Guidance for Supervisors on the Use of Entrustability Scales

Why are we introducing entrustability scales?

Entrustability scales are increasingly used across postgraduate medical education internationally because they reflect a question that supervisors answer every day in clinical practice:

"How much supervision does this doctor need to undertake their work safely and effectively?"

Rather than focusing on isolated competencies or individual encounters, entrustability scales allow supervisors to make a professional judgement about the level of trust they have in a resident doctor's ability to perform their role. These scales have been adopted successfully in many specialties and training programmes worldwide and are increasingly recognised as a meaningful way of assessing readiness for more independent practice.

Level 1	Entrusted to act only in the constant presence of the supervisor.
Level 2	Entrusted to act under indirect supervision, with supervisor intermittently present and monitoring at regular intervals.
Level 3	Entrusted to act under indirect supervision, with supervisor remote, but present in setting, and able to provide prompt direction/assistance.
Level 4	Entrusted to act independently with supervisor accessible on call and able to attend if required.
Level 5	Entrusted to act independently with no supervisor involvement (always operating within local protocols).

What are we asking supervisors to do?

At the end of each placement, supervisors should provide a holistic entrustment judgement based on their overall experience of the resident doctor's performance.

This should take into account:

- Day-to-day clinical work
- Out-of-hours work (where relevant)
- Feedback from the wider multidisciplinary team

- Informal and formal observations (including evidence from WPBAs over the entire placement)
- Clinical decision-making
- Professionalism and reliability
- Ability to recognise limitations and seek help appropriately

The judgement should reflect the supervisor's overall view of the resident doctor's practice across the placement rather than performance on any single day or event.

A helpful analogy

Entrustment is familiar to all clinicians.

For example, when a new doctor joins a team, supervisors naturally decide:

- Which patients can they review independently?
- Which situations require direct support?
- When should senior advice be sought?
- How much oversight is needed?

Entrustability scales simply make these everyday supervision judgements explicit and transparent.

For example, in psychiatry

Anchor the levels to training stage and complexity

Level 1	Requires significant support even for routine cases.
Level 2	Manages routine cases with frequent supervisor input.
Level 3	Manages routine cases independently; seeks support appropriately for complex situations.
Level 4	Manages complex situations with minimal supervisory input.
Level 5	Trusted as a near-consultant practitioner; supports junior colleagues.

What is the key question?

When completing the scale, supervisors should ask themselves:

"What level of supervision would this resident doctor require if undertaking the duties expected at their stage of training?"

The focus is not on whether the resident doctor is "good" or "bad", nor on whether they "pass" or "fail".
Instead, the focus is:

"How much supervision would I feel is appropriate for this resident doctor?"

This is a judgement clinicians make routinely in everyday practice.

Common concerns

Entrustability ratings may vary between training posts, particularly where one of the placements is in a specialty such as CAMHS or Intellectual Disability. Residents may not develop capabilities at the same pace as in an Adult Mental Health post because they are gaining experience in a different specialty area. Lower ratings in these posts do not indicate unfair assessment but rather reflect the level of supervision required in that specific clinical setting. As usual, supervisors will discuss Entrustability ratings with residents throughout training, with input from the Educational Supervisor.

"What if I score someone too low?"

A lower entrustment rating is not a punishment.
It simply indicates that, at this point in time, the resident doctor requires a greater level of supervision for their role.
This provides valuable information for both the resident doctor and the training programme.
The purpose of the scale is to describe current practice honestly, not to inflate ratings to protect resident doctors from disappointment.

"Will one rating affect a resident doctor's progression?"

No.

Important educational decisions should never be based on a single assessment. Entrustment ratings are considered alongside multiple sources of evidence, gathered over time and from different assessors.
Your role is to provide your best professional judgement based on your experience of supervising the resident doctor.

"What if I have not directly observed everything?"

Entrustment decisions do not rely solely on direct observation.
Just as in routine clinical practice, supervisors draw on multiple sources of information, including:

- Case discussions
- Team feedback
- Handover performance
- Documentation
- Reliability and professionalism

- Responses to supervision and feedback
- Out-of-hours reports where available

The judgement should reflect the accumulated evidence from the placement.

"Am I making a high-stakes judgement about somebody's career?"
No.

You are being asked to make a judgement about the level of supervision required, not the resident doctor's worth or future potential.
Think of it as answering:

"If this resident doctor were working tomorrow, how much supervision would I expect them to need?"

rather than

"Are they good enough to progress?"

Principles for scoring

When making your entrustment judgement:

- Be honest and evidence-based.
- Consider the whole placement, not isolated incidents.
- Focus on supervision requirements rather than competence alone.
- Consider patient safety first.
- The supervisor should avoid being motivated in their feedback purely by their subjective emotional response to their resident doctor.
- Remember that different resident doctors develop at different rates.

The most useful rating is the one that genuinely reflects your professional judgement.

Key message

Entrustability scales are not designed to catch resident doctors out or create additional barriers to progression.
They are designed to capture what supervisors know best: how much supervision a resident doctor needs to work safely and effectively.

Honest ratings help resident doctors develop, support patient safety, and provide a more authentic assessment of readiness for increasing independence.

A thoughtful, evidence-based judgement from a supervisor is the most valuable contribution to the assessment process.

In cases where additional perspectives are considered beneficial, Entrustability scores may be determined following discussion with relevant members of the multidisciplinary team and review of the available evidence.