

*Health Education East Midlands*

# *A User Guide to Recognising Trainers in Secondary Care*



# The Essential User Guide to Recognition of Trainers in Secondary Care



## Who is this guide for?

**This guide is aimed at secondary care trainers in four key roles who are seeking to have their trainer status recognised locally and, in due course and subject to legal change, approved by the General Medical Council (GMC). It is relevant to trainers in secondary care throughout the UK. This user guide will also be helpful to those who are responsible for appraising trainers.**

It consists of a series of key questions and answers set out in eight sections:

- Background to this Guide
- Who is taking part?
- The trainer recognition framework

- Preparing for Recognition
- Producing your Supporting Evidence
- Continuing Professional Development as a Trainer
- Leaving the System
- Is Recognition Right for Me?

*'Training is patient safety for 30 years' (1)*

# Section 1

## Background to this guide

### 1. Why does the GMC wish to recognise and approve trainers in secondary care?

The GMC is setting out plans to recognise four key groups of doctors in secondary care who are responsible for the training of medical students and other doctors, and will check that its required standards for secondary care training are met through quality assurance activity.

The trainer recognition process is a key component of the GMC's regulatory framework designed to provide assurance to patients and others that medical education and training produces doctors with the appropriate knowledge, skills and behaviours.



This is consistent with paragraphs 39-43 in *Good Medical Practice 2013* <sup>(3)</sup> which set out what is expected of doctors with regard to teaching and training:

- Doctors should be prepared to contribute to teaching and training doctors and students.
- Doctors must make sure that all staff they manage have appropriate supervision.
- Doctors must be honest and objective when writing references, and when appraising or assessing the performance of colleagues, including locums and students. References must include all information relevant to their colleagues' competence, performance and conduct.
- Doctors should be willing to take on a mentoring role for more junior doctors and other healthcare professionals.
- Doctors must support colleagues who have problems with their performance or health. But they must put patient safety first at all times.

This guide is supplementary to the GMC's guidance to all doctors on professional standards in medical education and practice, including *Leadership and Management for all Doctors* <sup>(4)</sup>.

*'the quality of medical practice and the safety of patients are crucially dependent on the quality of the training provided to medical students and trainees.'* <sup>(2)</sup>

### 2. What is happening?

New arrangements were introduced from the formal recognition of medical practitioners who are also trainers <sup>(2)</sup> from 2013. Education Organisers (EOs) such as Local Education and Training Boards (LETBs) and Medical Schools across the UK will have schemes in place for the recognition of trainers in four key roles.

### 3. What are the 'four key roles'?

The GMC identifies four key trainer roles. The four roles are:

1. Named educational supervisors: doctors who are responsible for the overall supervision of doctors in training and their progression during placements. They work with doctors in training to plan their training against the agreed learning outcomes.
2. Named clinical supervisors: doctors who are responsible for overseeing the work of the trainee throughout the placement.
3. Those doctors responsible for overseeing undergraduate medical students' progress. There is at least one in each medical school and, for example, the role may be fulfilled by an NHS consultant or clinical academic coordinating the course.
4. Lead coordinators for undergraduate training at each Local Education Provider (LEP): doctors who have overall responsibility for coordinating the training placements and ensuring worthwhile educational activities in individual LEPs.

If you are a doctor and performing at least one of these four roles, you will need local recognition and eventually GMC approval. This applies whether you are a GP, a consultant or a SAS doctor. GP trainers of GP registrars are already approved by the GMC.

# Section 1

## Background to this guide

Named placement supervisors in non-clinical settings (such as public health, occupational or pharmaceutical areas of medicine) also require recognition.

### 4. What does 'named' mean in this context?

**All clinicians who come into contact with doctors in training are involved in their education. They do this through being available, observing the doctor in training, teaching on the job, giving regular feedback and providing rapid responses to issues as they arise.**

However, within a given training placement, each doctor in training should have a 'named clinical supervisor' and a 'named educational supervisor'. These named individuals are specifically responsible for individual trainees or groups of doctors in training. Sometimes, both roles may be performed by one person.

