

Briefing note 3 – Annex F

Trainee indicator mapping

Trainee indicator	Questions	PR requirement number	Promoting excellence requirement text
Overall satisfaction	Please rate the quality of teaching (informal as well as formal and organised sessions) in this post.	R1.12(c)	Organisations must design rotas to - c. provide learning opportunities that allow doctors in training to meet the requirements of their curriculum and training programme
		R1.15	Organisations must make sure that work undertaken by doctors in training provides learning opportunities and feedback on performance, and gives an appropriate breadth of clinical experience.
		R5.9(b)	Postgraduate training programmes must give doctors in training - b. sufficient practical experience to achieve and maintain the clinical or medical competences (or both) required by their curriculum
	How would you describe this post to a friend who was thinking of applying for it?	R1.12(c)	Organisations must design rotas to - c. provide learning opportunities that allow doctors in training to meet the requirements of their curriculum and training programme
		R1.15	Organisations must make sure that work undertaken by doctors in training provides learning opportunities and feedback on performance, and gives an appropriate breadth of clinical experience.
	To what extent do you agree with the following statement? This post will be useful for my future career.	R1.12(c)	Organisations must design rotas to - c. provide learning opportunities that allow doctors in training to meet the requirements of their curriculum and training programme
		R1.15	Organisations must make sure that work undertaken by doctors in training provides learning opportunities and feedback on performance, and gives an appropriate breadth of clinical experience.
		R1.19	Organisations must have the capacity, resources and facilities to deliver safe and relevant learning opportunities, clinical supervision and practical

			experiences for learners required by their curriculum or training programme and to provide the required educational supervision and support.
		R5.9(b)	Postgraduate training programmes must give doctors in training - b. sufficient practical experience to achieve and maintain the clinical or medical competences (or both) required by their curriculum
		R5.9(g)	Postgraduate training programmes must give doctors in training - g. placements that are long enough to allow them to become members of the multidisciplinary team, and to allow team members to make reliable judgements about their abilities, performance and progress
		R5.9(h)	Postgraduate training programmes must give doctors in training - h. a balance between providing services and accessing educational and training opportunities. Services will focus on patient needs, but the work undertaken by doctors in training should support learning opportunities wherever possible. ⁹ Education and training should not be compromised by the demands of regularly carrying out routine tasks or out-of-hours cover that do not support learning and have little educational or training value.
	Please rate the quality of clinical supervision in this post.		See clinical supervision indicator below. This question fits under two indicators.
	How would you rate the quality of experience in this post?	R1.12(c)	Organisations must design rotas to - c. provide learning opportunities that allow doctors in training to meet the requirements of their curriculum and training programme
		R1.15	Organisations must make sure that work undertaken by doctors in training provides learning opportunities and feedback on performance, and gives an appropriate breadth of clinical experience.
		R1.19	Organisations must have the capacity, resources and facilities to deliver safe and relevant learning opportunities, clinical supervision and practical experiences for learners required by their curriculum or training programme and to provide the required educational supervision and support.
		R5.9(a)	Postgraduate training programmes must give doctors in training - a. training posts that deliver the curriculum and assessment requirements set out in the approved curriculum
		R5.9(g)	Postgraduate training programmes must give doctors in training - g. placements that are long enough to allow them to become members of the multidisciplinary team, and to allow team members to make reliable judgements about their abilities, performance and progress
		R5.9(h)	Postgraduate training programmes must give doctors in training - h. a balance between providing services and accessing educational and training opportunities. Services will focus on patient needs, but the work undertaken by doctors in training should support learning opportunities wherever possible. ⁹ Education and training should not be compromised by the

			demands of regularly carrying out routine tasks or out-of-hours cover that do not support learning and have little educational or training value.
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Why is this score useful?
 This indicator combines general questions about the quality and usefulness of the training post and provides a global satisfaction score which can be compared with other indicators. Although the questions do not directly relate to specific requirements within 'Promoting excellence: standards for medical education and training' they add to the broad evidence base for meeting a range of standards.

Trainee indicator	Questions	PR requirement number	Promoting excellence requirement text
Clinical supervision	In this post how often (if ever) are you supervised by someone who you feel isn't competent to do so?	R1.7	Organisations must make sure there are enough staff members who are suitably qualified, so that learners have appropriate clinical supervision, working patterns and workload, for patients to receive care that is safe and of a good standard, while creating the required learning opportunities.
		R1.8	Organisations must make sure that learners have an appropriate level of clinical supervision at all times by an experienced and competent supervisor, who can advise or attend as needed. The level of supervision must fit the individual learner's competence, confidence and experience. The support and clinical supervision must be clearly outlined to the learner and the supervisor. Foundation doctors must at all times have on-site access to a senior colleague who is suitably qualified to deal with problems that may arise during the session.* Medical students on placement must be supervised, with closer supervision when they are at lower levels of competence.
		R1.10	Organisations must have a reliable way of identifying learners at different stages of education and training, and make sure all staff members take account of this, so that learners are not expected to work beyond their competence.
		R1.11	Doctors in training must take consent only for procedures appropriate for their level of competence. Learners must act in accordance with General Medical Council (GMC) guidance on consent. Supervisors must assure themselves that a learner understands any proposed intervention for which they will take consent, its risks and alternative treatment options.
		R1.12(a)	Organisations must design rotas to - a. make sure doctors in training have appropriate clinical supervision
		R1.19	Organisations must have the capacity, resources and facilities to deliver safe and relevant learning opportunities, clinical supervision and practical experiences for learners required by their curriculum or training programme and to provide the required educational supervision and support.

		R2.11	Organisations must have systems and processes to make sure learners have appropriate supervision. Educational and clinical governance must be integrated so that learners do not pose a safety risk, and education and training takes place in a safe environment and culture.
In this post how often (if ever) do you feel forced to cope with clinical problems beyond your competence or experience?		R1.7	Organisations must make sure there are enough staff members who are suitably qualified, so that learners have appropriate clinical supervision, working patterns and workload, for patients to receive care that is safe and of a good standard, while creating the required learning opportunities.
		R1.8	Organisations must make sure that learners have an appropriate level of clinical supervision at all times by an experienced and competent supervisor, who can advise or attend as needed. The level of supervision must fit the individual learner's competence, confidence and experience. The support and clinical supervision must be clearly outlined to the learner and the supervisor. Foundation doctors must at all times have on-site access to a senior colleague who is suitably qualified to deal with problems that may arise during the session.* Medical students on placement must be supervised, with closer supervision when they are at lower levels of competence.
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		R1.12(a)	Organisations must design rotas to - a. make sure doctors in training have appropriate clinical supervision
		R1.19	Organisations must have the capacity, resources and facilities to deliver safe and relevant learning opportunities, clinical supervision and practical experiences for learners required by their curriculum or training programme and to provide the required educational supervision and support.
		R2.11	Organisations must have systems and processes to make sure learners have appropriate supervision. Educational and clinical governance must be integrated so that learners do not pose a safety risk, and education and training takes place in a safe environment and culture.
	In this post how often (if ever) are you expected to obtain consent for procedures where you feel you do not understand the proposed		R1.7

