

Recognising and approving trainers: a consultation

Annex: report on pilots

General
Medical
Council

Regulating doctors
Ensuring good medical practice

Report on pilots

We piloted our proposals for recognising and approving trainers with three medical schools and four postgraduate deaneries.

The first part of this report looks at responses from the medical schools involved in the pilot, and the second at responses from the deaneries.

Part 1: Medical school pilots

Summary

We are very grateful to the medical schools who have piloted our proposals for recognising and approving trainers: Cardiff University School of Medicine (Cardiff SOM), Peninsula Medical School (PMS) and UCL Medical School (UCLMS).

We asked the pilot schools to identify lead coordinators (or site supervisors) of undergraduate training at each local education provider. This request did not cause any difficulties.

We asked the pilot schools to identify those responsible at the school for overseeing students' educational progress. Again, this caused no difficulties.

One school questioned whether the level of action proposed would succeed in 'professionalising' medical education.

We asked the pilot schools to map existing management or quality control systems for trainers (such as the identification of trainers, job planning, training and appraisal) against the seven areas in the Academy of Medical Educators' (AoME) *Framework for the professional development of postgraduate medical supervisors* and the GMC standards in *Tomorrow's Doctors* (2009). The schools set out their management or quality control systems and mapped their arrangements against the seven areas in the AoME framework. One school outlined a possible approach to recognition/approval and suggested if an individual has accreditation or another marker of achievement from a credible body it should be taken as read that they meet the AoME and *Tomorrow's Doctors* criteria.

We asked the pilot schools to describe the arrangements with local education providers to ensure that fitness to practise cases among the relevant trainers are identified. Current arrangements were described.

We asked the pilot schools to identify additional costs that would be involved to establish the recognition and approval of trainers. The trainers were easily identified. Mapping would require some additional work. One school reported an existing staff development budget which is used to enhance the attributes of the school and site coordinators. Another school stated that through appraisals it would expect to see evidence that clinical teachers with significant leadership responsibilities attend teaching update meetings, work towards qualifications and demonstrate scholarship in medical education. The third referred to the cost of creating training resources and also mentioned a BMA estimate that preparing for a GP appraisal takes around 6.25 hours.

Included below is a compilation of the reports we received in the schools' own words against each of the questions we asked.

Medical schools

The pilot schools

Cardiff University School of Medicine (Cardiff SOM)

Cardiff and Vale University Health Board (C and V UHB): This is the largest provider of clinical placements in Wales having in excess of 8000 student weeks of activity annually.

Peninsula Medical School (PMS)

The PMS has 3 localities in Exeter, Plymouth and Truro. The School has a partnership with the 5 acute trusts in the Peninsula: Plymouth Hospitals NHS Trust, Royal Devon and Exeter Foundation Trust, Royal Cornwall Hospitals NHS Trust, South Devon Health Care NHS Trust and North Devon Healthcare Trust. The School also has a partnership with the primary care trust and GP practices in the region.

UCL Medical School (UCLMS)

- a To identify lead coordinators (or site supervisors) of undergraduate training at each local education provider. (Or if not possible now, to say how hard it would be to do and why.)**

Cardiff SOM

Cardiff University holds a central list of the Honorary Senior Lecturers (HSLs), honorary lecturers, and honorary clinical teachers who work at each local educational provider (LEP) in Wales. We thus can very easily identify these individuals.

Within each local education provider there is an Honorary Senior Lecturer, who is jointly appointed by the SOM and the LEP, after an application process and interview. This person will have one to two sessions (depending on the size of LEP) in their job plan to support the organisation and delivery of undergraduate teaching...

The SOM currently has 1093 honorary teaching staff throughout Wales (as of June 2011). The list is regularly updated as people have to reapply every three years and demonstrate that they are maintaining their teaching activities...

General Practitioners are appointed by the Dept of General Practice of the SOM to the role GP tutor. They undergo training before taking up their role and attend annual update sessions...

PMS

Each PMS locality has two site coordinators: a hospital and community sub-dean.... Torbay and North Devon are parts of the Plymouth and Exeter localities respectively and have hospital coordinators to oversee year five placements and special study modules (Torbay only).

UCLMS

This is not a straightforward task in undergraduate medical education...

The 'trainer' most like an education supervisor (as described in the Gold Guide) at UCL medical school is in fact the personal tutor...

Lead coordinators (or site supervisors) of undergraduate training at each local education provider could be considered to be the undergraduate tutor at the district general hospitals at UCL (known as the site sub deans on the three central sites). These are appointments made by the medical school and there is a clear role description. There are very many general practices used in the medical school for placements and it would be impractical for all of these teaching leads to be viewed as co-ordinators or site supervisors: instead the sub dean for community would be considered in this role (although he or she is a medical school post and not employed by any of the practices)...

11 Proposed 'Trainers' within local education provider at UCLMS. Approximately ten doctors.

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- b To identify those responsible at the school for overseeing students' educational progress while on placements (eg year coordinators). (Or if not possible now, to say how hard it would be to do and why.)**

Cardiff SOM

There are year directors and deputies for the three clinical years of the undergraduate course.

Each year of the undergraduate programme is co-ordinated by a year director and a deputy within the SOM. They have responsibility for overseeing the course and the students in that year. They are helped in this role by an administrator. Whilst on a clinical placement all students are monitored for their professional behaviour and have a variety of tasks to complete, appropriate to the specialty. Students have to have completed these satisfactorily in order to progress from one year to the next. The undergraduate co-ordinators or HSLs or GP tutors will report back to the SOM regarding any students who fail to complete a clinical placement satisfactorily or who demonstrate less than satisfactory professional behaviour...

PMS

The director of clinical studies is the medical school coordinator. Overall, responsible for the delivery and quality assurance of all aspects of the clinical curriculum including clinical placements. The PMS has also recently appointed years three, four and five leads who will commence their role in December 2011.

UCLMS

There is some problem with the definition that the 'trainers' would be responsible for *'overseeing students' educational progress while on placements'*. The medical course is not exclusively made up of placements. Indeed the first three years contain very short placements only. It might be better (and more inclusive) to include all individuals with a role in

'overseeing students' educational progress'. This group however would include some individuals who are not doctors.

...Those responsible at the medical school, the lead education provider, for overseeing students' educational progress while on placements would be the six year leads plus the three vertical modules leads. Those on the senior management team who are not year leads also have a significant role in the education of medical students: at UCL the director of the medical school, the lead for undergraduate programmes, the leads for assessment, student support and the lead for quality assurance.

16 Proposed 'Trainers' within lead education provider at UCLMS. Approximately 12 doctors.

Comment: we are not sure this level of action will have the desired effects on 'professionalising' education. The sorts of people in medical schools who have these leadership roles often already have credentials and are also undergoing NHS and/or university appraisal in this role. They are often also education supervisors in their clinical roles and so have undergone that training...

- c To map existing management or quality control systems for these trainers (identification of trainers, job planning, appraisal, training attended, feedback from students...) against the seven AoME areas and the standards in *Tomorrow's Doctors*.**

Cardiff SOM

Current training of clinical teachers

In February to June 2011 all honorary teaching staff were asked to complete a questionnaire which asked about their training in teaching / supervising trainees as applicable to both undergraduate and postgraduate students and trainees. There was a

58% response rate, 628 of 1093 responded. A summary of the key points are:

- 1 Is undergraduate teaching reflected in your job plan? 69% reported that it was explicitly or implicitly or being considered. 31% stated not at all.
- 2 Is your role in teaching and training discussed during your annual appraisal? 85% said yes.
- 3 Qualifications in medical education: only 66, 13%, had completed a postgraduate certificate or diploma or MSc in medical education.
- 4 Training: > 56% of respondents indicated that they had done courses such as training the trainers, teaching the teachers, more effective teaching etc. Many had also attended short courses organised by the Wales Postgraduate Deanery, such as on work place based assessments, trainees in difficulty etc.
- 5 Appraisal training: 63% had done this.
- 6 Equality and Diversity training: 79% reported having done it.

Staff development

... information has... been shared with the postgraduate deanery for Wales so that it can be stored on a central database of training of undergraduate teachers and postgraduate educational supervisors. This has helped to inform the first stages of a co-ordinated programme of training for clinical teachers and trainers throughout Wales. Training in constructive feedback and work place based assessments is being delivered in hospitals throughout Wales, local to the clinicians.

A staff development lead has been appointed for the undergraduate programme who has reviewed the training needs of our undergraduate teachers, matched to the AoME *Professional standards* document.

The staff development lead is going to work to deliver a programme of short courses which will be applicable to all our clinical teachers to address areas such as curriculum change, assessment matters, constructive feedback, examiner training and interview training...

Quality control systems

There is an extensive programme of clinical placement evaluations which are completed for all placements throughout Wales...

Personnel issues may also become apparent from the evaluations. If there are any adverse comments about a member of teaching staff then these comments will be removed from the overall report and the Vice Dean will bring them to the attention of the HSL in the hospital concerned or to the Director of Teaching in General Practice. A single adverse comment needs to be considered with all other comments that may have been received about a particular member of staff and if there is an issue that needs addressing then it will usually be dealt with by the people mentioned above as appropriate. Conversely the reports also contain many positive comments about teaching and support that have been given by many NHS staff. There is now a system to ensure that staff who have had several such comments are made aware of this by a personal letter containing those remarks...

Appraisal

Cardiff University School of Medicine has recently revised the appraisal scheme for clinical academic members of staff so that the appraisal of teaching is clearly discussed as part of the appraisal process. All clinical academic staff should have a joint appraisal

with their NHS clinical director and their academic head of dept / institute. This process will be monitored to ensure that the new system is complied with.