### 5. What is the difference between 'recognition' and 'approval'?

**The GMC is currently seeking statutory powers so that this process of recognition becomes a formal approval process, as is the case in general practice. However, before that is enacted the clinical and education supervisors must undertake a process of recognition for the roles they undertake.**

**Health Education East Midlands (HEEM) has defined the minimum requirements to achieve full recognition by July 2014 are:**

#### For Educational Supervisors

Completion of Educational Supervisors Course

#### For Clinical Supervisors

Completion of Clinical Supervisors Course

#### For GP Trainers

Evidence of re-approval within the last three years

#### For all roles

Evidence of equivalent development activity from the last three years, if you wish to provide it

If you are both an educational and clinical supervisor you will need to evidence that you have met the requirements for both roles to achieve full recognition by July 2014.



## Section 2

### Who is taking part?

#### 6. Does recognition apply to me?

At present, the GMC is not requiring recognition if you do not hold one of the four key roles set out in the guidance. For HEEM Senior Educators only those who have a clinical and educational supervisory role will need to fulfil those same requirements. HEEM would recommend that those involved in the delivery of education and training remain informed of developments in this area.

#### 7. Are all consultants clinical supervisors and as such, do we all need recognition?

Nearly all consultants teach medical students and trainee doctors and most are also involved in various types of workplace-based assessments. To that extent they are clinical supervisors. Not all, however, are named clinical or educational supervisors. At present, the process only covers named clinical and educational supervisors and designated undergraduate clinical leads.

Named clinical supervisors oversee a trainee's clinical work throughout a placement and contribute to the final decision on whether a trainee should progress to the next stage of training by undertaking assessments and providing reports. Named educational supervisors are responsible for the overall management and supervision of a trainee's educational progress during a placement or series of placements. They are responsible for the educational agreement and for bringing together all relevant evidence in order to assist the Annual Review of Competence Progression (ARCP) panel in making a final decision on whether a trainee is ready to progress to the next stage.

#### 8. I perform more than one of the four roles. How will it work for me?

It is not anticipated that you will need roles to duplicate the recognition process to satisfy multiple organisations, by working in partnership HEEM and both the Nottingham and Leicester medical schools will ensure that for those undertaking multiple roles evidence of training will be used against each of those roles.

*'Being an accredited trainer will be a badge of honour reserved for the very best' (5) (HEE 2013)*

#### 9. I'm an SAS doctor and my colleague works less than full time. Does it apply to us?

If you are undertaking one of the four roles, yes.



#### 10. I'm a locum, what about me?

Locum doctors currently fall outside the scope of the recognition requirements.

In addition, these GMC requirements do not apply to doctors who supervise doctors in training for specific sessions but who are not the named clinical supervisor.

#### 11. Can I be approved to supervise doctors in training outside my clinical specialty?

Yes. It is not essential that you work in the same specialty as your trainees. What is essential is that you understand the curriculum, training requirements and processes so that you can fulfil the trainer role.

This also means having competence in the area and greater experience than any doctor in training that you are assessing. (4)

## Section 3

# The trainer recognition framework

### GMC Standards - Academy of Medical Educators (AoME)

- Ensuring safe and efficient patient care through training
- Establishing and maintaining an environment for learning
- Teaching and facilitating learning
- Enhancing learning through assessment
- Supporting and monitoring educational process
- Guiding personal and professional development
- Continuing professional development as an educator

### Standards (The Trainee Doctor)

- Provide an appropriate level of supervision to trainees
- Trainers must be involved in and contribute to a learning culture in which patient care occurs
- Will be supported in their role by Postgraduate Medical Education Team and have a Job Plan
- Trainers must understand the structure and role of their training programme for their designated trainees

### Support (HEEM)

- Recruitment and Selection
- Training and Development
- Appraisal
- Job Plans
- Approval and Re-approval
- Full Recognition
- Trainers in Difficulty