interventions and its risks?		of a good standard, while creating the required learning opportunities.
	R1.8	Organisations must make sure that learners have an appropriate level of clinical supervision at all times by an experienced and competent supervisor, who can advise or attend as needed. The level of supervision must fit the individual learner's competence, confidence and experience. The support and clinical supervision must be clearly outlined to the learner and the supervisor. Foundation doctors must at all times have on-site access to a senior colleague who is suitably qualified to deal with problems that may arise during the session.* Medical students on placement must be supervised, with closer supervision when they are at lower levels of competence.
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	R2.11	Organisations must have systems and processes to make sure learners have appropriate supervision. Educational and clinical governance must be integrated so that learners do not pose a safety risk, and education and training takes place in a safe environment and culture.
Please rate the quality of clinical supervision in this post.	R1.7	Organisations must make sure there are enough staff members who are suitably qualified, so that learners have appropriate clinical supervision, working patterns and workload, for patients to receive care that is safe and of a good standard, while creating the required learning opportunities.
	R1.8	Organisations must make sure that learners have an appropriate level of clinical supervision at all times by an experienced and competent supervisor, who can advise or attend as needed. The level of supervision must fit the individual learner's competence, confidence and experience. The support and clinical supervision must be clearly outlined to the learner and the supervisor.

			Foundation doctors must at all times have on-site access to a senior colleague who is suitably qualified to deal with problems that may arise during the session.* Medical students on placement must be supervised, with closer supervision when they are at lower levels of competence.
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		R2.11	Organisations must have systems and processes to make sure learners have appropriate supervision. Educational and clinical governance must be integrated so that learners do not pose a safety risk, and education and training takes place in a safe environment and culture.
		R2.12	Organisations must have systems to manage learners' progression, with input from a range of people, to inform decisions about their progression.
		R2.14	Organisations must make sure that each doctor in training has access to a named clinical supervisor who oversees the doctor's clinical work throughout a placement. The clinical supervisor leads on reviewing the doctor's clinical or medical practice throughout a placement, and contributes to the educational supervisor's report on whether the doctor should progress to the next stage of their training.
	In this post do you always know who is providing your clinical supervision when you're working?	R1.7	Organisations must make sure there are enough staff members who are suitably qualified, so that learners have appropriate clinical supervision, working patterns and workload, for patients to receive care that is safe and of a good standard, while creating the required learning opportunities.
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			<p>supervisor.</p> <p>Foundation doctors must at all times have on-site access to a senior colleague who is suitably qualified to deal with problems that may arise during the session.* Medical students on placement must be supervised, with closer supervision when they are at lower levels of competence.</p>
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Why is this score useful?

Good training requires practical experience under safe supervision. A low score indicates there may be a problem with clinical supervision and that patients and trainees could be put at risk.

Trainee indicator	Questions	PR requirement number	Promoting excellence requirement text
Clinical supervision out of hours	In this post, OUT OF HOURS, how often (if ever) are you clinically supervised by someone who you feel isn't competent to do so?	R1.7	Organisations must make sure there are enough staff members who are suitably qualified, so that learners have appropriate clinical supervision, working patterns and workload, for patients to receive care that is safe and of a good standard, while creating the required learning opportunities.
		R1.8	Organisations must make sure that learners have an appropriate level of clinical supervision at all times by an experienced and competent supervisor, who can advise or attend as needed. The level of supervision must fit the individual learner's competence, confidence and experience. The support and clinical supervision must be clearly outlined to the learner and the supervisor. Foundation doctors must at all times have on-site access to a senior colleague who is suitably qualified to deal with problems that may arise during the session.* Medical students on placement must be supervised, with closer supervision when they are at lower levels of competence.
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		R2.11	Organisations must have systems and processes to make sure learners have appropriate supervision. Educational and clinical governance must be integrated so that learners do not pose a safety risk, and education and training takes place in a safe environment and culture.
Clinical supervision out of hours	In this post, OUT OF HOURS, how often (if ever) do you feel forced to cope with clinical problems beyond your competence or experience?	R1.7	Organisations must make sure there are enough staff members who are suitably qualified, so that learners have appropriate clinical supervision, working patterns and workload, for patients to receive care that is safe and of a good standard, while creating the required learning opportunities.
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			Medical students on placement must be supervised, with closer supervision when they are at lower levels of competence.
		R1.10	Organisations must have a reliable way of identifying learners at different stages of education and training, and make sure all staff members take account of this, so that learners are not expected to work beyond their competence.
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	The following questions relate to clinical supervision OUT OF HOURS.	R1.7	Organisations must make sure there are enough staff members who are suitably qualified, so that learners have appropriate clinical supervision, working patterns and workload, for patients to receive care that is safe and of a good standard, while creating the required learning opportunities.
	In this post, OUT OF HOURS, how often (if ever) are you expected to obtain consent for procedures where you feel you do not understand the proposed interventions and its risks?	R1.8	Organisations must make sure that learners have an appropriate level of clinical supervision at all times by an experienced and competent supervisor, who can advise or attend as needed. The level of supervision must fit the individual learner's competence, confidence and experience. The support and clinical supervision must be clearly outlined to the learner and the supervisor. Foundation doctors must at all times have on-site access to a senior colleague who is suitably qualified to deal with problems that may arise during the session.* Medical students on placement must be supervised, with closer supervision when they are at lower levels of competence.
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		R1.12(a)	Organisations must design rotas to - a. make sure doctors in training have appropriate clinical supervision
		R1.19	Organisations must have the capacity, resources and facilities to deliver safe and

Please rate the quality of clinical supervision, OUT OF HOURS, in this post.			relevant learning opportunities, clinical supervision and practical experiences for learners required by their curriculum or training programme and to provide the required educational supervision and support.
		R2.11	Organisations must have systems and processes to make sure learners have appropriate supervision. Educational and clinical governance must be integrated so that learners do not pose a safety risk, and education and training takes place in a safe environment and culture.
		R1.7	Organisations must make sure there are enough staff members who are suitably qualified, so that learners have appropriate clinical supervision, working patterns and workload, for patients to receive care that is safe and of a good standard, while creating the required learning opportunities.
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		R2.14	Organisations must make sure that each doctor in training has access to a named clinical supervisor who oversees the doctor's clinical work throughout a placement. The clinical supervisor leads on reviewing the doctor's clinical or medical practice throughout a placement, and contributes to the educational supervisor's report on whether the doctor should progress to the next stage of their training.

<p>The following questions relate to clinical supervision OUT OF HOURS.</p> <p>In this post, OUT OF HOURS, do you always know who is providing your clinical supervision when you're working?</p>	R1.7	Organisations must make sure there are enough staff members who are suitably qualified, so that learners have appropriate clinical supervision, working patterns and workload, for patients to receive care that is safe and of a good standard, while creating the required learning opportunities.
	R1.8	Organisations must make sure that learners have an appropriate level of clinical supervision at all times by an experienced and competent supervisor, who can advise or attend as needed. The level of supervision must fit the individual learner's competence, confidence and experience. The support and clinical supervision must be clearly outlined to the learner and the supervisor. Foundation doctors must at all times have on-site access to a senior colleague who is suitably qualified to deal with problems that may arise during the session.* Medical students on placement must be supervised, with closer supervision when they are at lower levels of competence.
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	R2.11	Organisations must have systems and processes to make sure learners have appropriate supervision. Educational and clinical governance must be integrated so that learners do not pose a safety risk, and education and training takes place in a safe environment and culture.
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Why is this score useful?