From [a survey of honorary teaching staff in February to June 2011]...it is encouraging to note that for many people teaching and training were included in their appraisal discussions. Some hospitals such as the Princess of Wales Hospital in Bridgend and the Royal Gwent Hospital, Newport are developing an additional scheme whereby the HSL is appraised by the Medical Director of the LEP for their role and then the HSLs will appraise the Honorary Lecturers for their role. It is proposed that a similar structure is followed in other LEPs in Wales.

Challenges for the future...

The SOM has robust systems in place to evaluate clinical placements but the challenge is to ensure that all the information is reviewed and acted upon effectively in SOM and LEPs so that any problems are rectified and that areas of good practice are developed further.

The SOM does not currently have an effective method of patient feedback. It occurs intermittently and not in a co-ordinated way so that further advice from the GMC as to how this could be achieved would be helpful.

Most people are appraised for their teaching in their local environment as part of their NHS appraisal but the SOM does not currently have access to this information and if there were problems the SOM would not necessarily be aware of them, unless notified by the HSL. A problem with a clinical teacher may be apparent through the student evaluation of clinical placements...

Most people within the NHS and SOM have to undergo regular training in equality and diversity, but this will often have been delivered by many different organisations. It will be difficult for a SOM to

maintain updated and accurate records of the E&D training of all of its clinical teachers...

The SOM is unable to monitor directly all people who teach the medical students as they are scattered in hospitals throughout Wales...

Training programmes will be developed and a central database will need to be regularly updated to maintain the required records of training. The SOM is working with the Postgraduate Deanery for Wales to collate a database of training completed.

Mapping Academy of Medical Educators Framework

The Academy of Medical Educators suggests seven themes to which clinical and educational supervisors should compare themselves in order to define competence to deliver the educational needs of their students, whether these be postgraduate or undergraduate.

Area 1: Ensuring safe and effective patient care through training...

The educators in the posts listed above are a mixture of University and NHS employees. All clinicians have annual appraisal and job planning. Cardiff and Vale have an Undergraduate Strategy that specifically addresses the use of appraisal in the development of medical educators. All clinical academics are now required to have joint appraisal from Cardiff University and their NHS organisation. Senior honorary title holders should also have joint appraisal and all other honorary title holders should have specific questions about teaching within their appraisal documentation...

Many consultants supervise Student Selected Components and some of these projects are service improvement or audit projects. These projects are not necessarily currently collated by medical educators for appraisal but would be a good source of information for the appraisal process as they often provide useful information about a consultant's clinical practice.

There are [five]... courses available in Cardiff... relevant to this section.

In addition membership or fellowship of an accredited medical education society/academy would also provide evidence of competence at this level.

Cardiff University clinical placement evaluations also provide evidence for this framework. In particular questions on teaching, feedback and free text information may provide an early warning system for potential patient safety issues.

Area 2: Establishing and maintaining an environment for learning...

Evidence for this area of the framework could be obtained from a number of sources and collated with appraisal. In addition this could be covered by a specific questionnaire designed to answer questions specifically related to this area.

All clinical placements within Cardiff and Vale UHB have a predefined teaching timetable distributed prior to commencement. These timetables can be scrutinised for good practice and variety of educational experience. The comprehensive student evaluation forms do give detailed information about environmental factors within the clinical placements. They may also highlight areas of good practice but sometimes identify attitude problems of staff that may not be conducive to learning and may need addressing.

Within C and V UHB the Undergraduate Office can provide reports on the environment and teaching provision for each of the HSLs.

[17]... courses are available from Cardiff that map across to this part of the framework.

Area 3: Teaching and supporting learners...

Cardiff University School of Medicine is in the process of developing a central information source detailing the faculty development opportunities... It is from this source that educators will be able to find information regarding professional development programmes.

Cardiff University already has appraisal processes in place for its employees and information regarding this framework area would be available to support an individual's working practices. Joint appraisal or at least the involvement of a senior medical educator for NHS employees with honorary contracts would be required.

[16] Courses [are] available for faculty to provide evidence of professional development...

Area 4: Enhancing learning through assessment...

Cardiff University School of Medicine has a robust examiner-training scheme and requires consultants that take part in OSCE examinations to be trained. Newly appointed consultants are invited to undertake the examiner training before being recruited to participate in OSCE examinations. There is in addition specific training for other aspects of assessment within the undergraduate course in particular the student selected components.

Cardiff University has set up a question writing group to develop questions for the end of year assessments. Consultants from both academic and NHS appointments have been recruited for this task. Specific training for writing questions is provided as part of the involvement of this group and can be used as supporting evidence by teachers to satisfy the competency framework.

There are [ten] ...courses being provided by the postgraduate deanery regarding the provision of feedback for learners that are applicable to undergraduate education.

Area 5: Supporting and monitoring educational progress...

There are a number of opportunities to develop competencies in this area of the framework... there is the personal tutor scheme and feedback from students regarding participation in this scheme could be sought to provide evidence for this. Appropriately anonymised evidence from personal tutor meetings detailing the records of meetings and educational objectives could be provided at appraisal to support activity.

Participation in the various committees required to manage the undergraduate programme would also produce evidence for this area of the framework eg Curriculum management group, examination executive groups and assessment working groups.

[There are 15] Other available courses...

Area 6: Guiding personal and professional development...

Evidence for this part of the framework may well predominantly come from specific examples listed within the appraisal documentation. Anonymised documentation from meetings with students regarding careers advice etc may provide suitable evidence to support this.

[11] Courses provided within Wales... map to this part of the framework...

Area 7: Continuing Professional Development as an educator...

Evidence for this aspect will come from engagement with the appraisal process for medical educators. Provision of a portfolio of evidence including certificates or qualifications obtained whilst undertaking the other parts of the framework.

Senior educators may also be able to provide evidence by supporting other educators to attend courses and further develop in the realm of medical education.

PMS

Service Level Agreements, Job plans and Job Descriptions

The relationship between the medical school and local education providers is governed by service level agreements that outline the teaching and assessments to be provided and the remuneration for these activities. All site coordinators and the school coordinator are active NHS clinicians who hold honorary contracts with one of the parent universities, Exeter or Plymouth. They act as the link between the medical school and the LEP.

All site coordinators and the school coordinators have their PMS commitments reflected in their job plans/contracts. [They each have between four and six Programmed Activities/Management sessions.] All site coordinators and the school coordinator have had an appraisal in relation to their role in the last 12 months. The job descriptions for the post holders outline their duties and roles. These include ensuring patient safety, provision of training for clinical teachers, overseeing the quality assurance programme for teaching and assessments as well as student support...

Training and Professional Development

All site coordinators and the school coordinator have attended training in relation to their roles...

Guiding Personal and Professional Development

All site coordinators are academic tutors. In addition, they also provide a second tier support for students together with the senior academic tutors. In addition, the site coordinators and the school coordinator support clinical teachers in their personal and professional development. This is supplemented by a recently launched staff development website for the BMBS programme. The site coordinators contribute to the appraisals of clinical staff with core roles eg the clinical skills coordinators.

Feedback from Students and Clinical Teachers

... feedback [is] received by site coordinators in relation to student induction and student support... The PMS also arranges both verbal and written feedback from students in relation to their clinical placements which are overseen by the site coordinators...

The site coordinators and the school coordinator are significantly involved in training of staff... feedback [is] received from clinical teachers...

Ensuring Patient Safety and Quality Assurance

All site coordinators contribute to a quality assurance programme in the relevant PMS localities. Hospital sub deans have regular/monthly meetings with clinical teacher leads to discuss the implementation of the curriculum, patient safety issues and any areas of concern the providers have in relation to the clinical placements in the hospital environment. Community sub deans participate in a programme of GP practice visits on a pro rata basis...

Quality assurance of assessments

The PMS has a programme of QA of clinical assessments overseen by the site coordinators. These include the clinical reasoning sessions, the in vivo clinical skills assessments, the patient-oriented integrated structured exam (POISE) and the patient-based presentations (PBP).

Quality assurance of clinical placements

This year, the PMS will introduce a programme of QA of clinical placements in the hospital environment following the release of the *Tomorrow's Doctors* 2009 supplement on clinical placements. This will be led by the medical school coordinator and the site coordinators. The domains of the QA visit are in line with the GMC ... document. There is an existing programme of QA of GP placements that is run jointly with the Deanery.

Conclusions

The PMS has a school coordinator and site coordinators that act as the link between the LEPs and the school. They have received training related to their roles as well as opportunities for personal professional development. The coordinators have their commitments reflected in their job plans/contracts and all have had appraisals in relation to their roles. The coordinators have multiple roles in relation to patient safety, quality of teaching and assessment as well as student induction and staff training. Some feedback is available in relation to their roles.