### 12. What are the criteria against which I will be recognised and approved?

The GMC requirements relate to seven areas drawn from the AoME Framework for the Professional Development of Postgraduate Medical Supervisors <sup>(6)</sup>. These are:

1. Ensuring safe and efficient patient care through training
2. Establishing and maintaining an environment for learning
3. Teaching and facilitating learning
4. Enhancing learning through assessment
5. Supporting and monitoring educational process
6. Guiding personal and professional development
7. Continuing professional development as an educator



### 13. Continuing Professional Development (CPD) as an educator

Clinical supervisors do not need to show evidence of meeting areas 5 and 6 although they should be aware of them. Trainers in the other three groups must meet all seven areas. The framework has been mapped to both The Trainee Doctor <sup>(7)</sup> and Tomorrow's Doctors <sup>(8)</sup>.

It is the function of HEEM and university medical schools to determine if, as a trainer, you have met the criteria which are listed above. You will need to provide evidence at appraisal over a five year Revalidation cycle that you have undertaken appropriate CPD for your educational role.

### 14. Who decides whether I meet the criteria?

If you are a named educational or clinical supervisor then the senior responsible officer in HEEM, or the Leicester or Nottingham medical schools.

You will be measured against the criteria in the Trainee Doctor (GMC, July 2011) – Standards for Trainers, which are:

#### The Trainee Doctor (GMC, July 2011) – Standards for Trainers document confirms that trainers

- Provide an appropriate level of supervision to trainees
- Must be involved in and contribute to a learning culture in which patient care occurs
- Will be supported in their role by Postgraduate Medical Education Team and have a Job Plan
- Must understand the structure and role of their training programme for their designated trainees

*'It is a virtuous circle – better supervision will lead to better trained doctors will lead to improved patient care.'* (AoMRC) <sup>(9)</sup>



#### Undergraduate Trainer Roles

If you oversee student progress at your medical school or are a lead coordinator of education and training where students have placements, then the Dean of the medical school or his or her equivalent within the EO, has responsibility for deciding whether you should be recognised as a trainer.

#### Links with Appraisal Process

Educational roles will at least in part be evidenced through existing appraisal processes. Appraisal can take place through your normal NHS appraisal process and a separate "educational appraisal" is not needed as long as the appraisal structure in place provides appropriate opportunity to consider the role and examine comprehensive evidence for the trainer to demonstrate that they are meeting the criteria.

#### Supporting Resources

This HEEM User Guide for the East Midlands provides supporting information for Local Education Providers to strengthen the processes used for areas such as appraisal, recruitment and selection and supporting trainers in difficulty. HEEM will also provide support to trainers by ensuring that there are a plethora of approved courses and development opportunities to be accessed to support supervisors to undertake their roles.

## Section 4: Preparing for recognition

### 15. Before I begin the process, what do I need to have in place?

**To undertake the trainer recognition process you will need to hold a valid registration and a license to practice.**

You need to undertake continuing professional development (CPD) and demonstrate appropriate attitudes and behaviour. If you train senior doctors in training your Postgraduate Dean may require you to be on the Specialist Register.

### 16. How will the recognition process work in the East Midlands?

#### Recognition Timeline East Midlands

2013 – Baseline Data gathered for existing trainers

In 2014 those with appropriate evidence will be confirmed as fully recognised

HEEM will confirm details of confirmed trainers to the GMC by 31 July 2014

2016 All trainers confirmed as fully recognised

### 17. I am a Member or Fellow of a professional organisation for medical educators. Can I be exempted from all or part of the recognition process?

HEEM have confirmed that evidence of equivalent development activity towards recognition of training roles from the last five years can be used to provide evidence. Membership of bodies such as the Higher Education Academy (HEA) and Academy of Medical Educators (AoME) may count as full or partial evidence that you are meeting the GMC standards for trainers, especially where these have been mapped against the seven GMC standards areas. You need to check the requirements of HEEM regularly to ensure that you are meeting those criteria.