Good training requires practical experience under safe supervision, both during the day and at night / out of hours. A low score indicates there may be a problem with clinical supervision out of hours putting patients and trainees at risk.

Trainee indicator	Questions	PR requirement number	Promoting excellence requirement text
Reporting systems	Please state whether you agree or disagree with the following statements about your post: I have been made aware of how to report patient safety incidents and near misses	R1.1	Organisations must demonstrate a culture that allows learners and educators to raise concerns about patient safety, and the standard of care or of education and training, openly and safely without fear of adverse consequences.
		R1.2	Organisations must investigate and take appropriate action locally to make sure concerns are properly dealt with. Concerns affecting the safety of patients or learners must be addressed immediately and effectively.
		R1.3	Organisations must demonstrate a culture that investigates and learns from mistakes and reflects on incidents and near misses. Learning will be facilitated through effective reporting mechanisms, feedback and local clinical governance activities.
		R1.5	Organisations must demonstrate a culture that both seeks and responds to feedback from learners and educators on compliance with standards of patient safety and care, and education and training.
		R1.6	Organisations must make sure that learners know about the local processes for educational and clinical governance and local protocols for clinical activities. They must make sure learners know what to do if they have concerns about the quality of care, and they should encourage learners to engage with these processes.
	There is a culture of proactively reporting concerns	R1.1	Organisations must demonstrate a culture that allows learners and educators to raise concerns about patient safety, and the standard of care or of education and training, openly and safely without fear of adverse consequences.
		R1.2	Organisations must investigate and take appropriate action locally to make sure concerns are properly dealt with. Concerns affecting the safety of patients or learners must be addressed immediately and effectively.
		R1.3	Organisations must demonstrate a culture that investigates and learns from mistakes and reflects on incidents and near misses. Learning will be facilitated through effective reporting mechanisms, feedback and local clinical governance activities.
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		R1.6	Organisations must make sure that learners know about the local processes for educational and clinical governance and local protocols for clinical activities. They must make sure learners know what to do if they have concerns about the quality of care, and they should encourage learners to engage with these processes.
	There is a culture of learning lessons from concerns raised	R1.1	Organisations must demonstrate a culture that allows learners and educators to raise concerns about patient safety, and the standard of care or of education and training, openly and safely without fear of adverse consequences.
		R1.2	Organisations must investigate and take appropriate action locally to make sure concerns are properly dealt with. Concerns affecting the safety of patients or learners must be addressed immediately and effectively.
		R1.3	Organisations must demonstrate a culture that investigates and learns from

			mistakes and reflects on incidents and near misses. Learning will be facilitated through effective reporting mechanisms, feedback and local clinical governance activities.
		R1.5	Organisations must demonstrate a culture that both seeks and responds to feedback from learners and educators on compliance with standards of patient safety and care, and education and training.
		R1.6	Organisations must make sure that learners know about the local processes for educational and clinical governance and local protocols for clinical activities. They must make sure learners know what to do if they have concerns about the quality of care, and they should encourage learners to engage with these processes.
		R1.17	Organisations must support every learner to be an effective member of the multiprofessional team by promoting a culture of learning and collaboration between specialties and professions.
I am confident that concerns are effectively dealt with		R1.1	Organisations must demonstrate a culture that allows learners and educators to raise concerns about patient safety, and the standard of care or of education and training, openly and safely without fear of adverse consequences.
		R1.2	Organisations must investigate and take appropriate action locally to make sure concerns are properly dealt with. Concerns affecting the safety of patients or learners must be addressed immediately and effectively.
		R1.3	Organisations must demonstrate a culture that investigates and learns from mistakes and reflects on incidents and near misses. Learning will be facilitated through effective reporting mechanisms, feedback and local clinical governance activities.
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		R1.6	Organisations must make sure that learners know about the local processes for educational and clinical governance and local protocols for clinical activities. They must make sure learners know what to do if they have concerns about the quality of care, and they should encourage learners to engage with these processes.
	When concerns are raised, the subsequent actions are fed back appropriately		R1.1
		R1.2	Organisations must investigate and take appropriate action locally to make sure concerns are properly dealt with. Concerns affecting the safety of patients or learners must be addressed immediately and effectively.
		R1.3	Organisations must demonstrate a culture that investigates and learns from mistakes and reflects on incidents and near misses. Learning will be facilitated through effective reporting mechanisms, feedback and local clinical governance activities.
		R1.5	Organisations must demonstrate a culture that both seeks and responds to feedback from learners and educators on compliance with standards of patient safety and care, and education and training.
		R1.6	Organisations must make sure that learners know about the local processes for

			educational and clinical governance and local protocols for clinical activities. They must make sure learners know what to do if they have concerns about the quality of care, and they should encourage learners to engage with these processes.
		R1.17	Organisations must support every learner to be an effective member of the multiprofessional team by promoting a culture of learning and collaboration between specialties and professions.

Why is this score useful?

It is important that trainees know how to report concerns and are comfortable reporting any concerns they might have. A low score could indicate flaws in the reporting systems process including lack of knowledge or communication, poor culture and/or lack of confidence in the system. This could put both trainees and patients at risk.

Trainee indicator	Questions	PR requirement number	Promoting excellence requirement text
Workload	In this post, how often (if at all) do you work beyond your rostered hours?	R1.7	Organisations must make sure there are enough staff members who are suitably qualified, so that learners have appropriate clinical supervision, working patterns and workload, for patients to receive care that is safe and of a good standard, while creating the required learning opportunities.
		R1.12(e)	Organisations must design rotas to - e. minimise the adverse effects of fatigue and workload.
	In this post, how often (if at all) does your working pattern leave you feeling short of sleep when at work?	R1.7	Organisations must make sure there are enough staff members who are suitably qualified, so that learners have appropriate clinical supervision, working patterns and workload, for patients to receive care that is safe and of a good standard, while creating the required learning opportunities.
		R1.12(e)	Organisations must design rotas to - e. minimise the adverse effects of fatigue and workload.
	How would you rate the intensity of your work, by day in this post?	R1.7	Organisations must make sure there are enough staff members who are suitably qualified, so that learners have appropriate clinical supervision, working patterns and workload, for patients to receive care that is safe and of a good standard, while creating the required learning opportunities.
		R1.12(e)	Organisations must design rotas to - e. minimise the adverse effects of fatigue and workload.
	How would you rate the intensity of your work, by night in this post?	R1.7	Organisations must make sure there are enough staff members who are suitably qualified, so that learners have appropriate clinical supervision, working patterns and workload, for patients to receive care that is safe and of a good standard, while creating the required learning opportunities.
		R1.12(e)	Organisations must design rotas to - e. minimise the adverse effects of fatigue and workload.

Why is this score useful?

High workloads may lead to fatigue and increased likelihood of error. Low scores are an indicator of a post where work intensity and/or long hours may lead to sleep deprivation or burnout. This can put patients at risk as well as the health and wellbeing of trainees.