PMS: Mapping of Existing Management/QA structures against seven Academy of Medical Educators Areas:

<p>1 Ensuring safe and effective patient care through training</p>	<ul style="list-style-type: none"> ■ All school and site coordinators have received PMS induction and update training. ■ A significant part of their role is to train clinical teachers in the hospital environment and primary care and ensure that students are appropriately supervised in their clinical placements. ■ The coordinators lead on the induction programmes of students in years three, four and five and reiterate the principles of patient safety, effective care and confidentiality in these sessions.
<p>2 Establishing and maintaining an environment for learning</p>	<ul style="list-style-type: none"> ■ The service level agreements with the LEP in the partner acute trusts and primary care require that students are provided with appropriate clinical placements and learning opportunities in relation to the learning outcomes of the curriculum. ■ The coordinators lead on the existing quality assurance of clinical assessments programme one aspect of which is the appropriateness of the learning environment. ■ There is a rotating programme of visits to GP practices which ensures an appropriate learning environment in these placements. ■ A quality assurance programme of clinical placements in the hospital environment will commence in the academic year 2011/2012.
<p>3 Teaching and supporting learners</p>	<ul style="list-style-type: none"> ■ The coordinators contribute significantly to the staff development programme of clinical teachers to ensure that students are adequately supported in their learning. ■ All coordinators are academic tutors and have received the required training for this activity. ■ The PMS has launched a staff development website to support clinical teachers and core staff in their roles of teaching and supporting students' learning.
<p>4 Enhancing learning through assessment</p>	<ul style="list-style-type: none"> ■ The staff development for clinical teachers programme includes detailed sections on the various assessments students undertake. ■ A programme of quality assurance of clinical (work-based) assessments commenced in the academic year 2010/2011. ■ The PMS runs 'assessment roadshows' for students.
<p>5 Supporting and monitoring of educational progress</p>	<ul style="list-style-type: none"> ■ The coordinators are academic tutors and support the senior academic tutors. ■ The PMS runs an elaborate programme of academic tutoring for all years one to five students. The tutors include core staff and clinical teachers. They undergo a detailed training programme on annual basis for this role. All academic tutors meet with their students for an introduction meeting, portfolio analysis as well as meetings for remediation when required.

<p>6 Guiding personal and professional development</p>	<ul style="list-style-type: none"> ■ The coordinators support students in their personal and professional development and provision of career guidance. ■ The coordinators also contribute to this domain through their roles as academic tutors.
<p>7 Continuous professional development as an educator</p>	<ul style="list-style-type: none"> ■ The PMS has a staff development budget of £180k (in addition to SIFT funded elements, GP faculty development for primary care education). These have been used by the coordinators for the professional development. ■ Graduate School programmes, in particular Masters in Clinical Education, support the personal professional development of coordinators, clinical teachers and core staff. ■ A virtual learning environment and staff development website including access to commercially produced resources and in-house development team. ■ Support to NHS libraries £30k for learning resources + staffing support.

UCLMS

To map existing management or quality control systems for these trainers against the seven AoME areas and the *Tomorrow's Doctors (TD09)* standards:

- All of the identified trainers undergo NHS appraisal where their development as a teacher and trainer is reviewed. We feel the NHS appraisal is not reliable enough to ensure individuals are meeting the seven AoME standards/*TD09* standards.
- Those that have substantive posts with the medical school (group 1) will also have an annual UCL appraisal that will explore their achievements as a teacher and a trainer and identify ongoing needs in a PDP. We feel the UCL appraisal is reliable enough to ensure individuals are meeting the seven AoME standards/*TD09* standards. We suggest an enhanced framework for appraisal to ensure adequate attention for those in these identified trainer posts.
- Many of those in group two (the local provider 'trainers') will have honorary senior lecturer appointments. This involves an application process and a five yearly review. We feel the application and reapplication process for honorary clinical senior lecturer positions within the medical school is reliable enough to ensure individuals are meeting the seven AoME standards/*TD09* standards. Again, we suggest a review of the self assessment form that individuals complete and that a series of supervisors endorse, to ensure it gathers the correct information.
- Some individuals in groups one and two will have achieved fellowship of either the Academy of Medical Educators or the Higher Education Academy. We believe the rigour involved in applying for fellowship means fellowship of either organisation is reliable enough to ensure individuals are meeting the seven AoME standards/*TD09* standards for at least three years after the award of fellowship¹.

¹ HEA are about to launch a revalidation process for those given FHEA status and so with time maintaining membership may become a suitable proxy marker

- Some of our trainers undertake postgraduate qualifications in education. As university approved postgraduate qualifications with a recognised number of PG credits, we believe that the rigour involved in the achievement of a UK postgraduate qualification in the field of clinical education (certificate, diploma, masters or doctorate) is reliable enough to ensure individuals are meeting the 7 AoME standards/*TD09* standards for at least 3 years after the award of the qualification.
- Many of our 'trainers' attend staff development activities. Individual courses are of variable duration and quality. Whilst attendance at staff development activities are important, we feel attendance at any one teaching course is not a good proxy measure of achieving the 7 AoME standards/*TD09* standards.
- Some of our 'trainers' are active in the postgraduate sector. They may be trainers in general practice or education supervisors. Both these positions have a rigorous and structured selection and re-approval process. We feel the application and re-application process for GP trainer or education supervisor positions with postgraduate deaneries is reliable enough to ensure individuals are meeting the 7 AoME standards/*TD09* standards.
- For us, this leaves a very small number of 'trainers' from both groups who would not undergo UCL appraisal, are not PG supervisors or trainers, are not recent fellows of an accreditation body nor have recently undertaken a PG qualification in education. We would favour a self assessment exercise (including the submission of relevant evidence) to map development and achievement to the 7 AoME standards/*TD09* standards with the option for an additional appraisal meeting if there is any concern that standards are not being met.

Comment: Creating excess paperwork and 'tick-boxing' is not going to improve the quality of the senior educators: rather it will result in 'gaming'. We feel that if the individual has an accreditation or some other marker of achievement from a credible body (we suggest the AoME, the HEA or Deanery approval as a GP trainer or Education supervisor) we should take it as read that they meet the AoME/*TD09* criteria...

How should approval take place?

- We would suggest that all lead provider staff that fall within the 'trainer' group [based at UCLMS] and all appointments to positions [based at local education providers] are told about the need for regular review within these roles as part of the quality assurance of medical education process.
- We would suggest that these individuals are directed to a centrally produced and maintained website, provided by the GMC as per the London Deanery postgraduate education supervision framework that will provide them with guidance, advice and support to maintain a portfolio. This might include information about the relevant GMC policy in this domain, national accreditation organisations and postgraduate qualifications, and direct them to GMC provided resources, including self-paced learning packages and courses.
- This would be supported by a UCL Medical School webpage, housed with our Quality assurance unit web information, that would explain the UCL Medical School processes for approval including exemptions, give information concerning guidance in maintaining and submitting a portfolio style self-assessment, direct individuals to locally available training and provide the locally used forms.

- We would suggest that all individuals complete a three yearly self assessment exercise (including the submission of relevant evidence) to map development and achievement to the seven AoME standards/*TD09* standards and submit to the Quality assurance team at the medical school.
- With guidance from the GMC, the quality assurance lead would be the 'responsible officer' and sign off these submissions if they reach the required standard.
- The process will include the option for an additional appraisal meeting if there is any concern that standards are not being met. This would be undertaken by the quality assurance lead or nominated deputy.

Comment: As outlined this process would need clear support from the GMC together with centrally provided web based resources (+/- some centrally provided courses). This would ensure all schools were signing off individuals approved in a reasonable manner and would avoid duplication of effort at each school...

Reporting and collating of information:

- We would tie in this process temporally with other returns to the GMC via the QABME process.
- As would be using a range of proxy markers of having achieved the required standards and these proxy markers are likely to apply to the majority of the individuals concerned, the medical school would simply supply the GMC with an up to date list of:
 - who the trainers currently are in each of the groups
 - where applicable, the proxy marker used to suggest achievement
 - or the date of their self assessment (and where necessary, their appraisal meeting) and whether this was satisfactory.

- We would make it the GMC's responsibility to notify us if any of the named individuals in the local education provider group had ongoing fitness to practise cases.
- We would use this return to highlight any ongoing issues in these two groups reaching the required standard.

Comment: We need to ensure this accountability process does not become burdensome on either the 'trainers' or the lead provider. We particularly we need to avoid an additional paper exercise to transfer what is gathered already about performance in one format and to reconfigure it into new categories to present a new checklist to satisfy a new set of standard setters...

Providing interventions where necessary to enhance the attributes of these trainers to comply with *TD09* standards mapped against the seven AoME standards:

- We would plan to continue to provide support to become a fellow of the HEA or AoME. This will help individuals to provide evidence of existing development in:
 - establishing and maintaining an environment for learning
 - teaching and facilitating learning
 - enhancing learning through assessment
 - supporting and monitoring educational progress
 - continuing professional development as an educator.
- We would plan to continue to provide staff development courses (such as the two day TIPS course) aimed at teachers on the ground but open to senior staff that will help the individuals concerned, the medical school to provide evidence of development in:
 - establishing and maintaining an environment for learning
 - teaching and facilitating learning
 - continuing professional development as an educator.

Currently this training is supported by only the central Trusts and so extending this training to those in the medical school but not employed by the contributing Trusts and those employed by other Trusts would need to be considered.

- We would need to provide additional training in the following domains to allow 'trainers' to develop the appropriate skills if self assessment revealed a development need:
 - ensuring safe and effective patient care through training
 - guiding personal and professional development
 - establishing and maintaining an environment for learning
 - enhancing learning through assessment
 - supporting and monitoring educational progress.

Comment: Whilst attending a course or completing a self-paced online learning package provides convenient 'evidence' of achieving standards, the research evidence for the impact of such interventions on teacher behaviour is limited...

- d To describe the arrangements with Local Education Providers to ensure that fitness to practise cases among these trainers are identified.**

Cardiff SOM

...if the HSL becomes aware of an issue with a particular teacher, such as a fitness to practise issue then the SOM would expect the HSL to withdraw them from the teaching programme, but in reality that member of staff has usually been suspended from the LEP so students may need to be re-allocated as a result of staff withdrawals.

PMS

The school and site coordinators hold honorary contracts with one of the parent universities (Exeter/Plymouth). There are clauses in the honorary contracts to ensure fitness to practise issues involving trainers are identified.

