

SAS Doctors, Educational Supervisors and Clinical Supervisors

1. In the consultation document on trainers we say:

63. Named educational supervisors and named clinical supervisors may be GPs, consultants or staff, associate specialist or specialty doctors (SAS) doctors. Recognition and approval will underline their essential contribution and contribute to the fair and equitable recognition of training responsibilities.

118. The proposed arrangements will also ensure that SAS doctors are recognised for their role in training.

Definition, para 3. The term trainer incorporates the roles of clinical supervisor and educational supervisor but is not limited to these alone. It also includes all doctors with formally recognised roles in delivering undergraduate and postgraduate medical education locally in the clinical environment, such as clinical teachers, clinical tutors, clinical lecturers, GP trainers, college tutors, specialty tutors, regional advisers, heads of schools, foundation programme directors, specialty (including GP) programme directors, directors of medical education. The trainer may be a consultant, a GP, a SAS doctor or a senior trainee.

2. Question 6 in the consultation asks whether the definition 'properly reflect[s] the training roles of GPs, consultants, SAS doctors and senior trainees'. We look forward to respondents' views.

3. In *The Trainee Doctor (TTD)* we say on page 30 (above paragraph 6.29):

Standards for trainers

All doctors who have completed specialty training can and do act as supervisors. Many doctors develop the role to become educational supervisors. These standards apply to all such doctors; however, the requirements may specify where they apply only to educational supervisors or others with educational responsibilities.

4. It is sometimes suggested that this *TTD* paragraph states that SAS doctors cannot be supervisors. However:

a. The paragraph does not say that only doctors who have completed specialty training can act as supervisors.

b. The paragraph states that all doctors who have completed specialty training 'can and do act as supervisors'. And a footnote refers to definitions of educational supervisors and clinical supervisors. But the paragraph also points out that not all (only 'many') doctors who have completed specialty training become educational supervisors. Nor do they all become clinical supervisors in the formal sense. So the first sentence is best interpreted as referring to supervision in a more general sense.

5. That said, the first sentence has been widely interpreted as restricting educational supervisor and clinical supervisor roles to doctors who have completed specialty training. We will wish to reconsider the wording when we review our standards. In the meantime, this paper is intended to clarify the GMC's intent, recognising that decisions on who should become educational supervisors and clinical supervisors are made locally. (In due course, these decisions would be subject to approval by the GMC, depending on the outcome of the current consultation and the GMC acquiring the legal power to approve these trainers.)

6. It is essential that decisions about suitability for roles should be based on sound and relevant criteria rather than criteria that are discriminatory or founded solely on 'how things have always been done'. In particular, decisions should be based on the skills, experience and other relevant attributes of the individuals seeking to perform those roles.

7. The substantive question is whether SAS doctors should continue to be able to act as educational supervisors and clinical supervisors as in some cases they currently do. We have not been provided with evidence that SAS doctors are unable to perform satisfactorily as educational supervisors or clinical supervisors. Nor are we persuaded that all consultants inherently perform well as educational supervisors or clinical supervisors irrespective of their training, skills or personal attributes.

8. In developing the consultation document on the regulation of trainers, we decided against proposing new criteria or standards for named educational supervisors, named clinical supervisors or trainers more generally. Instead, we have pointed to the existing requirements as set out in *The Trainee Doctor* and *Tomorrow's Doctors* and suggested that these standards could be used within the structure of the seven areas identified by the Academy of Medical Educators.

9. Supervision entails the activity of an individual or group being subject to consideration by someone in some sense 'super' to – senior to, above or higher than – those supervised. It is not possible to be generally supervised by a subordinate or even an equal. In relation to specific skills or competencies, one can properly be supervised in the exercise of a skill or competency only by someone who already has it.

10. This suggests that it would be open to question for someone who has not completed specialty training and then obtained a post as a consultant or GP to attempt to supervise someone nearing completion of specialty training. However, it would for example be entirely possible for a doctor other than a consultant, but possessing relevant skills, competence and experience, to supervise someone soon after commencement of training. So senior SAS doctors (including those holding Specialty Doctor posts) – and also senior doctors in training - could well be appropriate supervisors for Foundation Programme trainees or even for trainees in earlier stages of specialty training. It would be less likely to be appropriate for SAS doctors, however senior, to supervise trainees nearing completion of specialty training.

11. It may also be helpful to distinguish between types of supervision:

c. A named educational supervisor is responsible for the ‘overall supervision and management of a trainee’s trajectory of learning and educational progress during a placement and/or series of placements’, according to the draft definition currently out for consultation. Consultants or GPs who have themselves completed specialty training may generally be at an advantage in providing overall supervision of trainees’ trajectory and progress.

d. A named clinical supervisor is ‘responsible for overseeing a specified trainee’s clinical work for a placement’, according to the draft definition. This role relates more to supervising the exercise of specific competencies and skills appropriate to a particular specialty/GP placement. SAS doctors could be well placed to carry out this role alongside consultant/GP colleagues.

e. Many doctors quite rightly carry out training on a more informal basis – these trainers may be consultants, GPs, SAS doctors or more senior trainees.

12. Specific considerations apply in relation to SAS doctors on the specialist or GP register through the CESR/CEGPR route. They have demonstrated their equivalence to doctors completing their specialty training and should be regarded in that light when educational supervisors or clinical supervisors need to be identified. Clearly that is not to say that all doctors on the specialist and GP register should be regarded as equally suitable to take on the responsibilities of an educational supervisor or clinical supervisor.

13. The GMC’s proposals for recognition and approval of trainers relate to the establishment of lists (and, once we obtain the legal authority, one list held by the GMC) of doctors entitled to act as named educational supervisors, named clinical supervisors or in specific roles in relation to undergraduate training. We do not envisage that the list would include distinct sub-categories in relation to the roles that particular individuals play or are suited to play. Clearly some would have the skills appropriate to named clinical supervisors but not named educational supervisors; or

to train in general practice but not paediatrics; or to train in the Foundation Programme but not higher specialty training; and so on. So any doctor acting as a named educational supervisor, named clinical supervisor or in one of the specific undergraduate roles, would need to be recognised as a trainer (and, in due course, would need to be approved as a trainer by the GMC), no matter their job title or whether or not they are on the GMC's Specialist or GP Register. It is the GMC's intention that a prerequisite for acting as a named educational supervisor or a named clinical supervisor would be formal recognition (and, in due course, approval by the GMC). However, that cannot mean that all recognised trainers should be regarded as equal when decisions have to be made as to the individual best suited to adopt a particular training responsibility.

14. In short:

- a. The GMC does not propose to impose new criteria for named educational supervisors and named clinical supervisors.
- b. Criteria for suitability to perform these roles will need to be determined locally in light of the GMC's standards, specialty expectations and other guidance. The criteria must be justifiable and non-discriminatory.
- c. The case for criteria restricting these roles to higher level posts or to Specialist/GP Registration is stronger:
 - i. Where the trainee is at a later stage of training.
 - ii. In relation to named educational supervisors rather than named clinical supervisors.
- d. Under the GMC's proposal, formal recognition will be a prerequisite for acting as a named educational supervisor or named clinical supervisor. But that condition is necessary not sufficient: individual recognised trainers may not be suitable to perform specific training roles.