Trainee indicator	Questions	PR requirement number	Promoting excellence requirement text
Teamwork	To what extent do you agree or disagree with the following statements: My organisation encourages a culture of teamwork between multidiscipline healthcare professionals (for example nurses, midwives, radiographers etc.)	R1.17	Organisations must support every learner to be an effective member of the multiprofessional team by promoting a culture of learning and collaboration between specialties and professions.
		R5.9(e)	Postgraduate training programmes must give doctors in training - e. the opportunity to work and learn with other members on the team to support interprofessional multidisciplinary working
		R5.9(g)	Postgraduate training programmes must give doctors in training - g. placements that are long enough to allow them to become members of the multidisciplinary team, and to allow team members to make reliable judgements about their abilities, performance and progress
	My organisation encourages a culture of teamwork between clinical departments	R1.17	Organisations must support every learner to be an effective member of the multiprofessional team by promoting a culture of learning and collaboration between specialties and professions.
		R5.9(e)	Postgraduate training programmes must give doctors in training - e. the opportunity to work and learn with other members on the team to support interprofessional multidisciplinary working
		R5.9(g)	Postgraduate training programmes must give doctors in training - g. placements that are long enough to allow them to become members of the multidisciplinary team, and to allow team members to make reliable judgements about their abilities, performance and progress
	If I asked for help from outside my department, I'm confident I would receive it	R1.17	Organisations must support every learner to be an effective member of the multiprofessional team by promoting a culture of learning and collaboration between specialties and professions.
		R5.9(e)	Postgraduate training programmes must give doctors in training - e. the opportunity to work and learn with other members on the team to support interprofessional multidisciplinary working
		R5.9(g)	Postgraduate training programmes must give doctors in training - g. placements that are long enough to allow them to become members of the multidisciplinary team, and to allow team members to make reliable judgements about their abilities, performance and progress
<p>Why is this score useful? It is important that trainees work together effectively and have the opportunity to both work with and learn from others in other disciplines. A low score in this indicator suggests that trainees have limited opportunities in this area, indicating a poorer quality training environment.</p>			

Trainee indicator	Questions	PR requirement number	Promoting excellence requirement text
Handover	Handover arrangements in this post always ensure continuity of care for patients BETWEEN SHIFTS.	R1.14	Handover of care must be organised and scheduled to provide continuity of care for patients and maximise the learning opportunities for doctors in training in clinical practice.
	Handover arrangements in this post always ensure continuity of care for patients BETWEEN DEPARTMENTS.		
	Please state whether you agree or disagree with the following statements about your post: Appropriate members of the multidisciplinary team are included in handover		
	Please state whether you agree or disagree with the following statements about your post: In this post, handovers are used as a learning opportunity for doctors in training.		

Why is this score useful?

A good handover ensures that trainees understand what is required to manage the care for patients between shifts and departments during their shift and helps them identify situations they may need assistance with. A high quality training environment will maximise all opportunities for learning. Low scores indicate that arrangements for handover may provide less continuity of care for patients.

Trainee indicator	Questions	PR requirement number	Promoting excellence requirement text
Supportive environment	Please state whether you agree or disagree with the following statement about your post: The working environment is a fully supportive one.	R1.1	Organisations must demonstrate a culture that allows learners and educators to raise concerns about patient safety, and the standard of care or of education and training, openly and safely without fear of adverse consequences.
		R1.4	Organisations must demonstrate a learning environment and culture that supports learners to be open and honest with patients when things go wrong – known as their professional duty of candour – and help them to develop the skills to communicate with tact, sensitivity and empathy.
		R1.5	Organisations must demonstrate a culture that both seeks and responds to feedback from learners and educators on compliance with standards of patient safety and care, and education and training.
		R3.3	Learners must not be subjected to, or subject others to, behaviour that undermines their professional confidence, performance or self-esteem.
	Please state whether you agree or disagree with the following statement about your post: Staff, including doctors in training, are always	R1.1	Organisations must demonstrate a culture that allows learners and educators to raise concerns about patient safety, and the standard of care or of education and training, openly and safely without fear of adverse consequences.
		R1.4	Organisations must demonstrate a learning environment and culture that supports

treated fairly.		learners to be open and honest with patients when things go wrong – known as their professional duty of candour – and help them to develop the skills to communicate with tact, sensitivity and empathy.
	R1.5	Organisations must demonstrate a culture that both seeks and responds to feedback from learners and educators on compliance with standards of patient safety and care, and education and training.
	R3.3	Learners must not be subjected to, or subject others to, behaviour that undermines their professional confidence, performance or self-esteem.
Please state whether you agree or disagree with the following statement about your post: Staff, including doctors in training, always treat each other with respect.	R1.1	Organisations must demonstrate a culture that allows learners and educators to raise concerns about patient safety, and the standard of care or of education and training, openly and safely without fear of adverse consequences.
	R1.4	Organisations must demonstrate a learning environment and culture that supports learners to be open and honest with patients when things go wrong – known as their professional duty of candour – and help them to develop the skills to communicate with tact, sensitivity and empathy.
	R1.5	Organisations must demonstrate a culture that both seeks and responds to feedback from learners and educators on compliance with standards of patient safety and care, and education and training.
	R3.3	Learners must not be subjected to, or subject others to, behaviour that undermines their professional confidence, performance or self-esteem.
Please state whether you agree or disagree with the following statement about your post: The working environment is one which fully supports the confidence building of doctors in training.	R1.1	Organisations must demonstrate a culture that allows learners and educators to raise concerns about patient safety, and the standard of care or of education and training, openly and safely without fear of adverse consequences.
	R1.4	Organisations must demonstrate a learning environment and culture that supports learners to be open and honest with patients when things go wrong – known as their professional duty of candour – and help them to develop the skills to communicate with tact, sensitivity and empathy.
	R1.5	Organisations must demonstrate a culture that both seeks and responds to feedback from learners and educators on compliance with standards of patient safety and care, and education and training.
	R3.3	Learners must not be subjected to, or subject others to, behaviour that undermines their professional confidence, performance or self-esteem.
Please state whether you agree or disagree with the following statement about your post: If I were to disagree with senior colleagues, they would be open to my opinion.	R1.1	Organisations must demonstrate a culture that allows learners and educators to raise concerns about patient safety, and the standard of care or of education and training, openly and safely without fear of adverse consequences.
	R1.4	Organisations must demonstrate a learning environment and culture that supports learners to be open and honest with patients when things go wrong – known as their professional duty of candour – and help them to develop the skills to communicate with tact, sensitivity and empathy.
	R1.5	Organisations must demonstrate a culture that both seeks and responds to feedback from learners and educators on compliance with standards of patient safety and care, and education and training.
	R3.3	Learners must not be subjected to, or subject others to, behaviour that undermines their professional confidence, performance or self-esteem.

Why is this score useful?

A supportive environment helps doctors in training to learn and develop. Low scores suggest that there may be issues with the training environment and indicate a poor learning culture generally. This may also have an impact on patient safety.