- a The University's entitlement to notify LEPs (primary employers) of any disciplinary proceedings taken against trainers and to invite employer(s) to send an observer to any disciplinary hearing.
- b The University's entitlement to consult with the employer(s) in relation to any sanction to be imposed for any disciplinary offence.
- c The University may rely on relevant matters in the disciplinary record held by the employer(s) in relation to deciding any sanction.
- d In respect of disciplinary proceedings taken against trainers by their employer(s), the Peninsula College of Medicine and Dentistry will be represented on any disciplinary committees.
- e **To identify additional costs that would be involved:**
 - i **to identify the two sets of trainers**

Cardiff SOM

There would be no additional costs to identify the two sets of trainers as this data is already collected.

PMS

The school coordinator and site coordinators in addition to the newly appointed years three to five leads are funded by a total of 28.25 Programmed Activities (sessions).

UCLMS

If at UCLMS this approval process applies only to the estimated 20 or so doctors who fall into the category of needing 'approval', and 'light touch' procedures are all that is required, then the data collection aspect of this additional accountability process could be absorbed by the medical school through existing appraisal, quality assurance and staff development processes with a very modest increase in academic and administrative resource. Depending on the number of individuals needing to undertake a more detailed process including the production of a portfolio and possible interview, the time demands on the 'responsible officer' may be more significant.

ii To map systems against the seven AoME areas and *Tomorrow's Doctors* standards

Cardiff SOM

The mapping of the systems would require additional work of an administrator and senior academic to ensure that all systems were covered. In addition further costs would be incurred to gather the necessary information from academic teachers to support their progress against the *TD '09* domains and the seven AoME areas. This work has already started so that the SOM will share a database of information about undergraduate teachers and postgraduate educational supervisors.

PMS

The PMS systems map favourably to the AoME domains. There is extra work required to ensure that all domains are covered. This includes time allocation for one of the school senior team to carry out this work as well as administrative support.

iii To enhance systems and the attributes of these trainers to comply with *TD09* standards mapped against the seven AoME standards.

Cardiff SOM

With an extensive programme of staff development becoming available we will expect all clinical teachers/trainers and assessors to be working actively towards teaching improvement. This will occur via a co-ordinated approach with the Postgraduate Deanery.

That means that through the annual appraisal process the SOM will expect to see evidence that clinical teachers with significant leadership responsibilities do:

- 1 Attend at least one teaching update meeting annually (Royal College, MEDIC, PGMDE, ASME, Academy etc)
- 2 Work towards qualifications, for example:
 - Certificate in med education
 - RCP teachers course
 - Membership or fellowship of HEA or Academy of Medical Educators
- 3 Demonstrate scholarship in medical education (chapter, book, paper or at least a poster in last two years followed by submitted paper):
 - membership of ASME/AMEE
 - updating of a portfolio of peer/student feedback

It will however take some time to make clinical teachers aware of these expectations, but the SOM will work towards expecting senior lecturers and clinical lecturers to demonstrate compliance in the next 3 years.

PMS

There is an existing staff development budget which is used to enhance the attributes of the school and site coordinators as highlighted above.

UCLMS

Resource provision: costs of provision of additional course should be estimated on our existing rate of course provision consultancy of £350 per half day excluding venues, refreshments. Estimating the cost of online materials again depends on the level of collaboration or central provision but it is a reasonable estimate that one hour of good quality on-line learning product takes approximately 100 hours in production.

Compliance: at the compliance end of this process, the impact on those expected to comply is difficult to predict unless the process and requirements are clear but may be more substantial. Again using this estimate that approximately 20 individuals will be affected by this process as needing 'approval' we can use some existing models to estimate costs. The BMA suggest the cost of preparing for a GP appraisal (a reasonably similar process in terms of data collection and recording), is estimated at 6.25 hours per appraisee². However this cost is for data collection and preparation only. The cost of an appraisal interview is estimated by the DoH at a further 1.5 hours³. Neither of these estimates however include time taken to attend training or to undertake other development activities in order to become compliant which for some individuals may be considerable.

Clear costings however are difficult to predict at this stage for the following reasons:

- Will a range of proxy measures be acceptable without requiring additional re-writing of competencies? ...
- Will the group that need approving remain small and stable?...
- Will the GMC develop central resources? ...
- To what extent is this an educator development exercise?...

Comment: Whilst approval of doctors in these roles is the current 'regulation driven' agenda we should not forget the role of the GMC in improving standards in medical education. Any process applied to doctors to help them to achieve these competencies should be extended to those senior medical educators in medical schools who are not doctors.

Because of the very tied-in relationship between medical schools and university hospitals and the increasing difficulty in securing good quality undergraduate training venues, particularly in London, consequent lack of 'teeth' of the medical schools as lead providers in influencing consultant job planning is marked...

² Completing the pre-appraisal forms (and reflection time) – 3.25 hours, Identifying and collating the documentation required for the forms – 2 hours, Preparing an outline personal development plan - 1 hour. Total preparation time – 6.25 hours.

³ Appraisal interview – 1.5 hours as previously agreed by the DoH.

Part 2:

Postgraduate deanery pilots

Summary

We are very grateful to the postgraduate deaneries who have piloted our proposals for recognising and approving trainers: Kent, Surrey and Sussex Deanery, North West Deanery, Northern Deanery and South West Peninsula Deanery.

We asked the pilot deaneries to identify all educational supervisors and all clinical supervisors in their region. The deaneries replied that the educational supervisors and clinical supervisors were already known. However, there have been difficulties in understanding of the terms as well as differences between specialties.

We asked the pilot deaneries to map existing management or quality control systems for trainers (such as the identification of trainers, job planning, training and appraisal) against the seven areas in the *AoME Framework for the professional development of postgraduate medical supervisors* and the GMC standards in *The Trainee Doctor*. All four pilot deaneries had mapped their arrangements against the GMC standards and two had also mapped against the seven AoME areas.

We asked the pilot deaneries to describe the arrangements with local education providers to ensure that fitness to practise cases among trainers are identified. There appeared to be scope for developing formal and systematic ways to share this information between local education providers and postgraduate deaneries.

Lastly, we asked the pilot deaneries to identify additional costs that would be involved to establish recognition and approval of trainers. They replied that no additional costs would be required to identify the trainers involved. Mapping of arrangements against the seven AoME areas would require some resource. One deanery intended to scope a system for the revalidation of educational supervisors and clinical supervisors. Another envisaged a trainer portfolio system that might cost around £67,000 to develop over a year. Another saw a need to develop e-learning materials and refresher training and said that the cost of providing training for supervisors should continue to be met through its funding allocation.

Included below is a compilation of the reports we received in the deaneries' own words against each of the questions we asked.

Deaneries

The pilot deaneries

Kent, Surrey and Sussex Deanery (KSS)

North West Deanery (NWD)

Please note these responses are focused on hospital-based trainers only. Our response is based on deanery held information and also recent consultation with the Directors of Medical Education (DMEs) at six of our associated Local education providers (LEPs).

Northern Deanery

To compile the following response, we asked Trusts to complete a brief questionnaire (receiving eight responses); reviewed our Trust QM reports 2010 for relevant information; and reviewed deanery activity in support of the identification of trainers, faculty development and trainer standards.

The deanery has recently launched a set of processes to address trainer development and approval, under the title of 'Northern Faculty of Medical Education' (NFME). These processes are referred to throughout this report; they comprise a curriculum framework for faculty development, a faculty development course recognition process badged by the deanery and our two regional medical schools, trainer role definitions and a trainer registration and accreditation process. It has been agreed that these processes encompass postgraduate and undergraduate faculty. They can be accessed on our website: www.northerndeanery.nhs.uk/NorthernDeanery/deans-office/faculty-education then click 'Northern Faculty of Medical Education.'

South West Peninsula Deanery (SWPD)

- a To identify all educational supervisors and all clinical supervisors. (Or if not possible now, to say how hard it would be to do and why.)

KSS

KSS Deanery runs the Qualified Educational Supervisor Programme (QESP), a two-part qualification offered as an entitlement to all consultants working in secondary care in the capacity of Educational Supervisor within the region:

- Part 1: Certificate in Teaching; Principles and Values in Teaching
- Part 2: Certificate in Educational Supervision

... the handbooks for the courses... include...

Characteristics of an Educational Supervisor, detailing requirements for award of the qualification. These are mapped against the GMC's standards, as published in *TTD*, February 2011.

NHS Trusts in KSS have identified all Educational Supervisors, as required by our system of educational governance: the Graduate Education and Assessment Regulations (GEAR). The KSS QESP database maintains a record of currently-enrolled and completed candidates on the courses.

Additionally, from August 2010 Local Education Providers have held Registers of Clinical Supervisors, as overseen by Local Academic Boards.

NWD

The DMEs in all our associated LEPs hold electronic lists of supervisors in their Trusts. These are identified by the level: Educational Supervisor (ES) or Clinical Supervisor (CS) to which individuals are trained. Currently these lists are held locally at the LEPs and summary information is provided to the deanery periodically on request. The electronic databases are not in uniform format at the present time.

We are confident that this information is readily available at LEP level, and reflects a high level of accuracy.

In 2008, the North Western Deanery described local trainer standards; and subsequently developed a deanery strategy to work closely with DMEs towards achieving, and maintaining, the GMC (PMETB) trainer standards. The strands of work in this area have included:

- a dedicated educator development section of the deanery website <https://www.nwpgmd.nhs.uk/educator-development>
- guidance on the GMC Trainer standards including advice on knowledge and skills required
- cascading of training workshops on Clinical Supervisor skills
- provision of these training materials via the deanery VLC
- annual DME forum to discuss strategic issues and share good practice
- funding provision for LEP and School based trainer training and development initiatives
- commissioning and development of a bespoke masters level PGCE in workplace based postgraduate medical education, with modules directly relevant to trainer roles.
- funding to support all hospital based higher specialty trainees to undertake the Clinical Supervisor module of the PGCE.