The fact that you take your CPD as a trainer seriously enough to have applied for accreditation from an external professional body will help you considerably when gathering your evidence in preparation for recognition. In the case of the Academy of Medical Educators, membership has been mapped against the GMC standards for trainer recognition and can provide additional evidence that you meet or exceed these.



### 18. I've been teaching for quite a few years now but I've never done any CPD in teacher training. Will that be a problem?

**The GMC and HEEM / university medical schools are aware that there will be a lot of people in your situation right now, so the system is designed to be relatively 'light-touch' at first.**

HEEM requirements for CPD initially include the Educational and Clinical Supervisors course amongst other types of evidence, but will develop over time to include a portfolio of different types of CPD in the future. It is likely that the types of recognised development activity will extend over time.

*'To undertake the trainer recognition process you will need to hold a valid registration and a license to practice. You need to undertake continuing professional development (CPD) and demonstrate appropriate attitudes and behaviour.'*



## Section 5: Producing your supporting evidence



### 19. What if I don't meet the requirements?

**You may not at first be able to supply all the supporting evidence required to be fully recognised in your role.**

If this is the case, your recognition will be 'provisional' rather than 'full' while you seek further evidence. However, the GMC says that all trainers in the four categories must be fully recognised by 31 July 2016.

**The minimum requirements to achieve full recognition are listed in section 1, point 5.**

### 20. Is the supporting evidence required the same as for revalidation?

**Broadly speaking, yes. The trainer recognition process will complement both the revalidation and NHS appraisal processes, and if you are preparing for these, you should already be collecting evidence of your teaching and CPD activity.**

Detailed information requirements for appraisal will be determined by your employer although HEEM will provide guidance and supporting documents.

*'Clinical supervisors should be the epitome of excellence as self-reflective doctors as well as teachers.'* (9)

## Section 6

# Continuing professional development as a trainer

### 21. How can I select appropriate CPD for my trainer role?

**There are many sources of training for medical teachers available from part time and distance learning, to short courses, workshops and postgraduate award-bearing qualifications. HEEM will be developing a portfolio of mapped and approved courses for you to select from.**

Look for courses and educational events that have clear learning outcomes (preferably mapped against the GMC standards framework areas), appropriately qualified and experienced leaders, are adequately resourced with a variety of teaching and learning modalities, appropriate and helpful assessment methods, and preferably those which are formally accredited - by HEEM, a higher education institution such as a university, or by a royal college or professional body such as AoME.



As the process beds down, you will probably find that increasing numbers of teacher and trainer development courses are mapped against the standard areas so that you will find it easier to identify CPD opportunities that refresh and increase your knowledge within particular standards. This will enable you to be more systematic and targeted in your personal development and private study. It will help employers to identify learning needs among their workforce and help education providers to ensure sufficient appropriate training is available.

Keep a record of the CPD activities you undertake (including informal self-study, such as personal reading) and be prepared to discuss why you did them, what you got out of them, and what effect they will have on your practice as a trainer.

### 22. How much CPD is required?

**To remain accredited as a named educational supervisor every five year Revalidation cycle you must attend relevant training courses, master-classes or education conferences and reflect on this within your appraisal. This should be a minimum of four days (24 hours of CPD) of high quality training every five years. This might include e-learning and face to face learning.**

### 23. How can I decide what CPD I need?

**HEEM recommends that levels of CPD undertaken reflect the amount of time you spend as an educator.**

If you wish to study medical education theory and practice in more detail, there is already a great deal of CPD on offer. One of the advantages of the GMC standards framework is that it will help you to decide what areas of knowledge and skill you need to refresh and to look out for courses in those areas.