Trainee indicator	Questions	PR requirement number	Promoting excellence requirement text
Induction	I got all the information I needed about my workplace when I started in this post.	R1.13 (a)	Organisations must make sure learners have an induction in preparation for each placement that clearly sets out - a. their duties and supervision arrangements
		R1.13 (b)	Organisations must make sure learners have an induction in preparation for each placement that clearly sets out - b. their role in the team
		R5.9(c)	Postgraduate training programmes must give doctors in training - c. an educational induction to make sure they understand their curriculum and how their post or clinical placement fits within the programme
	Please rate the quality of induction in this post (this refers to your induction to the organisation in which you work).	R1.13 (a)	Organisations must make sure learners have an induction in preparation for each placement that clearly sets out - a. their duties and supervision arrangements
		R5.9(c)	Postgraduate training programmes must give doctors in training - c. an educational induction to make sure they understand their curriculum and how their post or clinical placement fits within the programme
	Have you agreed educational objectives with your named supervisor for this post?	R1.13 (a)	Organisations must make sure learners have an induction in preparation for each placement that clearly sets out - a. their duties and supervision arrangements
		R1.13 (b)	Organisations must make sure learners have an induction in preparation for each placement that clearly sets out - b. their role in the team
		R5.9(c)	Postgraduate training programmes must give doctors in training - c. an educational induction to make sure they understand their curriculum and how their post or clinical placement fits within the programme
	I was given enough notice about my rota in advance of starting my current post	R1.13 (a)	Organisations must make sure learners have an induction in preparation for each placement that clearly sets out - a. their duties and supervision arrangements
	Did someone explain your role and responsibilities in your unit or department at the start of this post?	R1.13 (a)	Organisations must make sure learners have an induction in preparation for each placement that clearly sets out - a. their duties and supervision arrangements
		R1.13 (b)	Organisations must make sure learners have an induction in preparation for each placement that clearly sets out - b. their role in the team
		R5.9(c)	Postgraduate training programmes must give doctors in training - c. an educational induction to make sure they understand their curriculum and how their post or clinical placement fits within the programme

Why is this score useful?

A good induction ensures that trainees understand the systems in their local education provider and their department as well as their personal objectives for the post and how these might be achieved. It also helps trainees work safely in their post and make the most of educational opportunities. A low score indicates that trainees did not consider the induction to be thorough and this could affect their learning.

Trainee indicator	Questions	PR requirement number	Promoting excellence requirement text
Adequate experience	To what extent do you agree with the following statement? I am confident that this post will help me acquire the competencies I need at my current stage of training.	R1.12(c)	Organisations must design rotas to - c. provide learning opportunities that allow doctors in training to meet the requirements of their curriculum and training programme
		R1.15	Organisations must make sure that work undertaken by doctors in training provides learning opportunities and feedback on performance, and gives an appropriate breadth of clinical experience.
		R1.19	Organisations must have the capacity, resources and facilities to deliver safe and relevant learning opportunities, clinical supervision and practical experiences for learners required by their curriculum or training programme and to provide the required educational supervision and support.
		R5.9(a)	Postgraduate training programmes must give doctors in training - a. training posts that deliver the curriculum and assessment requirements set out in the approved curriculum
		R5.9(b)	Postgraduate training programmes must give doctors in training - b. sufficient practical experience to achieve and maintain the clinical or medical competences (or both) required by their curriculum
		R5.9(g)	Postgraduate training programmes must give doctors in training - g. placements that are long enough to allow them to become members of the multidisciplinary team, and to allow team members to make reliable judgements about their abilities, performance and progress
		R5.9(h)	Postgraduate training programmes must give doctors in training - h. a balance between providing services and accessing educational and training opportunities. Services will focus on patient needs, but the work undertaken by doctors in training should support learning opportunities wherever possible.9 Education and training should not be compromised by the demands of regularly carrying out routine tasks or out-of-hours cover that do not support learning and have little educational or training value.
	How would you rate the practical experience you were receiving in this post?	R1.12(c)	Organisations must design rotas to - c. provide learning opportunities that allow doctors in training to meet the requirements of their curriculum and training programme
		R1.15	Organisations must make sure that work undertaken by doctors in training provides learning opportunities and feedback on performance, and gives an appropriate breadth of clinical experience.
		R1.19	Organisations must have the capacity, resources and facilities to deliver safe and relevant learning opportunities, clinical supervision and practical experiences for learners required by their curriculum or training programme and to provide the required educational supervision and support.
		R5.9(a)	Postgraduate training programmes must give doctors in training - a. training posts that deliver the curriculum and assessment requirements set out in the approved

			curriculum
		R5.9(b)	Postgraduate training programmes must give doctors in training - b. sufficient practical experience to achieve and maintain the clinical or medical competences (or both) required by their curriculum
		R5.9(g)	Postgraduate training programmes must give doctors in training - g. placements that are long enough to allow them to become members of the multidisciplinary team, and to allow team members to make reliable judgements about their abilities, performance and progress
		R5.9(h)	Postgraduate training programmes must give doctors in training - h. a balance between providing services and accessing educational and training opportunities. Services will focus on patient needs, but the work undertaken by doctors in training should support learning opportunities wherever possible.9 Education and training should not be compromised by the demands of regularly carrying out routine tasks or out-of-hours cover that do not support learning and have little educational or training value.

Why is this score useful?

Practical experience is vital to postgraduate training; trainees need appropriate exposure to clinical work to develop their abilities as a doctor. Low scores indicate posts that do not provide adequate experience for trainees for their stage of training.

Trainee indicator	Questions	PR requirement number	Promoting excellence requirement text
Curriculum coverage	To what extent do you agree or disagree with the following statements: I'm confident that this post will give the opportunities to meet objectives set out in my development plan relating to: PROFESSIONAL EXPERIENCE (for example leadership, management, teaching, research, quality improvement etc.)	R1.12(b)	Organisations must design rotas to - b. support doctors in training to develop the professional values, knowledge, skills and behaviours required of all doctors working in the UK
		R1.12(c)	Organisations must design rotas to - c. provide learning opportunities that allow doctors in training to meet the requirements of their curriculum and training programme
		R1.16	Doctors in training must have protected time for learning while they are doing clinical or medical work, or during academic training, and to attend organised educational sessions, training days, courses and other learning opportunities to meet the requirements of their curriculum. In timetabled educational sessions, doctors in training must not be interrupted for service unless there is an exceptional and unanticipated clinical need to maintain patient safety.
		R1.18	Organisations must make sure that assessment is valued and that learners and educators are given adequate time and resources to complete the assessments required by the curriculum.
		R1.19	Organisations must have the capacity, resources and facilities to deliver safe and relevant learning opportunities, clinical supervision and practical experiences for learners required by their curriculum or training programme and to provide the required educational supervision and support.
		R1.20	Learners must have access to technology enhanced and simulation based learning opportunities within their training programme as required by their curriculum.