NWD has a large number of trainers, with around 3000 clinical supervisors across 18 LEPs. NWD developed a simple summary spreadsheet for initial reporting from LEPs against the GMC standards.

A round of interim reporting took place in autumn 2009, with individual feedback from the deanery to each LEP. A further report was then sought in Spring 2010...

Following the January 2010 deadline, reporting on this work had been incorporated into core deanery quality management processes. All specialty programmes and LEPs are now required to include in their annual report information on compliance with the trainer standards. This is also included on the agenda for the biennial deanery quality monitoring visits. In addition to the above deanery initiatives most LEPs have now commissioned, or developed in-house, their own training /refresher session to deliver training locally...

Northern Deanery

There is an existing Deanery database of all trainers, created from Trust data to enable distribution of the GMC trainer survey...

In Trusts, postgraduate education departments are responsible for holding and maintaining trainer data. They maintain CPD data from in-house training activity, and from external training applied for through study leave processes. The Deanery uses INTREPID, a database that is accessible by Trusts, to record attendance at Deanery trainer-training events. Trainers are themselves responsible for recording CPD activity that they engage in outwith Trust and Deanery systems.

Trusts use a range of databases, and trainer information may in some cases be spread across different systems including: Excel spreadsheet; ESR; Access Database; OLM; INTREPID.

Trust education departments engaged in a range of activity to set up their trainer data systems, including:

- create a database
- contact all consultants requesting their details
- survey consultants to identify training role, training completed and training need
- update database from trainer-training registers
- request data from other Trust databases
- seek consent to use data from other sources
- review training records; ask trainers for confirmation of details held
- create job descriptions to specify the educational role
- liaise with HR ensuring the currency of consultant lists, and that all new consultants are registered on INTREPID
- gather information from INTREPID, consultant appraisal, in-house trainer-training registers, and direct requests to all consultants.

Maintaining the currency of data involves trust education departments in additional activity, including:

- reminding consultants to update their records
- monitoring and review at 1, 4 or 12 monthly intervals
- updating named trainers list at main changeover times
- updating after in-house events/consultant appraisal

- downloading data from INTREPID
- receipt of study leave forms
- central co-ordination, liaising with medical staffing, specialty tutors.

Non-consultant grade staff contribute to medical education, and one trust tells us that it collects information for consultant and staff grade doctors, nursing and non-clinical staff. They are extending this to include clinical supervisors based in the community (palliative care and GP).

The deanery's NFME processes require us to work with trusts to maintain... information on faculty members...

Gaps in the trust education centre database may be caused by:

- lack of maintenance of data on systems outside trust control eg INTREPID, or consultant updating following college/online training
- lack of internal knowledge of systems eg of appraisal documentation
- varied response to trainer surveys.

Training role definitions

There are different sources of advice on training role definitions, and the trainer's employer (the trust) may take a differing perspective from the deanery. The deanery has been training against a consistent model of educational supervision for 10 years, yet role titles and definitions are not consistently applied, and trust role definitions may differ from school role definitions. A variety of definitions have been adopted, including:

- deanery definitions (see NFME)
- NACT definitions
- GMC definitions
- trust's own definitions, perhaps adapted from the above.

SWPD

In theory this should be a simple exercise, in practice it is much more difficult to have a reliable, contemporary record of all those fulfilling the roles. The difficulties are as a result of the following complexities.

- a The definition of the roles needs clarifying for LEPs and Specialties. This is a particular issue with Clinical Supervisors. The GMC provides the definition but this is not always understood and clear in the trainee's workplace. We have had to clarify the difference between supervising clinical work and being a Clinical Supervisor. The statement that a trainee can only have 1 Clinical Supervisor at any point in time and this individual is the person responsible for writing a formal report of the trainee's progress helps in clarification.
- b Not all specialties recognise the terms Clinical and Educational Supervisors with consistency. For example Anaesthetists have Educational Supervisors but recognise all Consultants who have contact with trainees as Clinical Supervisors even though these individuals will not produce a written report of a placement. Surgeons use the term AES (Assigned Educational Supervisor).
- c The number and names of 'active' Clinical and Educational Supervisors is a dynamic rather than static process. Even in a small Deanery, such as SWPD, the names of these individuals can change at each rotation of trainee doctors. This is

particularly apparent in large departments where Consultants may rotate in and out of in-patient responsibilities and thereby their supervisory roles.

- d Maintenance of a reliable database of Supervisors is an ongoing exercise which requires regular engagement between the Deanery and the LEPs where the supervisors are based.

The SWPD has been actively dealing with these issues. We are confident that the current database is over 95% accurate in identification of active supervisors. We are endeavouring to improve this accuracy. This has been achieved with the following actions.

- a Identifying, with the LEP, names of Educational and Clinical Supervisors for all the posts that we have responsibility for.
- b Validating this with the individuals named and asking the post holder (trainee) if this Supervisor name is the one they have been given.
- c Validating all the names in b with the relevant postgraduate school to ensure consistency.
- d The recording of this data is on the Intrepid software, the database used by most Deaneries for holding information on training posts. Development of the reporting element of Intrepid so that appropriate outputs of Supervisors and their training can be obtained when required.
- e Development of a process for maintaining the database in liaison with the LEPs. The LEPs validate and update the names of supervisors on a regular basis, the Deanery record the training that a supervisor has undertaken. The LEP can only attach 'known' supervisors to posts, when a new supervisor (name) is appointed to the role

the LEP needs to contact the Deanery to have this individual added to the database. This automatically allows the Deanery to track the current training status of the individual and where not trained contact them to ensure enrolment and appropriate training is undertaken.

- f Regular reports generated of supervisors against posts and their training status. This allows a quality assurance process for the identification of supervisors and their training requirements.

The actions identified are currently in a process of implementation, as an organisation we will monitor this and adapt the process accordingly. Currently the process for Specialty and Primary Care is not integrated. This is an action we need to deal with in future developments.

- b **To map existing management or quality control systems for trainers (identification of trainers, job planning, training, appraisal...) against the seven AoME areas and *The Trainee Doctor* standards.**

KSS

QESP is currently mapped against the GMC postgraduate standards and operates within the existing management and quality control systems for trainers. The KSS Quality Management System (QMS), and the processes associated with it, was developed to ensure that the Deanery met national regulatory requirements. The KSS QMS comprises six key elements:

- 1 *Contract Review* for the educational infrastructure in NHS Trusts
- 2 *Graduate Education and Assessment Regulations* for academic quality management
- 3 *Academic Development Programmes* for developing the quality of educational provision
- 4 *Medical Workforce Management* for trainee admissions and progression
- 5 *School Development* for developing Foundation and specialty-based educational management
- 6 *LEP Visiting* to bring together all of the other processes in a focused enquiry into quality in specific clinical areas and teaching locations.

Having supported the DH/AoME Supervisors Project through submission of course-related materials in March 2009, KSS Deanery was invited, on 12 September 2011, to apply to have the KSS Qualified Educational Supervisor Programme accredited against its professional standards. We have submitted a folder of materials to evidence Membership-level accreditation of the Programme and now await the AoME's response.

KSS: Map of the existing Quality Management framework and quality control systems against the AoME Framework for the Professional Development of Postgraduate Medical Supervisors

AoME Framework Area and Descriptor	KSS Management/Quality Control System
1: Ensuring safe and effective patient care through training	
The effective supervisor:	
1.1 Acts to ensure the health, well-being and safety of patients at all times	Locally-held in NHS Trusts through the Local Faculty Group and quality monitored through the Local Academic Board as established in the system of educational governance operationalised through the Single Contract and Graduate Education Assessment Regulations
1.2 Ensures that trainees have undertaken appropriate induction	Locally-held in NHS Trusts through the Local Faculty Group and quality monitored through the Local Academic Board as established in the system of educational governance operationalised through the Single Contract and Graduate Education Assessment Regulations
1.3 Allows trainees, when suitably competent, to take responsibility for care, appropriate to the needs of the patient	Locally-held in NHS Trusts through the Local Faculty Group and quality monitored through the Local Academic Board as established in the system of educational governance operationalised through the Single Contract and Graduate Education Assessment Regulations
The excellent supervisor also:	
1.4 Uses educational interventions to enhance patient care	As observed on QESP Part 1 observation visits by Consultant Education Advisers (CEAs) and locally-held in NHS Trusts through the Local Faculty Group and quality monitored through the Local Academic Board as established in the system of educational governance operationalised through the Single Contract and Graduate Education Assessment Regulations
1.5 Involves trainees in service improvement	Locally-held in NHS Trusts through the Local Faculty Group and quality monitored through the Local Academic Board as established in the system of educational governance operationalised through the Single Contract and Graduate Education Assessment Regulations
1.6 Involves patients as educators	As observed on QESP Part 1 observation visits by Consultant Education Advisers (CEAs)