### 24. Where can I access CPD in medical education and training?

**The Recognition pages of the HEEM website will be developed to provide links to locally approved provision. You will be able to find courses to suit your preferences for online, face to face or blended learning. Courses range in duration and level from short 'train the trainers' workshops right up to the Masters and Doctorate level.**

There are a variety of people you can ask for advice about what's available and likely to suit your needs including Departmental Royal College Tutors, local Training Leads, Training Programme Directors within Specialty Schools, LETB Leads for Faculty Development, Undergraduate Deans or Directors of Medical Education, or Faculty Development leads in your local medical school or university.

### 25. I did a significant amount of CPD in education a few years ago. Is that enough?

**This demonstrates evidence of past commitment to your personal development; you are one of the many dedicated clinical trainers and supervisors who have undertaken voluntary additional training ranging from short courses right up to postgraduate degrees in medical education.**

Evidence of such training is an important indication of your skills and knowledge and will indeed be very useful towards obtaining full recognition. However, skills in education, like skills in clinical practice, need to be constantly revisited. Curricula content, assessment methods and expected outcomes also change.

The likelihood is that, following your course of formal study, you have been keeping your CPD in medical education up to date by reading and studying the literature, attending meetings and courses and reflecting on and evaluating your own practice. If so, you will find the recognition process relatively straightforward. If you haven't, then it's probably time you thought about refreshing your knowledge and skills.

## Section 7

### Leaving the system

#### 26. What if I don't achieve recognition?

If you really want to continue as a trainer in one of the roles requiring recognition and are prepared to engage with HEEM and university medical schools processes, then you will probably be offered provisional recognition to give you time to meet any remaining requirements.

If questions arise about your teaching commitment, or the quality of your supervision or coordination role, your Postgraduate Dean or medical school will liaise with your Trust/Health Board to address concerns. At that stage, it may be appropriate to put in place some form of remediation, or it may be agreed that you no longer undertake that training role.

Finally, if you no longer wish to continue with your role, you will be asked to take part in an exit interview to gather feedback concerning your experiences.

#### 27. Can I appeal if I don't get full recognition?

Yes, however, it is important to bear in mind that this is not a high stakes exam or a hoop to jump through. It is part of a continuous process designed to help and encourage you to improve your practice as a clinical trainer.

For employers, its purpose is to help them keep track of their clinical training workforce and to ensure that their trainers are keeping their continuing personal and professional development (CPPD) up to date.

So if you don't get full recognition at first, it's an opportunity to review what you wish to do in education and training. Provisional recognition simply indicates that you are working towards full recognition but haven't yet produced the required evidence.



## Section 8

### Is recognition right for me?



*'The recognition process is your chance to have your skills and achievements as a trainer formally recognised by your employer, possibly for the first time.'*

#### **28. This all looks like a lot of hard work, just to do something I've already been doing for ages. What's in it for me?**

It is worth stressing that although it may at first look like hard work, it doesn't need to be! Just as with revalidation and evidence supporting good clinical practice, the challenge is simply to be aware of the need to produce evidence as you go along.

A good trainer will already be demonstrating appropriate attitudes and behaviours and keeping up to date with new developments in the field of medical education. All you have to do is collect evidence of this as you go along.

The recognition process is your chance to have your skills and achievements as a trainer formally recognised by your employer, possibly for the first time. The recognition system is only the first step in a programme of work designed to ensure that job planning, resource allocation and service load all reflect the responsibilities undertaken by trainers on a day to day basis.

#### **29. I have enough of a clinical and teaching workload without this. I would prefer to concentrate on my clinical practice.**

**As a doctor, you care about providing good patient care. If you also believe that good medical training leads to better doctors who can provide excellent clinical care in the future, and that clinicians have a vital role to play in improving the quality of the education medical students and doctors in training received, then this is good reason to involve yourself in this process.**

However, it isn't compulsory. Only you can decide if you want to participate in the scheme; if you don't seek recognition you will still be able to teach (at least for the time being), but you won't be able to fill one of the four designated roles.