		R1.21	Organisations must make sure learners are able to meet with their educational supervisor or, in the case of medical students, their personal advisor as frequently as required by their curriculum or training programme.
		R3.7	Learners must receive timely and accurate information about their curriculum, assessment and clinical placements.
		R5.9(a)	Postgraduate training programmes must give doctors in training - a. training posts that deliver the curriculum and assessment requirements set out in the approved curriculum
		R5.9(b)	Postgraduate training programmes must give doctors in training - b. sufficient practical experience to achieve and maintain the clinical or medical competences (or both) required by their curriculum
		R5.9(c)	Postgraduate training programmes must give doctors in training - c. an educational induction to make sure they understand their curriculum and how their post or clinical placement fits within the programme
		R5.9(d)	Postgraduate training programmes must give doctors in training - d. the opportunity to develop their clinical, medical and practical skills and generic professional capabilities through technology enhanced learning opportunities, with the support of trainers, before using skills in a clinical situation
	<p>To what extent do you agree or disagree with the following statements:</p> <p>I'm confident that this post will give the opportunities to meet objectives set out in my development plan relating to: PRACTICAL EXPERIENCE (for example procedures and treatments, such as chest drains, passing NG tubes, minor surgeries under local anaesthetic, biopsies, fitting coils, injections, psychological therapies etc.)</p>	R1.12(b)	Organisations must design rotas to - b. support doctors in training to develop the professional values, knowledge, skills and behaviours required of all doctors working in the UK
		R1.12(c)	Organisations must design rotas to - c. provide learning opportunities that allow doctors in training to meet the requirements of their curriculum and training programme
		R1.16	Doctors in training must have protected time for learning while they are doing clinical or medical work, or during academic training, and to attend organised educational sessions, training days, courses and other learning opportunities to meet the requirements of their curriculum. In timetabled educational sessions, doctors in training must not be interrupted for service unless there is an exceptional and unanticipated clinical need to maintain patient safety.
		R1.18	Organisations must make sure that assessment is valued and that learners and educators are given adequate time and resources to complete the assessments required by the curriculum.
		R1.19	Organisations must have the capacity, resources and facilities to deliver safe and relevant learning opportunities, clinical supervision and practical experiences for learners required by their curriculum or training programme and to provide the required educational supervision and support.
		R1.20	Learners must have access to technology enhanced and simulation based learning opportunities within their training programme as required by their curriculum.
		R1.21	Organisations must make sure learners are able to meet with their educational supervisor or, in the case of medical students, their personal advisor as frequently as required by their curriculum or training programme.
		R3.7	Learners must receive timely and accurate information about their curriculum, assessment and clinical placements.

<p>To what extent do you agree or disagree with the following statements:</p> <p>I'm confident that this post will give the opportunities to meet objectives set out in my development plan relating to: CLINICAL EXPERIENCE (for example examination skills, taking a history, deciding investigations and management, seeing a variety of patients in different settings etc.)</p>	R5.9(a)	Postgraduate training programmes must give doctors in training - a. training posts that deliver the curriculum and assessment requirements set out in the approved curriculum
	R5.9(b)	Postgraduate training programmes must give doctors in training - b. sufficient practical experience to achieve and maintain the clinical or medical competences (or both) required by their curriculum
	R5.9(c)	Postgraduate training programmes must give doctors in training - c. an educational induction to make sure they understand their curriculum and how their post or clinical placement fits within the programme
	R5.9(d)	Postgraduate training programmes must give doctors in training - d. the opportunity to develop their clinical, medical and practical skills and generic professional capabilities through technology enhanced learning opportunities, with the support of trainers, before using skills in a clinical situation
	R1.12(b)	Organisations must design rotas to - b. support doctors in training to develop the professional values, knowledge, skills and behaviours required of all doctors working in the UK
	R1.12(c)	Organisations must design rotas to - c. provide learning opportunities that allow doctors in training to meet the requirements of their curriculum and training programme
	R1.16	Doctors in training must have protected time for learning while they are doing clinical or medical work, or during academic training, and to attend organised educational sessions, training days, courses and other learning opportunities to meet the requirements of their curriculum. In timetabled educational sessions, doctors in training must not be interrupted for service unless there is an exceptional and unanticipated clinical need to maintain patient safety.
	R1.18	Organisations must make sure that assessment is valued and that learners and educators are given adequate time and resources to complete the assessments required by the curriculum.
	R1.19	Organisations must have the capacity, resources and facilities to deliver safe and relevant learning opportunities, clinical supervision and practical experiences for learners required by their curriculum or training programme and to provide the required educational supervision and support.
	R1.20	Learners must have access to technology enhanced and simulation based learning opportunities within their training programme as required by their curriculum.
	R1.21	Organisations must make sure learners are able to meet with their educational supervisor or, in the case of medical students, their personal advisor as frequently as required by their curriculum or training programme.
	R3.7	Learners must receive timely and accurate information about their curriculum, assessment and clinical placements.
	R5.9(a)	Postgraduate training programmes must give doctors in training - a. training posts that deliver the curriculum and assessment requirements set out in the approved curriculum
	R5.9(b)	Postgraduate training programmes must give doctors in training - b. sufficient practical experience to achieve and maintain the clinical or medical competences

		(or both) required by their curriculum
	R5.9(c)	Postgraduate training programmes must give doctors in training - c. an educational induction to make sure they understand their curriculum and how their post or clinical placement fits within the programme
	R5.9(d)	Postgraduate training programmes must give doctors in training - d. the opportunity to develop their clinical, medical and practical skills and generic professional capabilities through technology enhanced learning opportunities, with the support of trainers, before using skills in a clinical situation

Why is this score useful?

Training posts should provide trainees with a range of experience which helps to develop their skills in a number of different areas. A low score for this indicator could highlight that the training experience is not covering the relevant curriculum areas in terms of range and depth.

Trainee indicator	Questions	PR requirement number	Promoting excellence requirement text
Educational Governance	<p>To what extent do you agree or disagree with the following statement:</p> <p>I am confident that I know how, or could find out how, to raise a concern about my education and training</p> <p>To what extent do you agree or disagree with the following statement:</p> <p>If I were to raise a concern about my education and training, I'm confident it would be addressed</p> <p>To what extent do you agree or disagree with the following statement:</p> <p>I am confident that I know how, or could find out how, to escalate such a concern if I felt it wasn't being addressed</p>	R1.6	Organisations must make sure that learners know about the local processes for educational and clinical governance and local protocols for clinical activities. They must make sure learners know what to do if they have concerns about the quality of care, and they should encourage learners to engage with these processes.

Why is this score useful?

The ability to be able to raise concerns about education is an important part of ensuring that a high quality training environment is developed and maintained. A low score for this indicator could show a negative culture in a particular trust, department or specialty surrounding reporting and dealing with concerns.