2: Establishing and maintaining an environment for learning	
The effective supervisor:	
2.1 Encourages participation through provision of equality of opportunity and acknowledgement of diversity	Covered in QESP Workshop 1: Principles and Values in Teaching and as observed on QESP Part 1 and Part 2 observation visits by Consultant Education Advisers (CEAs)
2.2 Ensures that trainees receive the necessary instruction and protection in situations that might expose them to risk	Locally-held in NHS Trusts through the Local Faculty Group and quality monitored through the Local Academic Board as established in the system of educational governance operationalised through the Single Contract and Graduate Education Assessment Regulations
2.3 Encourages and maintains the confidence of trainees	Locally-held in NHS Trusts through the Local Faculty Group and quality monitored through the Local Academic Board as established in the system of educational governance operationalised through the Single Contract and Graduate Education Assessment Regulations and as observed on QESP Part 1 and Part 2 observation visits by Consultant Education Advisers (CEAs)
2.4 Is open, approachable and available	As observed on QESP Part 1 and Part 2 observation visits by Consultant Education Advisers (CEAs)
2.5 Maintains good interpersonal relationships with trainees and colleagues	As observed on QESP Part 1 and Part 2 observation visits by Consultant Education Advisers (CEAs)
2.6 Provides protective time for teaching and learning	As identified and agreed in the KSS Deanery Advice on Education and Job Planning for Consultants
2.7 Involves the team in the delivery of teaching and supervision	As observed on QESP Part 1 observation visits by Consultant Education Advisers (CEAs)
2.8 Is aware of the team's experience and skills relating to teaching and supervision	Locally-held in NHS Trusts through the Local Faculty Group and quality monitored through the Local Academic Board as established in the system of educational governance operationalised through the Single Contract and Graduate Education Assessment Regulations
2.9 Ensures that workload requirements on trainees are both legal and that wherever possible, they do not compromise learning	Locally-held in NHS Trusts through the Local Faculty Group and quality monitored through the Local Academic Board as established in the system of educational governance operationalised through the Single Contract and Graduate Education Assessment Regulations and as observed on QESP Part 1 and Part 2 observation visits by Consultant Education Advisers (CEAs)

The excellent supervisor also:	
2.10 Proactively seeks the views of trainees on their experience	As observed on QESP Part 1 and Part 2 observation visits by Consultant Education Advisers (CEAs)
2.11 Takes steps to establish a learning community within their department and/or organisation	Locally-held in NHS Trusts through the Local Faculty Group and quality monitored through the Local Academic Board as established in the system of educational governance operationalised through the Single Contract and Graduate Education Assessment Regulations
2.12 Monitors, evaluates and takes steps to address areas for improvement in teaching and learning	As observed on QESP observation visits by Consultant Education Advisers (CEAs) and participation in Local Faculty Group
3: Teaching and facilitating learning	
The effective supervisor:	
3.1 Has up-to-date subject knowledge and/or skills	As observed on QESP Part 1 and Part 2 observation visits by Consultant Education Advisers (CEAs)
3.2 Provides direct guidance on clinical work where appropriate	As observed on QESP Part 1 observation visits by Consultant Education Advisers (CEAs)
3.3 Has effective supervisory conversational skills	As observed on QESP Part 1 and Part 2 observation visits by Consultant Education Advisers (CEAs)
3.4 Plans learning and teaching episodes	As observed on QESP Part 1 and Part 2 observation visits by Consultant Education Advisers (CEAs)
3.5 Uses a range of appropriate teaching interventions in the clinical setting	As observed on QESP Part 1 observation visits by Consultant Education Advisers (CEAs)
3.6 Facilitates a wide variety of learning opportunities	As observed on QESP Part 1 and Part 2 observation visits by Consultant Education Advisers (CEAs)

3.7 Helps the trainee develop an ability for self-directed learning	As observed on QESP Part 1 and Part 2 observation visits by Consultant Education Advisers (CEAs)
3.8 Allows the trainee to make contributions to clinical practice of graduated value and importance commensurate with their competence	As observed on QESP Part 1 and Part 2 observation visits by Consultant Education Advisers (CEAs)
3.9 Use technology enhanced learning where appropriate eg simulation	As observed on QESP Part 2 observation visits by Consultant Education Advisers (CEAs) through on-line ePortfolio
3.10 Encourages access to formal learning opportunities eg study days	Locally-held in NHS Trusts through the Local Faculty Group and quality monitored through the Local Academic Board as established in the system of educational governance operationalised through the Single Contract and Graduate Education Assessment Regulations
The excellent supervisor also:	
3.11 Demonstrates exemplary subject knowledge or skills	Locally-held through the Local Faculty Group and quality monitored through the Local Academic Board as established in the system of educational governance operationalised through the Single Contract and Graduate Education Assessment Regulations
3.12 Understands and can apply theoretical frameworks to their practice	Locally-held in NHS Trusts through the Local Faculty Group and quality monitored through the Local Academic Board as established in the system of educational governance operationalised through the Single Contract and Graduate Education Assessment Regulations
3.13 Is involved with curriculum development beyond the supervisory relationship	Locally-held in NHS Trusts through the Local Faculty Group and quality monitored through the Local Academic Board as established in the system of educational governance operationalised through the Single Contract and Graduate Education Assessment Regulations
3.14 Works with the department and/or provider to ensure a wide-range of learning opportunities is available eg simulation facilities, courses	Locally-held in NHS Trusts through the Local Faculty Group and quality monitored through the Local Academic Board as established in the system of educational governance operationalised through the Single Contract and Graduate Education Assessment Regulations

4: Enhancing learning through assessment	
The effective supervisor:	
4.1 Regularly observes the trainee's performance and offers feedback	As observed on QESP Part 1 and Part 2 observation visits by Consultant Education Advisers (CEAs)
4.2 Plans and/or monitors assessment activities	As observed on QESP Part 1 and Part 2 observation visits by Consultant Education Advisers (CEAs)
4.3 Uses workplace-based assessments appropriately	As observed on QESP Part 1 and Part 2 observation visits by Consultant Education Advisers (CEAs)
4.4 Provides feedback that is clear, focused and aimed at improving specific aspects of trainee performance	As observed on QESP Part 1 and Part 2 observation visits by Consultant Education Advisers (CEAs)
4.5 Ensures that the trainee participates in 360' appraisal	As observed on QESP Part 2 observation visits by Consultant Education Advisers (CEAs)
4.6 Supports the trainee in preparation for professional external examinations	As observed on QESP Part 2 observation visits by Consultant Education Advisers (CEAs)
The excellent supervisor also:	
4.7 Ensures that workplace-based assessments are used effectively by juniors, consultant colleagues and the wider team	As observed on QESP Part 1 and Part 2 observation visits by Consultant Education Advisers (CEAs)
4.8 Understands and can apply theoretical frameworks relevant to assessment to their and others' practice	As observed on QESP Part 1 and Part 2 observation visits by Consultant Education Advisers (CEAs)

4.9 Is involved in professional assessment activities beyond the supervisory relationship eg as an ARCP panel member or College examiner	Through participation in KSS Deanery Specialty School and South Thames Foundation School structures
5: Supporting and monitoring educational progress	
The effective supervisor:	
5.1 Agrees an educational contract at the outset of the training period	As observed on QESP Part 1 and Part 2 observation visits by Consultant Education Advisers (CEAs)
5.2 Understands the curricula requirements of the specialty and stage of training	Covered in QESP Workshop 2: Principles and Values in Teaching and as observed on QESP Part 1 and Part 2 observation visits by Consultant Education Advisers (CEAs) and through participation in Local Faculty Group and Specialty School and South Thames Foundation School structures
5.3 Identifies learning needs and sets educational objectives	As observed on QESP Part 1 and Part 2 observation visits by Consultant Education Advisers (CEAs)
5.4 Involves the trainee in the above processes	As observed on QESP Part 1 and Part 2 observation visits by Consultant Education Advisers (CEAs)
5.5 Reviews and monitors progress through regular timetabled meetings	As observed on QESP Part 1 and Part 2 observation visits by Consultant Education Advisers (CEAs)
5.6 Ensures that appropriate records are kept in relation to trainee progress	As observed on QESP Part 1 and Part 2 observation visits by Consultant Education Advisers (CEAs)
5.7 Uses the educational portfolio appropriately and encourages their use by trainees	As observed on QESP Part 2 observation visits by Consultant Education Advisers (CEAs)

5.8 Provides a structured supervisor's report that discriminates between the trainee's strengths and areas of concern	As observed on QESP Part 2 observation visits by Consultant Education Advisers (CEAs)
5.9 Provides continuity of supervision or ensures effective educational handover	As observed on QESP Part 1 and Part 2 observation visits by Consultant Education Advisers (CEAs)
5.10 Responds efficiently and effectively to emerging problems of trainee progress	As observed on QESP Part 1 and Part 2 observation visits by Consultant Education Advisers (CEAs)
5.11 Is aware of, and can access, available support for the trainee in difficulty	As covered in the QESP Part 2 workshop and attendance at the KSS Supporting Trainees in Difficulty workshop
5.12 Understands their role and responsibilities within the educational governance structures of their local education provider, Deanery and College	As observed on QESP Part 1 and Part 2 observation visits by Consultant Education Advisers (CEAs)
The excellent supervisor also:	
5.13 Proactively seeks out opportunities for providing formal support and career development activities for trainees	As covered in QESP Workshop 2: Educational Supervision and as observed on QESP Part 1 and Part 2 observation visits by Consultant Education Advisers (CEAs)
5.14 Establishes and/or evaluates schemes for monitoring trainee progress across the department/organisation	Through participation in Local Faculty Group and Specialty School and South Thames Foundation School structures