#### **30. I have to train juniors because my clinical practice is so specialised and I am the only one in the region who can do it. What would happen if I didn't seek recognition?**

**Only those who are recognised (and, where the GMC has secured the necessary statutory powers, approved) will be able to perform the designated roles related to trainee supervision and the overseeing and coordination of undergraduate medical student placements.**

This applies however small and specialised the clinical specialty. If you are performing one of the four roles and wish to continue to supervise doctors in training, you must seek recognition.

#### **31. The trainer role is not in my job plan. What can I do?**

**The GMC is clear that Trusts must take responsibility for supporting trainers through their job plans. If you are a trainer and your job plan does not reflect this, you should raise this matter with your Clinical Director, College Tutor or Director of Medical Education in the first instance.**

In undergraduate contexts you should speak to your medical school representative, for example the Clinical Sub-Dean or Honorary Senior Lecturer.

#### **32. I'm still not sure.**

**Your first point of contact for advice about local arrangements is HEEM or your medical school.**

Within HEEM the GMC Recognition of Trainers group meets regularly and can be contacted on [trainerrecognition@nhs.net](mailto:trainerrecognition@nhs.net). There is more detailed advice in the GMC's Implementation Plan, and at [www.gmc-uk.org/recognisingtrainers](http://www.gmc-uk.org/recognisingtrainers). Finally, you can ask the GMC direct for further advice by emailing [quality@gmc-uk.org](mailto:quality@gmc-uk.org).

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# Appendix 1

## Glossary of key terms

### **Academy of Medical Educators**

The Academy of Medical Educators (AoME) is the professional organisation for all those involved in medical education – the education and training of students and practitioners in medicine, dentistry and veterinary science. Established in 2006 and gaining charitable status in 2009, the Academy exists to provide leadership, promote standards and support all those involved in the academic discipline of medical education. AoME developed the Framework for the Professional Development of Postgraduate Medical Supervisors which forms the basis of the recognition process.

### **Approval**

The process by which the GMC will hold the names of approved trainers. Currently the GMC approves only GP trainers of GP registrars but it is seeking statutory powers to extend its approval to other trainers.

### **Appraisal**

The process of collecting and reflecting on information relating to a doctor's educational practice, followed by a discussion with an appraiser at a formal, confidential meeting. The purpose of appraisal is to support doctors' personal and professional development throughout their careers. An appraisal meeting between the appraiser and the appraisee should take place every year.



### **Clinical supervisor**

The clinical supervisor is responsible for day to day supervision in the workplace. Clinical supervision involves being available, looking over the shoulder of the trainee, teaching on the job with developmental conversations, regular feedback and the provision of a rapid response to issues as they arise.

All doctors in training should have a named clinical supervisor for each post (though there may be contextual differences between specialties), who must be able to tailor the level of supervision to the competence, confidence and experience of their trainee.

### **Education Organisers**

The Education Organiser (EO) is the organisation that is responsible for leading the planning and commissioning of medical education, such as a Deanery, Local Education and Training Board (LETB), medical school or equivalent.

### **Educational supervisor**

The educational supervisor is responsible for the supervision of a trainee's progress over time. Educational supervisors are responsible for ensuring that doctors in training are making the necessary clinical and educational progress.

Educational supervisors need all the skills of clinical supervision, plus an appreciation of supporting educational theory, the ability to undertake appraisal, work with portfolios and provide careers advice. Managing the trainee in difficulty will also, inevitably involve the educational supervisor with support from the EO's training structures.

### **General Medical Council**

The General Medical Council is a UK-wide body whose purpose is to protect, promote and maintain the health and safety of the public by ensuring proper standards in the practice of medicine.

#### **It has four main functions under the Medical Act 1983:**

1. Keeping up to date registers of qualified doctors
2. Fostering good medical practice
3. Promoting high standards of medical education and training
4. Dealing firmly and fairly with doctors whose fitness to practise is in doubt

### **Local Education Providers (LEPs)**

These are usually NHS Trusts and hospitals but can also be charities/hospices, industry or private organisations, clinics or surgeries.

## Recognition

The process by which EOs will identify the essential contributions of appropriately trained and experienced doctors who are responsible for the education and training of medical students and/or doctors in training. Recognition can be full or provisional.