Trainee indicator	Questions	PR requirement number	Promoting excellence requirement text
Educational supervision	In your current post, do you have a training/learning agreement with your educational supervisor which sets out your respective responsibilities?	R1.9	Learners' responsibilities for patient care must be appropriate for their stage of education and training. Supervisors must determine a learner's level of competence, confidence and experience and provide an appropriately graded level of clinical supervision.
		R1.10	Organisations must have a reliable way of identifying learners at different stages of education and training, and make sure all staff members take account of this, so that learners are not expected to work beyond their competence.
		R1.12(d)	Organisations must design rotas to - d. give doctors in training access to educational supervisors
		R1.21	Organisations must make sure learners are able to meet with their educational supervisor or, in the case of medical students, their personal advisor as frequently as required by their curriculum or training programme.
		R2.11	Organisations must have systems and processes to make sure learners have appropriate supervision. Educational and clinical governance must be integrated so that learners do not pose a safety risk, and education and training takes place in a safe environment and culture.
		R2.15	Organisations must make sure that each doctor in training has access to a named educational supervisor who is responsible for the overall supervision and management of a doctor's educational progress during a placement or a series of placements. The educational supervisor regularly meets with the doctor in training to help plan their training, review progress and achieve agreed learning outcomes. The educational supervisor is responsible for the educational agreement, and for bringing together all relevant evidence to form a summative judgement about progression at the end of the placement or a series of placements. ³
		R3.13	Learners must receive regular, constructive and meaningful feedback on their performance, development and progress at appropriate points in their medical course or training programme, and be encouraged to act on it. Feedback should come from educators, other doctors, health and social care professionals and, where possible, patients, families and carers.
		R3.14	Learners whose progress, performance, health or conduct gives rise to concerns must be supported where reasonable to overcome these concerns and, if needed, given advice on alternative career options.
		R5.9(f)	Postgraduate training programmes must give doctors in training - f. regular, useful meetings with their clinical and educational supervisors
			If I had any concerns in this post (personal or educational) I would know who to approach to talk to in confidence.
R1.10	Organisations must have a reliable way of identifying learners at different stages of education and training, and make sure all staff members take account of this, so that learners are not expected to work beyond their competence.		

		R1.12(d)	Organisations must design rotas to - d. give doctors in training access to educational supervisors
		R1.21	Organisations must make sure learners are able to meet with their educational supervisor or, in the case of medical students, their personal advisor as frequently as required by their curriculum or training programme.
		R2.11	Organisations must have systems and processes to make sure learners have appropriate supervision. Educational and clinical governance must be integrated so that learners do not pose a safety risk, and education and training takes place in a safe environment and culture.
		R2.15	Organisations must make sure that each doctor in training has access to a named educational supervisor who is responsible for the overall supervision and management of a doctor's educational progress during a placement or a series of placements. The educational supervisor regularly meets with the doctor in training to help plan their training, review progress and achieve agreed learning outcomes. The educational supervisor is responsible for the educational agreement, and for bringing together all relevant evidence to form a summative judgement about progression at the end of the placement or a series of placements. ³
		R3.13	Learners must receive regular, constructive and meaningful feedback on their performance, development and progress at appropriate points in their medical course or training programme, and be encouraged to act on it. Feedback should come from educators, other doctors, health and social care professionals and, where possible, patients, families and carers.
		R3.14	Learners whose progress, performance, health or conduct gives rise to concerns must be supported where reasonable to overcome these concerns and, if needed, given advice on alternative career options.
		R3.16	Medical students who are not able to complete a medical qualification or to achieve the learning outcomes required for graduates must be given advice on alternative career options, including pathways to gain a qualification if this is appropriate. Doctors in training who are not able to complete their training pathway should be given career advice.
		R5.9(f)	Postgraduate training programmes must give doctors in training - f. regular, useful meetings with their clinical and educational supervisors
	My educational supervisor is easily accessible should I need to contact them.	R1.9	Learners' responsibilities for patient care must be appropriate for their stage of education and training. Supervisors must determine a learner's level of competence, confidence and experience and provide an appropriately graded level of clinical supervision.
		R1.10	Organisations must have a reliable way of identifying learners at different stages of education and training, and make sure all staff members take account of this, so that learners are not expected to work beyond their competence.
		R1.12(d)	Organisations must design rotas to - d. give doctors in training access to educational supervisors
		R1.19	Organisations must have the capacity, resources and facilities to deliver safe and relevant learning opportunities, clinical supervision and practical experiences for learners required by their curriculum or training programme and to provide the

			required educational supervision and support.
		R1.21	Organisations must make sure learners are able to meet with their educational supervisor or, in the case of medical students, their personal advisor as frequently as required by their curriculum or training programme.
		R2.11	Organisations must have systems and processes to make sure learners have appropriate supervision. Educational and clinical governance must be integrated so that learners do not pose a safety risk, and education and training takes place in a safe environment and culture.
		R2.15	Organisations must make sure that each doctor in training has access to a named educational supervisor who is responsible for the overall supervision and management of a doctor's educational progress during a placement or a series of placements. The educational supervisor regularly meets with the doctor in training to help plan their training, review progress and achieve agreed learning outcomes. The educational supervisor is responsible for the educational agreement, and for bringing together all relevant evidence to form a summative judgement about progression at the end of the placement or a series of placements. ³
		R3.13	Learners must receive regular, constructive and meaningful feedback on their performance, development and progress at appropriate points in their medical course or training programme, and be encouraged to act on it. Feedback should come from educators, other doctors, health and social care professionals and, where possible, patients, families and carers.
		R3.14	Learners whose progress, performance, health or conduct gives rise to concerns must be supported where reasonable to overcome these concerns and, if needed, given advice on alternative career options.
		R5.9(f)	Postgraduate training programmes must give doctors in training - f. regular, useful meetings with their clinical and educational supervisors
	The level of contact from my educational supervisor is appropriate for my training needs.	R1.9	Learners' responsibilities for patient care must be appropriate for their stage of education and training. Supervisors must determine a learner's level of competence, confidence and experience and provide an appropriately graded level of clinical supervision.
		R1.10	Organisations must have a reliable way of identifying learners at different stages of education and training, and make sure all staff members take account of this, so that learners are not expected to work beyond their competence.
		R1.12(d)	Organisations must design rotas to - d. give doctors in training access to educational supervisors
		R1.19	Organisations must have the capacity, resources and facilities to deliver safe and relevant learning opportunities, clinical supervision and practical experiences for learners required by their curriculum or training programme and to provide the required educational supervision and support.
		R1.21	Organisations must make sure learners are able to meet with their educational supervisor or, in the case of medical students, their personal advisor as frequently as required by their curriculum or training programme.
		R2.11	Organisations must have systems and processes to make sure learners have appropriate supervision. Educational and clinical governance must be integrated so

			that learners do not pose a safety risk, and education and training takes place in a safe environment and culture.
		R2.15	Organisations must make sure that each doctor in training has access to a named educational supervisor who is responsible for the overall supervision and management of a doctor's educational progress during a placement or a series of placements. The educational supervisor regularly meets with the doctor in training to help plan their training, review progress and achieve agreed learning outcomes. The educational supervisor is responsible for the educational agreement, and for bringing together all relevant evidence to form a summative judgement about progression at the end of the placement or a series of placements. ³
		R3.13	Learners must receive regular, constructive and meaningful feedback on their performance, development and progress at appropriate points in their medical course or training programme, and be encouraged to act on it. Feedback should come from educators, other doctors, health and social care professionals and, where possible, patients, families and carers.
		R3.14	Learners whose progress, performance, health or conduct gives rise to concerns must be supported where reasonable to overcome these concerns and, if needed, given advice on alternative career options.
		R3.16	Medical students who are not able to complete a medical qualification or to achieve the learning outcomes required for graduates must be given advice on alternative career options, including pathways to gain a qualification if this is appropriate. Doctors in training who are not able to complete their training pathway should be given career advice.
		R5.9(f)	Postgraduate training programmes must give doctors in training - f. regular, useful meetings with their clinical and educational supervisors

Why is this score useful?