5.15 Involves themselves in external activities relevant to doctors in difficulty or career progression (eg GMC or ARCP panels, College committees)	As covered in the QESP Part 2 workshop and attendance at the KSS Supporting Trainees in Difficulty workshop
5.16 Involves themselves in recruitment to the training programme	Through participation in Local Faculty Group and Specialty School and South Thames Foundation School structures
5.17 Involves themselves in the wider management of the training programme, eg training committee	Through participation in Local Faculty Group and Specialty School and South Thames Foundation School structures
6: Guiding personal and professional development	
The effective supervisor:	
6.1 Provides a positive role model through demonstration of exemplary professional behaviours and relationships	As covered in QESP Workshop 1: Principles and Values in Teaching and as observed on QESP Part 1 and Part 2 observation visits by Consultant Education Advisers (CEAs)
6.2 Has effective supervisory conversational skills	As observed on QESP Part 1 and Part 2 observation visits by Consultant Education Advisers (CEAs)
6.3 Is able to set and maintain appropriate boundaries eg social/ professional	As covered in QESP Workshop 2: Educational Supervision and as observed on QESP Part 1 and Part 2 observation visits by Consultant Education Advisers (CEAs)
6.4 Understands when and where to refer on to other agencies eg occupational health, counselling, deanery careers unit	As covered in QESP Workshop 2: Educational Supervision and as observed on QESP Part 1 and Part 2 observation visits by Consultant Education Advisers (CEAs)
6.5 Ensures that the trainee is aware of the requirements of and participates in NHS Appraisal	Locally-held in NHS Trusts through the Local Faculty Group and quality monitored through the Local Academic Board as established in the system of educational governance operationalised through the Single Contract and Graduate Education Assessment Regulations

6.6 Ensures that the trainee participates in Multi-Source Feedback	As covered in the QESP Part 2 workshop and as observed on QESP Part 1 and Part 2 observation visits by Consultant Education Advisers (CEAs)
6.7 Signposts the trainee to sources of career support	As covered in the QESP Part 2 workshop and as observed on QESP Part 1 and Part 2 observation visits by Consultant Education Advisers (CEAs)
The excellent supervisor also:	
6.8 Provides timely and appropriate career guidance and advice	As covered in the QESP Part 2 workshop and as observed on QESP Part 1 and Part 2 observation visits by Consultant Education Advisers (CEAs)
6.9 Demonstrates a willingness to remain a critical friend and mentor even after completion of training	Locally-held in NHS Trusts through the Local Faculty Group and quality monitored through the Local Academic Board as established in the system of educational governance operationalised through the Single Contract and Graduate Education Assessment Regulations
6.10 Understands the wider national context of professional development for doctors at all levels	As covered in the QESP Part 2 workshop and as observed on QESP Part 1 and Part 2 observation visits by Consultant Education Advisers (CEAs)
6.11 Can draw on a wide range of skills and techniques relevant to personal and professional development	As covered in the QESP Part 2 workshop and as observed on QESP Part 1 and Part 2 observation visits by Consultant Education Advisers (CEAs)
6.12 Provides support for other doctors/supervisors in relation to personal and professional development	As covered in the QESP Part 2 workshop and as observed on QESP Part 1 and Part 2 observation visits by Consultant Education Advisers (CEAs)
7: Continuing professional development as an educator	
The effective supervisor:	
7.1 Evaluates own supervisory practice eg through trainee feedback, peer observation	As covered in the QESP Part 2 workshop and as observed on QESP Part 1 and Part 2 observation visits by Consultant Education Advisers (CEAs) and through participation in Peer Observation activity (voluntary, leading to certificate of extended achievement)

7.2 Takes action to improve own practice on the basis of feedback received eg appraisal, informal feedback	As covered in the QESP Part 2 workshop and as observed on QESP Part 1 and Part 2 observation visits by Consultant Education Advisers (CEAs)
7.3 Maintains <i>Good Medical Practice</i> in line with specialty and GMC requirements	As covered in the QESP Part 2 workshop and as observed on QESP Part 1 and Part 2 observation visits by Consultant Education Advisers (CEAs) and locally-held in NHS Trusts through the Local Faculty Group and quality monitored through the Local Academic Board as established in the system of educational governance operationalised through the Single Contract and Graduate Education Assessment Regulations
The excellent supervisor also:	
7.4 Actively seeks the views of colleagues through eg 360° appraisal, peer observation	As covered in the QESP Part 2 workshop and as observed on QESP Part 1 and Part 2 observation visits by Consultant Education Advisers (CEAs)
7.5 Engages in programmes of educational development eg, Training the trainers, Postgraduate Certificate, Masters	Participation in QESP Part 1 and Part 2 and, optionally, the MA in Clinical Education offered through the University of London and taught by KSS Education Department
7.6 Assists in the development of others as educators including trainees	Locally-held in NHS Trusts through the Local Faculty Group and quality monitored through the Local Academic Board as established in the system of educational governance operationalised through the Single Contract and Graduate Education Assessment Regulations

NWD

The NWD standards and guidance are mapped to the existing GMC standards contained in *The Trainee Doctor*. These are not yet mapped to the AoME's 7 framework areas, however there is nothing within the content of these areas that is perceived to present an issue.

The NWD has a comprehensive system of quality management which includes, where relevant, specific flow of information on the above areas. These tools include:

- annual LEP structured reports and follow up deanery response highlighting any action points
- biennial monitoring visits to LEPs
- Learning and Development Agreements between the SHA and all LEPs, and monitoring of these
- targeted feedback to all LEPs on results of the GMC survey
- educational appraisal of all DMEs and Heads of School.

Educational appraisal:

The NWD has issued comprehensive guidance and supporting documentation on educational appraisal which includes detailed guidance on suggested evidence for individuals to collate towards their appraisal. An online survey of all consultants in the NWD (response rate 20%) carried out in Autumn 2009 reported that, although over 92% of respondents had had an NHS appraisal, 82% had never been appraised for the educational element of their role. In response to further consultation, the NWD guidance was reviewed and re-issued in 2010 and advice re cascading an appraisal system locally was discussed with DMEs and Head of Schools. Progress on this work is varied across LEPs. Despite this deanery

guidance and monitoring, information on levels of educational appraisal taking place remains incomplete and levels are thought to remain low.

Job planning:

The NWD has also issued comprehensive guidance and supporting documentation on job planning. However this remains an unresolved issue at most LEPs. DMEs are in the process of local discussion and consultation about adapting and rolling out the deanery guidance.

Northern Deanery

A significant amount of work has taken place in relation to mapping deanery trainer processes to standards, requiring staff time to implement but no additional costs:

- deanery QM reports 2010 required Trusts to report against the GMC (PMETB) trainer standards
- deanery training strategy was cross mapped to GMC standards
- deanery faculty development curriculum framework was cross mapped to AoME domains.

Meeting trainer standards requires certain key activities to be in place, concerning faculty management processes and faculty development activity. These have been developed over several years. The largest cost is that of faculty development activity: the deanery plays a central role here, but providers include local universities, trusts and the medical colleges...

Training in educational supervision is commonly required or recommended by trusts...

Currently, trainers are selected by trusts on a variety of bases. Trainer registration and accreditation within the NFME processes is intended to develop quality and regional consistency...

Trusts have faculty organisational structures providing lines of accountability...

Although trusts have commitments to support faculty with appropriate time in job plans, implementation is not complete. Arrangements to ensure that trainers have time in job plans vary...

The deanery holds two three-day faculty induction programmes each year, targeted at new consultants, as well as its faculty development programme. Trainers may be inducted by attending the deanery or in-house induction, and deanery or in-house courses. Some trusts require attendance on specified courses on, for example, a three yearly basis.

Senior faculty are more likely to have an annual appraisal; effective educational appraisal for all those involved in medical education remains an aspiration. Annual consultant appraisal includes an item dealing with the educational role; its effective use is a requirement within the NFME processes. Revalidation is expected to provide impetus.

There is a general expectation that consultants keep up to date in their CPD, and this includes educational CPD...

SWPD

The Supervisor training requirements and the courses commissioned and delivered are described in the Strategy document. The training programme has been developed in response to the GMC's requirement that all supervisors are trained. The programme was developed and commissioned in 2010 and has been 'live' from 2011 onwards. Before the programme was in place the SWPD ran courses for Supervisors, attendance being recorded but evidence of all supervisors' training was not recorded nor mandated.

The programme has been devised with the need to ensure that all the Standards in the PMETB *Generic Standards for Training* were covered. With the publication of the GMC document *The Trainee Doctor*

the mapping exercise was updated (April 2011). The strategy document tabulates the result of this mapping exercise and demonstrates how each course is designed ensuring coverage of all the standards. We require all Clinical Supervisors to cover Courses 1-3 of our programme and Educational Supervisors in addition to undertake Courses 4 & 5. Where a Supervisor has undertaken training elsewhere we will accept this as training, provided the individual produces the evidence (self certification) that the training completed has covered the relevant domains (standards)...

The framework areas from the AoME document mirror the programme that the London Deanery requires their Supervisors to undertake. The development of the SWPD training programme was influenced by this programme. A formal mapping exercise to the AoME areas has not been undertaken. It would be expected that most if not all the areas are incorporated in the current training programme. This is evident from the titles and descriptors (content) of our current courses.

Course 1: Training and service

This will cover induction to a placement, learning under supervision, balancing service delivery and education, identifying doctors in difficulty, including signposting to Occupational Health, Postgraduate Education team etc, transfer of information and identifying learning opportunities in the context of service delivery.

Course 2: Successful learning environments

This will cover the educational aims of a post, the educational agreement, e-portfolios and logbooks, access to learning opportunities (formal and informal) and study leave both process and purpose.

Course 3: Assessment and Feedback

This will cover workplace based assessments and feedback both verbal and written in supervisors reports.

Course 4: Professional Development and Support

This will cover Doctors in Difficulty and Careers Advice. Each will be covered in separate sessions. By necessity each area will be an introduction to the issues with courses provided, but not compulsory, for those wishing greater knowledge in these areas.

Course 5: Reviewing progress and objective setting

This will cover supervisor meetings their purpose and how to give feedback, ARCPs/RITAs their purpose and process, and curricula knowledge. The course will cover areas applicable to all specialties and a separate element which will be specialty specific.

Having run the programme for a full calendar year we are in the process of analysing the feedback. We will adapt future courses and requirements in response to this feedback. Any changes made will have to ensure that the content still meets the objectives of covering the standards contained within *The Trainee Doctor*.