## Revalidation

The process that commenced on 3 December 2012 by which all doctors in the UK will have to show to the GMC that they are up to date and complying with the relevant professional standards. All doctors with licences to practise are legally required to be revalidated every five years to continue practising in the UK.

In addition, they are required to complete annual appraisals based on the GMC's core guidance Good Medical Practice (2013) and evidence from these appraisals will be used to inform the revalidation process. Most licensed doctors should have undergone revalidation by the end of March 2016.

## Supporting evidence

During their annual appraisals, trainers will use supporting information to show that they are continuing to meet the standards set by the GMC as mapped against the AoME seven framework areas (ref AoME 2010).

## Trainee

The GMC defines a trainee as any doctor participating in an educationally approved postgraduate medical training programme and holding a funded post (Foundation Programme or specialty including GP training).

A medical student is not, by this definition a trainee, although trainers may in fact teach both medical students and doctors in training. The GMC's plans for recognition of trainers cover both postgraduate training and undergraduate education.

## Trainer

The GMC defines a trainer in general terms as 'a more experienced clinician who provides training and educational support for a learner.' By this definition, the four key roles set out in this Guide are all trainers.



## Appendix 2

# Roles and Requirements

The information in this Guide is correct at the time of printing and may be subject to change. This is not intended as legal guidance, but instead is intended as a training aid. For policy guidance please go to the GMC website: [www.gmc-uk.org](http://www.gmc-uk.org)

### Secondary Care

#### Educational Supervisors in Secondary Care

Educational supervisors in secondary care can choose from a suite of options. These include

**1a.** Complete all 20 modules of the online educational supervisor training available on the NHS London website. (<http://www.faculty.londondeanery.ac.uk/e-learning/>)

**Or**

**1b.** Attend a minimum of a two day approved 'generic' educational supervisor course.

**Or**

Attend a one day approved 'Specialty' eg Paediatrics, educational supervisor course

**Or**

Complete a blend of face to face and on-line training in educational supervision, so long as it has been approved as covering all seven of the GMC domains.

**Or**

**1c.** You may also have completed modules in supervision and educational supervision as part of a formal qualification in medical education which could be appropriate for your role as an educational supervisor.

**For 1b all educational supervisor courses, (not provided by HEEM), and 1c aspects of a formal qualification need to be approved by HEEM. If you are considering attending one of these courses, please forward the details to the GMC Recognition of Trainers Board who will decide if it covers all of the GMC framework 7 competency domains.**

**2.** Have your role as educational supervisor approved by the Director of Medical Education within your trust. Your role needs to be formally recognised by your Service Lead and will need to be considered in your Job Plan, PDP and annual appraisal. You will need to demonstrate your competency, and demonstrate how you will remain up to date. You will need to use all of the GMC domains in your appraisal to demonstrate high quality effective supervision. HEEM has recommended that 0.25PAs of time are needed per trainee you are named educational supervisor for.

**HEEM is currently developing, with the University of Nottingham, an online training package for educational supervisors.**

#### Clinical Supervisors in Secondary Care

Clinical Supervisors in Secondary Care are required to complete all sections of the East Midlands Clinical Supervisors course. <https://www.eastmidlandsdeanery.nhs.uk/page.php?id=1512>

If you have already completed the Educational Supervisors Course, this will cover the areas you will require in order to undertake a Clinical Supervisor role and therefore you will not need to complete an additional Clinical Supervisors course.

### Primary Care

#### Educational Supervisor in Primary Care

Educational Supervisors in Primary care must have undertaken the New Trainers Course.

<https://www.eastmidlandsdeanery.nhs.uk/page.php?id=792>

#### Clinical Supervisor in Primary Care

Clinical Supervisor in Primary Care must have undertaken the East Midlands Clinical Supervisors Course.