This indicator is about the educational support underpinning the post. Low scores suggest attention should be paid to the management of the training programme, availability of and access to educational supervision and the effectiveness of the educational supervisor role.

Trainee indicator	Questions	PR requirement number	Promoting excellence requirement text
Feedback	In this post, how often (if at all) do you receive informal feedback from senior colleagues about your performance?	R3.13	Learners must receive regular, constructive and meaningful feedback on their performance, development and progress at appropriate points in their medical course or training programme, and be encouraged to act on it. Feedback should come from educators, other doctors, health and social care professionals and, where possible, patients, families and carers.
	Have you received feedback in a formal meeting with your educational supervisor about your progress in this post?		
	Have you had a formal assessment of your performance in this post?		

Why is this score useful?

Feedback is an important component of learning and improving performance in a training post. A low score could indicate this part of training is not being prioritised and can also point to the effectiveness (or not) of the educational supervisor role.

Trainee indicator	Questions	PR requirement number	Promoting excellence requirement text
Local teaching	How would you rate the quality of this local/departmental teaching	R1.16	Doctors in training must have protected time for learning while they are doing clinical or medical work, or during academic training, and to attend organised educational sessions, training days, courses and other learning opportunities to meet the requirements of their curriculum. In timetabled educational sessions, doctors in training must not be interrupted for service unless there is an exceptional and unanticipated clinical need to maintain patient safety.
	When attending these local/departmental sessions, in this post, how often did you have to leave a teaching session to answer a clinical call?		
	How would you rate the quality of this deanery/regional/school specialty-specific teaching for this post?		

Why is this score useful?

On the job training should be supplemented by local or departmental teaching. A low score could indicate less frequent or poor quality sessions, or sessions provided by other trainees without senior doctors supervising. It could also highlight where service pressures are negatively affecting or preventing training from happening.

Trainee indicator	Questions	PR requirement number	Promoting excellence requirement text
Regional teaching	In this post, was specialty-specific teaching provided on a deanery/regional/school wide basis?	R1.16	Doctors in training must have protected time for learning while they are doing clinical or medical work, or during academic training, and to attend organised educational sessions, training days, courses and other learning opportunities to meet the requirements of their curriculum. In timetabled educational sessions, doctors in training must not be interrupted for service unless there is an exceptional and unanticipated clinical need to maintain patient safety.
	How would you rate the quality of this deanery/regional/school specialty-specific teaching for this post?		
	I have enough protected time to attend all the regional/deanery/LETB led teaching I need to in this post.		

Why is this score useful?

Regional teaching sessions should supplement on-the-job learning and local teaching. Low scores could indicate that trainees perceive that regional teaching was less frequent, difficult to attend or poor quality. It also highlights whether trainees are being given the time to attend training.

Trainee indicator	Questions	PR requirement number	Promoting excellence requirement text
Study leave	In this post, please rate the encouragement you receive to take study leave?	R1.16	Doctors in training must have protected time for learning while they are doing clinical or medical work, or during academic training, and to attend organised educational sessions, training days, courses and other learning opportunities to meet the requirements of their curriculum. In timetabled educational sessions, doctors in training must not be interrupted for service unless there is an exceptional and unanticipated clinical need to maintain patient safety.
		R1.18	Organisations must make sure that assessment is valued and that learners and educators are given adequate time and resources to complete the assessments required by the curriculum.
		R3.12	Doctors in training must be able to take study leave appropriate to their curriculum or training programme, to the maximum time permitted in their terms and conditions of service.
	In this post, is funding available to cover the cost of courses you've been advised to complete?	R1.16	Doctors in training must have protected time for learning while they are doing clinical or medical work, or during academic training, and to attend organised educational sessions, training days, courses and other learning opportunities to meet the requirements of their curriculum. In timetabled educational sessions, doctors in training must not be interrupted for service unless there is an exceptional and unanticipated clinical need to maintain patient safety.
		R1.18	Organisations must make sure that assessment is valued and that learners and educators are given adequate time and resources to complete the assessments required by the curriculum.
		R3.12	Doctors in training must be able to take study leave appropriate to their curriculum

			or training programme, to the maximum time permitted in their terms and conditions of service.
In this post, are days subtracted from your study leave allowance to attend compulsory training (in or out of hospital)?	R1.16		Doctors in training must have protected time for learning while they are doing clinical or medical work, or during academic training, and to attend organised educational sessions, training days, courses and other learning opportunities to meet the requirements of their curriculum. In timetabled educational sessions, doctors in training must not be interrupted for service unless there is an exceptional and unanticipated clinical need to maintain patient safety.
	R1.18		Organisations must make sure that assessment is valued and that learners and educators are given adequate time and resources to complete the assessments required by the curriculum.
	R3.12		Doctors in training must be able to take study leave appropriate to their curriculum or training programme, to the maximum time permitted in their terms and conditions of service.
In this post did you have difficulty obtaining study leave for any of the following reasons? (Please tick all the options that apply).	R1.16		Doctors in training must have protected time for learning while they are doing clinical or medical work, or during academic training, and to attend organised educational sessions, training days, courses and other learning opportunities to meet the requirements of their curriculum. In timetabled educational sessions, doctors in training must not be interrupted for service unless there is an exceptional and unanticipated clinical need to maintain patient safety.
	R1.18		Organisations must make sure that assessment is valued and that learners and educators are given adequate time and resources to complete the assessments required by the curriculum.
	R3.12		Doctors in training must be able to take study leave appropriate to their curriculum or training programme, to the maximum time permitted in their terms and conditions of service.

Why is this score useful?

It is important that trainees can take leave to support their studies. A low score indicates that study leave was less accessible, less flexible or more expensive. This indicator can help highlight positive or negative attitudes within the training environment.

Trainee indicator	Questions	PR requirement number	Promoting excellence requirement text
Rota design	In my current post, educational/training opportunities are rarely lost due to gaps in the rota.	R1.12(b)	Organisations must design rotas to - b. support doctors in training to develop the professional values, knowledge, skills and behaviours required of all doctors working in the UK
	In my current post, gaps in the rota are dealt with appropriately to ensure my education and training is not adversely affected.	R1.12(b)	Organisations must design rotas to - b. support doctors in training to develop the professional values, knowledge, skills and behaviours required of all doctors working in the UK
		R1.12(c)	Organisations must design rotas to - c. provide learning opportunities that allow doctors in training to meet the requirements of their curriculum and training programme
	In my current post, there are enough staff to ensure that patients are always treated by someone with an appropriate level of clinical experience.	R1.12(b)	Organisations must design rotas to - b. support doctors in training to develop the professional values, knowledge, skills and behaviours required of all doctors working in the UK
	The rota design in my current post helps optimise trainee doctors' education and development	R1.12(b)	Organisations must design rotas to - b. support doctors in training to develop the professional values, knowledge, skills and behaviours required of all doctors working in the UK
		R1.12(c)	Organisations must design rotas to - c. provide learning opportunities that allow doctors in training to meet the requirements of their curriculum and training programme

Why is this score useful?

An appropriately staffed and well-designed rota can support training and learning. A low score can indicate that poor rota design and rota gaps are negatively affecting the training environment. This can put trainees and patients at risk.