DEFINITIONS, SELECTION AND MANAGEMENT (QM/QC) OF NON-GP TRAINERS (TEACHERS & SUPERVISORS) FOR UNDERGRADUATE AND POSTGRADUATE MEDICAL EDUCATION IN SCOTLAND

BACKGROUND

Following consultation, the GMC has agreed a phased process for implementing new arrangements for recognising trainers. Local systems require to be put in place by 31 July 2013. This will enable the gathering of information required to be with the GMC for July 2014 that will subsequently permit provisional trainer registration. All trainers in four specific roles will require to be fully recognised by 31 July 2016.

The arrangements relate to:

1. named educational supervisors in postgraduate training
2. named clinical supervisors in postgraduate training
3. lead coordinators of undergraduate training at each local education provider
4. doctors responsible for overseeing students' educational progress for each medical school.

The precise roles of supervisors vary from site to site and specialty to specialty. However, as educational activities, the four roles have distinct requirements (Kilminster et al. 2007, Launer 2010). Nevertheless, within NHS Scotland most hospital consultants have historically been considered to be clinical supervisors. Many also have formal roles linked to NES programmes e.g. the role of educational supervisor.

The GMC Recognition and Approval of Trainers plan has allowed NES to review the scope and definition of each of these roles. It is anticipated that not all consultants will choose to be formally recognised for the delivery of clinical education. Recognition will not be necessary for doctors whose practice contributes to the day to day teaching, training or supervision of students or trainee doctors unless they are selected for these roles by the responsible Educational Organiser (EO). But recognition will be available to trainers currently in the four specific roles as they will now be defined, and will also be available to those who wish to undertake such roles, where capacity to deliver allows. It is understood that individuals may also have multiple roles.
CURRENT AND FUTURE RECOGNITION OF THOSE HOLDING EDUCATIONAL ROLES

**Within General Practice**

Currently, within primary care, there are clear definitions and expectations for trainers in both the UG and PG role, with expectations in terms of time and remuneration and processes for approval of those who meet the necessary requirements. This group are currently regulated, through an approval process managed by NES, by the GMC.

**Clinical Supervision in Secondary Care**

In secondary care, while most consultants are considered educators, many do not have formal training or time in job plans and can feel unsupported in this aspect of their role. In developing a plan for the recognition of trainers in secondary care, it is important to have clarity over what is expected of such roles. However, there are variances between the previously defined (and at times implicit) NES descriptions of an educational and clinical supervisor and those now defined by the GMC.

All trainees should have access to supervision of their clinical work at all times, with the degree of supervision tailored to their competence, confidence and experience. Such clinical supervision is an activity that involves all clinicians who come into contact with trainees. Within a given training placement, and for each trainee, such arrangements may have been the responsibility of a person previously regarded as a ‘clinical supervisor’.

However in a training context, the GMC (2012) defines a **named clinical supervisor** as “...a trainer who is responsible for overseeing a specified trainee’s clinical work for a placement in a clinical environment and is appropriately trained to do so. He or she will provide constructive feedback during that placement, and inform the decision about whether the trainee should progress to the next stage of their training at the end of that placement and/or series of placements.”

Other doctors, involved in acting as guardians of patient care given by trainees but not fulfilling the above named roles (identified, selected and trained) should be regarded as ‘supervising clinicians’. This is in line with the GMC Recognising and Approving Trainers recommendations, section 57c “to stress the boundary between the named clinical supervisors requiring recognition, and the supervising consultant of trainees for particular sessions, who will not require recognition (although they are more loosely, providing ‘clinical supervision’”).

**Educational Supervision in Secondary Care**

The GMC (2012) also defines a **named educational supervisor** as “…a trainer who is selected and appropriately trained to be responsible for the overall supervision and management of a trainee’s trajectory of learning and educational progress during a placement or series of placements. The educational supervisor helps the trainee to plan their training and achieve agreed learning outcomes. He or she is responsible for the educational agreement and for bringing together all relevant evidence to form a summative judgement at the end of the placement or series of placements.”

The educational supervisor’s role is to help the trainee to plan their training and achieve agreed learning outcomes. He or she is responsible for the educational agreement and for bringing together all relevant evidence to form a summative judgement at the end of the
placement and/or series of placements. Educational supervisors will 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 Deanery training structures. In the context of undergraduate education this parallels those individuals who act as lead coordinators of education of undergraduates.

In Scotland, some Training Programme Directors also act as an Educational Supervisor, but all Foundation Programme Directors are Educational Supervisors and undertake the role of managing a trainee’s overall trajectory of learning and educational progress.