<https://www.eastmidlandsdeanery.nhs.uk/page.php?id=1512>

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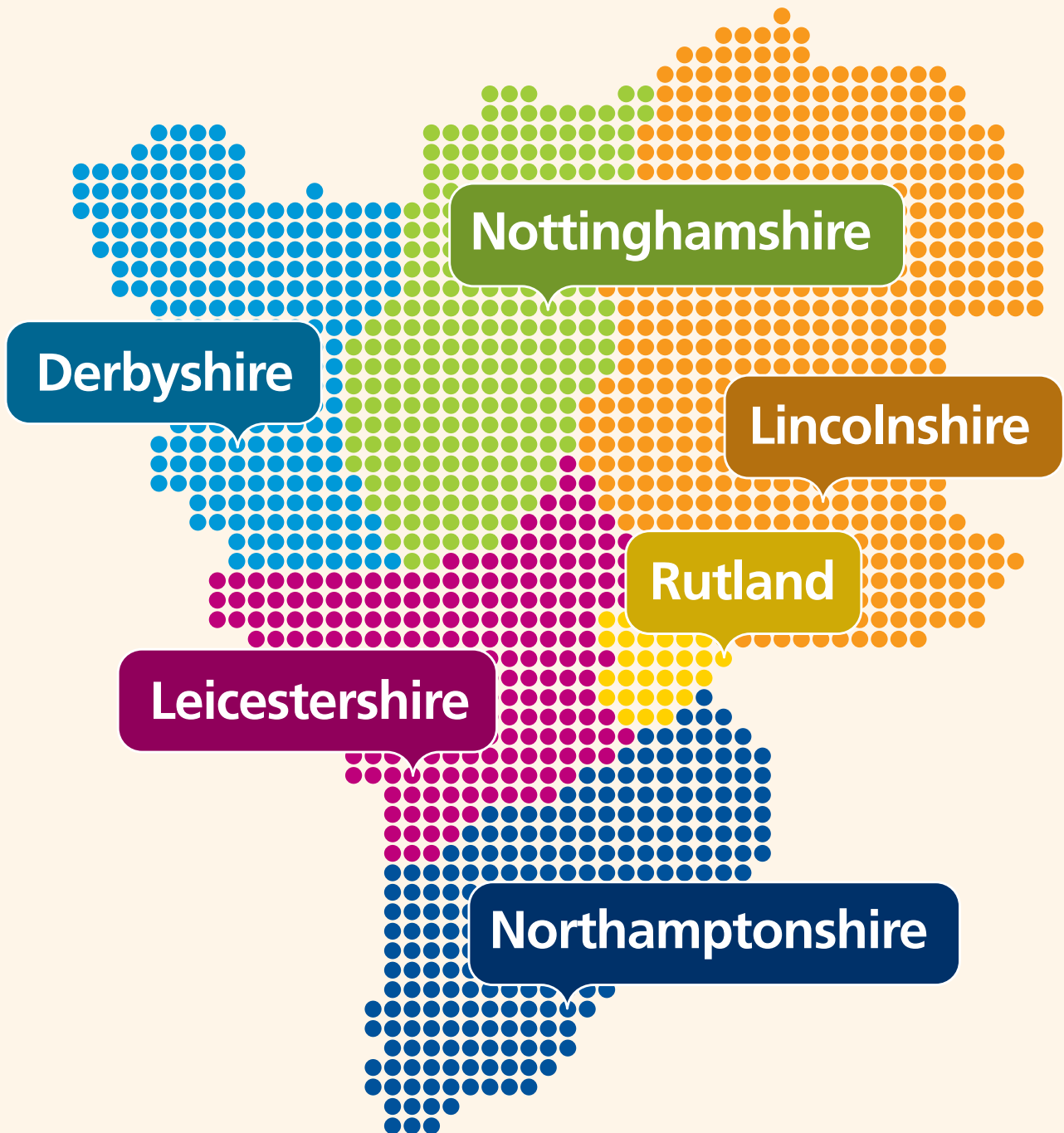
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# *Health Education East Midlands Approach to Quality*





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