Quality assuring that Supervisors have the time to undertake their role is an on-going process. Our current data would suggest that there is still much work to be done to ensure this is in place. We have set an expected time allocation of 0.25 SPA/trainee for secondary care Educational Supervisors. Clinical Supervisor time is not allocated in SPA allocation. The department that hosts the trainee is expected to ensure that the nominated Clinical Supervisor has sufficient time to undertake the role with other colleagues undertaking any additional tasks so that the whole department benefits from the presence and service commitment that the trainee will be undertaking. The SWPD annual quality visits to LEPs raise the question of time for the Educational Supervisor role. Once the 2011/12 job planning round is complete (March 2012) the LEPs will be given a random sample of names of Educational Supervisors in their LEP and will be asked whether these individuals have protected time in their job plan to fulfil the role and the amount of time protected per trainee supervised.

Appraisal of the role, the format and who should undertake it, has been discussed with the DMEs of the stakeholder LEPs. The consensus is that this should form part of the individual's annual Trust appraisal but with specific mention of the Supervisor role...

- c To describe the arrangements with local education providers to ensure that fitness to practise cases among trainers are identified.**

KSS

Matters of educational governance, such as fitness to practise cases, are Quality Controlled by the Local Education Provider through the system and roles established by GEAR, specifically the Local Academic Board. The KSS Deanery's role is one of Quality Management and support, as outlined in the QMS.

Furthermore, QESP has an established procedure for Referred Educational Supervisors, which identifies processes for supporting candidates whose teaching and/or supervision is not satisfactory.

NWD

Although it is a requirement that the Postgraduate Dean be informed of any such cases and cases have been reported, in practice there is not yet one clear process for this. These tend to come to light on an ad-hoc basis, either via trainee in difficulty cases, or where the the issue has also impacted on the individual's clinical role. This is an area which would benefit from a deanery-led formal system for reporting.

Northern Deanery

Formal means of demonstrating competence as a trainer are not yet common, and we believe that knowledge of GMC trainer standards is not widespread amongst trainers...

Generally there are no specific criteria used to 'deselect' trainers should issues arise. Concerns are dealt with by the appropriate senior educational staff within the particular faculty structure, perhaps with

involvement of deanery school, and trust Clinical Director as appropriate.

In addition to these, deanery QM systems developed through the central deanery and the specialty schools notice and respond to issues of training quality, including at the level of the individual trainer. The deanery has moved to a single online trainee survey from which patterns and practice in individual departments can be described. From this, Heads of School can identify individual trainers and, working with DMEs in host organisations, can flag risks whilst preserving trainee anonymity. In the last year the deanery has demonstrated its willingness to deal with trainee disclosures regarding trainer conduct/capability through the whistleblowing policy.

SWPD

This is an area where at present the SWPD doesn't have a formal mechanism for LEPs to inform the Deanery. There is a close relationship between the SWPD and its stakeholder LEPs via a quarterly Deanery Education Group. It would be expected that if there was concern with a specific Supervisor then their whole job role would be reviewed by the LEP whilst the case was outstanding. This should but doesn't ensure that the case would be brought to the attention of the SWPD. We will review this issue in the context of our current work in establishing our responsibilities for the revalidation of trainees.

d To identify additional costs that would be involved:

- i to identify two sets of trainers (educational supervisors and clinical supervisors).**

KSS

KSS Deanery has already asked its NHS Trusts to identify all Clinical and Educational Supervisors, so there will be no additional costs.

NWD

This work is already complete, although there may be some additional work to adapt local record keeping following mapping to the seven AoME areas.

Northern Deanery

Trusts and the deanery use existing databases to record trainer data so there are no additional systems' costs.

Deanery costs in relation to a central database of all trainers involve significant staff time from the deanery information team, specialty administration staff and school faculty. However, in order to support trainer approval, trusts (the trainers' employers) should maintain appropriate records, to which the deanery has access.

Trusts found it difficult to establish actual staff time but acknowledged that initial data collection was a significant investment, while maintenance was more manageable. Estimates vary:

- two to three hours a week for maintenance
- set up, 20 hours; maintenance, three hours a week
- set up, 24 hours; maintenance, one hour a week
- set up, over a number of months for one staff member; annual audit, one week
- set up, two hours per trainer; maintenance, two hours per trainer per year; equating to 400 hours set up/200 hours a year maintenance.

SWPD

The work involved in achieving this has been undertaken by existing Deanery staff with collaboration with the LEPs' postgraduate centre staff. The SWPD has allocated 2 sessions of time of an Associate Dean to the task of Faculty Development, a Band 3 administrator 0.5 WTE and use of time of an

Information analyst. The SLA with the LEP will require the Trust to maintain the names of Supervisors as the individuals change

ii To map systems against the seven AoME areas and *The Trainee Doctor* standards.

KSS

KSS Deanery has already mapped QESP against the AoME standards and TTD [*The Trainee Doctor*] standards so there will be no additional costs.

NWD

NWD will need to carry out mapping of deanery standards and guidance to the 7 AoME areas, and update local guidance as appropriate.

Northern Deanery

A significant amount of work has taken place in relation to mapping deanery trainer processes to standards, requiring staff time to implement but no additional costs [see response to section b].

SWPD

The work to achieve this is already complete. However there are significant costs involved in the delivery of the courses mapped against these parameters. The management of the quality control systems for trainers is being incorporated into the core activity of the SWPD's work. This is using the resource described in the work identifying the Educational and Clinical Supervisors.

iii To enhance systems and trainers' attributes to comply with *The Trainee Doctor* standards mapped against the seven AoME standards.

KSS

The current Quality Management System in KSS is well developed and provides multiple points of contact with Educational Supervisors and an array of methods of assessing and developing trainers' abilities to meet the *TTD* standards.

KSS Deanery is in the process of scoping a system of Revalidation for Clinical and Educational Supervision. This needs to be educationally effective, clinically appropriate and financially effective and operative to a five-year time-scale. Approaches being considered are e-learning, peer observation and portfolio submission.

NWD

Robust reporting systems need to be put in place to capture levels of educational appraisal, job planning, and a system for reporting trainer fitness to practise issues.

Preferred solution:

NWD is currently drafting a proposal for a deanery developed and managed bespoke trainer portfolio which would be mapped to the relevant standards and have the capability to capture information on appraisal and job planning. This would ensure that information is collected in a standard format across the deanery, and is consistent with the reporting requirements of the deanery and the GMC. A deanery developed system would enable future modifications to be made and for local additions to be added to suit particular LEP requirements.

It is difficult to identify costs, but estimates to implement the above for one year would be in the region of:

- mapping to AoME standards: Project Support Officer: £5,000
- develop trainer portfolio and supporting materials: IT developer: £32,000
- training sessions to roll out Trainer portfolio: £10,000
- LEP additional admin costs to implement trainer portfolio & enhanced local reporting: £20,000.

Northern Deanery

We believe that deanery systems are sufficiently developed to be able to respond to the requirements of trainer approval. They require no further enhancement; the challenge is region-wide implementation of NFME processes. We are encouraged by the response to date of our trusts and the two regional medical schools. However, there is a risk that LEPs can purport to meet standards without evidence of due process. In order for LEPs to demonstrate that faculty meets GMC standards, the deanery would like to see more explicit descriptors in the GMC standards from which LEPs would be required to evidence 'performance.' We believe that this can be met through the future arrangements for education and training via LETBs. If LEPs were required to deliver training through contracting metrics with the LETB and HEE, then we could develop explicit metrics to measure process as well as outcome.

Trusts tell us that meeting the requirements for trainer development and management will need management and administrative support, which will add cost, for example:

- faculty development tutor
- admin support staff
- appropriate SPA to allow trainer training and role delivery
- improved data.

The GMC need to be aware that there is significant concern amongst foundation trusts that the planned arrangements for future funding of postgraduate medical education and training will limit the ability to develop, train and manage training faculty.

Enhancing 'trainers' attributes' apparently refers to faculty development activity, appraisal and CPD. There are significant costs associated with this, including delivery of trainer training by deanery, trusts, universities and Royal Colleges; ensuring

regional consistency, collaboration and quality control of faculty development activity (see NFME processes); and the investment by trusts in the time required by clinicians to engage in faculty development activity.

SWPD

This is described in the work necessary to map against the standards. Currently we provide our courses as face to face events. There is a need to develop e-learning materials to achieve some of this activity and to maintain competence via refresher training. We need to identify the costs to achieve this either by developing our own material or by purchasing existing materials.

The SWPD has over the past 2 years been aware of the GMC requirements and aspirations of the AoME in the area of training requirements of Clinical and Educational Supervisors. Awareness of this has led to our existing programme of training being tailored to meet the standards of *TTD* and framework areas of the AoME. We have made progress in identifying all our Educational and Clinical Supervisors and putting in place systems that allow us to identify changes in a real time setting. We are aware of the need to ensure that time exists in job plans to fulfil these roles. This is a priority area in our discussions with the stakeholder LEPs. We are in the process of ensuring closer integration exists between GP and Specialty Supervisor training programmes within the organisation. We are also aware of the need to link with our Undergraduate colleagues in the Peninsula College of Medicine and Dentistry (PCMD). Many of our Supervisors are the same individuals. Where the training is generic we are examining the process of dual recognition to avoid duplication and enhance time efficiency for our trainers.

The cost of providing training for all supervisors to meet these standards is significant. However the SWPD has invested in this over the past 2 years recognising its importance and consequently much of the cost is now contained within the revenue streams of the organisation. It is vital that for future delivery that these costs continue to be part of our funding allocation.

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