In all instances the GMC requires each named supervisor (clinical or educational) to be “selected and appropriately trained”.

**Within Undergraduate Teaching**
The two named GMC undergraduate roles are;

1. Those responsible for overseeing students’ progress at each medical school
2. Lead coordinators at each local education provider

The Schools have been working together through the Scottish Deans Medical Education Group (SDMEG) to consider the definition of these roles and identify the posts in each University which would be included in each category. SDMEG have agreed the following posts should be included in each category as follows;

1. Those responsible for overseeing students’ progress at each medical school;
   - Teaching Deans
   - Year leads/directors (also refers to phase convenors, module controllers and curriculum leads)

2. Lead co-ordinators at each local education provider;
   - Module/block leads locally and peripherally (also refers to system convenors and site supervisors)
   - Teaching Leads
   - DME/ADME
RECOMMENDATIONS FOR THE IMPLEMENTATION OF THE GMC RECOGNITION PROJECT IN SCOTLAND

Supervisors (and their employer Boards) should be clear about which of these activities they are engaged in and communicate this clearly to the trainees for whom they are responsible.

The recognition and approval of those engaged in the delivery of medical education as defined by the GMC, will enable such roles to be explicitly valued.

Recommendations in general:

It is suggested that a distinction is made between:
- those who function as a designated lead for training in any clinical placement – educational governance
- those who act as guardians of patient care when given by trainees – clinical governance

In addition, it is recommended that:
- clear guidance is provided on appropriate job-plan specifications, post objectives, outcomes and time requirements, such that named supervisors can be identified and reviewed at appraisal
- a template appraisal document for these roles is produced, complementing existing consultant paperwork and relating to the relevant GMC competency areas
- clinical and educational supervisor roles should be appraised as part of clinical appraisal
- a selection and appointment process is needed, which for named clinical supervisors and educational supervisors will be determined by the relevant clinical lead in conjunction with the DME, who could have a scheme of delegation. (Formal interviews should not be a necessary part of the process. Informal discussion and a recorded date and tenure of appointment seem appropriate)
- training to support the relevant GMC competency areas should be offered in e-based and group format (as per existing plans regionally and locally and supported as requested by NES e.g. Regional SCOTS and future Faculty Development Alliance products)
- There should be Medical Director agreement for the SPA time to be identified at the next job-plan review, pending appraisal evidence on training and performance.

Recommendations in respect of Scottish named Clinical Supervisors:

Consultants and other senior medical staff and their educational leads should have clarity over the difference in each training unit between supervising consultants and named clinical supervisors. Educational leads should ensure that there is a selected, designated and trained individual (named clinical supervisor) in each placement that is part of a rotation within an overall post (e.g. gastroenterology within medicine) to oversee the completion of reports and promote:
• placement (unit) level appropriate training and teaching
• trainees functioning within expected level of competence;
• clinical supervision being readily available and appropriate to level of competence;
• trainee involvement in audit and risk management;
• access to educational opportunities suitable to fulfil a particular trainee’s requirements;
• access to assessment completion;
• appropriate unit induction;
• identification of poorly performing trainees.

**Recommendations in respect of Scottish named Educational Supervisors**

Every trainee must have a named educational supervisor. Doctors undertaking this role should be selected and trained as above and would:

• undertake post commencement, mid post and end of post appraisal;
• monitor portfolio progress;
• provide guidance on resources relevant to careers development;
• identify and highlight poorly performing trainees to TPDs for action;
• collate evidence on training.

**Recommendations in respect of Scottish named Undergraduate Roles**

Doctors undertaking any of the named undergraduate roles must be selected and trained as above and would:

• meet the relevant requirements for trainers in Tomorrows Doctors 2009;
• be appraised in these educational roles;
• ensure educational activity is properly reflected in personal development plans.

**Time Tariffs**

• Pivotal to the success of the Recognition of Trainer process is the allocation and evidencing by trainers of time in individual job plans aligned to yearly appraisal in role;
• Named undergraduate trainers would be expected to have a minimum of 0.25 SPA per week and it is expected that most undergraduate roles will require 1PA to manage these responsibilities;
• A minimum of 1hr/trainee supervised/week should be allocated by Territorial Boards for postgraduate supervision activity;
• Local negotiation within boards, driven by service design differences, may lead to re-allocation of time tariffs between the two postgraduate supervisory roles (ie Educational Supervisor and Clinical Supervisor) ensuring that the overall minimum tariff is adhered to;
• LEPs are required to identify the number of trainees to calculate the minimum direct training time to be included in the job plans. There should be an adequate audit trail to identify how the direct trainer time for the number of trainees in the LEP is accounted for in job plans.