the resident. If the negative comments are serious, please elaborate. Mention if the resident doctor has done a reflection on the MSF summary if the comments highlight areas for further development and improvement.

Good Example of ES comments on MSF

ICM MSF (17 responders): No concerns raised. Feedback highlights him as a valued team member with strong communication and decision-making skills, comments reflecting his professionalism, approachability, and teamwork.

Consultant Feedback Reports

These are the MTRs.

They will all be from consultants commenting on the progress across all the HALOs/domains. Please highlight the good comments in your summary. If there are negative comments or suggestions about areas of development, please let us know if they are addressed and reflected upon.

Good Example of ES comments on MTRs

Example 1: MTR Anaesthetics and Obstetric anaesthesia - done with excellent/good responses on all the learning domains with positive comments to confirm satisfactory progress for this stage of training. MTR obs anaesthesia - one feedback had ticked concern by mistake. This was looked in to and no actual concern was being raised and that it had been ticked as "yes" by mistake.

Example 2: Good MTR report from paediatric team at UHCW. Good report from consultant colleagues. Response from 5 Consultants - 3 said she is above the expected standards and 2 said she meets the expected standards.

Non-clinical activities

This section pulls all the personal activities related to non-clinical activities – teaching, course attended, research, QI, etc. Please comment on the QI and teaching feedback. Also, highlight the appropriate courses attended and research done.

Good Examples of ES comments on Non-Clinical Activities

Example 1: Dr Other continues to lead a long-term QI project (A-QIPAT linked to Safety and Quality Improvement domain) focused on a XXXXXX System for YYYYY. She is actively involved in a clinical QI project reviewing HHHH JJJJJ KKKK pathways, she is a regular contributor to departmental teaching, Governance meetings, and the Junior Doctor Forum (JDF). She has completed the trust's e-learning on safeguarding.

Example 2: Attended appropriate study days in preparation for his exam. Attended simulation session for Obstetric emergencies. Some limited evidence of teaching others – he may wish to develop this more in the future.

Supervisor's comments

This is the last section for you to fill. This essentially summarizes all the work done in the year including any exam passes. A brief mention of logbook adequacy, HALO progress/sign offs and highlights of the MSF and MTR comments are helpful. Please comment on the work that is still pending (especially for CT1, CT2, ST4 and ST6) and if you anticipate any difficulties in completing the pending work in the upcoming year.

Good Examples of final Supervisors comments section

Example 1: Dr X is an excellent resident. He has utilised the time in UHCW very well and has achieved all of the curriculum requirements. He is a conscientious doctor and works to a very high professional standard. I have reviewed his Logbook, HALO progress, MSF, MTR, QI, Teaching, SLEs, personal activities and reflections. There is good evidence in the non-clinical domains along with good number of high-quality reflections. He has made excellent progress with clinical domains as well and has achieved the required key capabilities for Stage 1. There is significant improvement with involvement in safety and quality improvement - he has completed and presented a QIP on 'XXXXXXXXXX, and there is evidence of A-QIPAT on the LLP. There is also other evidence of involvement in quality improvement process. I have noticed a good involvement in teaching - presentations on In-house Stage 1 Teaching and other departmental teaching sessions. Of note are his bedside and group teaching for nurses and medical students. EXAMS - He has passed Primary FRCA. Logbook - very impressive number of cases (407) with good mix spread out across various specialities, and appropriate supervision levels. MSF/MTRs - Recent MSF and MTRs show excellent comments about Dr X's Clinical and teamworking abilities and conduct and professionalism. He is clearly well liked by the staff and colleagues. WELLBEING: Generally, the attitude remains positive and progressive, has made noticeable progress with training and engagement with the LLP. PDP/TARGETS: He has achieved all the agreed elements of the PDP from our last meeting. Overall, Dr X has made excellent progress and fulfilled the requirements of Stage 1 curriculum. I wish him all the very best.

Example 2: Overall, Dr T is progressing well. Despite a demanding year, she has maintained excellent engagement with her training. Her portfolio is well-maintained, and she continues to demonstrate maturity, professionalism, and a proactive approach to learning. I am confident she will achieve IACOA shortly and continue to build on her experience. She remains very focused and has the targets set with a plan to achieve them. She is preparing to re-sit the Primary FRCA Written Exam later this year after an initial attempt. She has reflected constructively on previous feedback and is actively revising. I wish her the very best with her upcoming exam.

In Summary …….

A well-documented ESSR will give a succinct summary of all the training your resident doctor has achieved in the year gone. Your detailed report and opinions are key for us to assess the progress of the resident doctor. Your opinions with overarching comments from the CT will help up give the correct outcome for the resident doctor that you have supervised for the whole year.

Once again, we thank you for all your hard work and patience in training all our resident doctors.