Scottish Trainer Framework
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Executive Summary

The Scottish Trainer Framework applies to all clinical teachers and trainers, both undergraduate and postgraduate, working in primary, other community or secondary care settings.

The Framework is designed to support all Scottish teachers and trainers in meeting the GMC Trainer Recognition & Approval arrangements and GMC Approval of GP Trainers regulation, whether they are seeking recognition or approval for their role in a Scottish Health Board or Scottish Medical School. It will ensure that the Education Organisers (The Scotland Deanery and Scottish Medical Schools) have a single framework within which to operate. Furthermore, it will support the Medical Schools in discharging their additional duties to provide support and training for all teachers as stated in Tomorrow’s Doctor’s 2009. It will provide guidance for Boards, Medical Schools and Regional Deanery Offices as they set up local trainer development initiatives.

For individual teachers and trainers, the Framework demonstrates how a portfolio of evidence for trainer appraisal could be structured and accredited, and for employers, it provides guidance on job planning and educational tariffs. The Framework also sets out a structure for the delivery of educational training to trainee doctors. Experienced trainers are not expected to work through the framework in its entirety, but will find it helpful in planning their professional development to maintain their skills for existing roles or develop them for future roles.

Section 1 of this document gives some background to the project, including information about the scholarly work conducted in Scotland by the Faculty Development Project Working Groups 1 & 3.

Section 2 sets out the Framework, with expected competences, recommended training and examples of experience / evidence which would be expected at each stage of a trainer’s career. It also includes the mandatory requirements for recognised / approved trainers.

Section 3 provides guidance for those selecting, recognising and approving trainers.

The final section consists of references to other documents and a series of appendices with templates and examples for use by trainers or those involved in recognising or appraising them.
Section 1: Background and context

Introduction

In 2010 the National Faculty Development Project was set up to prepare a Faculty Development Plan for Scotland with the broad aims of:

- Supporting all Scottish Trainers in meeting the GMC Trainer Recognition & Approval arrangements
- Ensuring that Education Organisers (EOs) across Scotland have a single framework within which to operate
- Supporting Medical Schools in discharging their additional duties to provide support and training for teachers as stated in Tomorrow’s Doctor’s 2009
- Providing guidance for Boards, Medical Schools and Scotland Deanery Offices as they set up local trainer development initiatives
- Supporting individual trainers at all stages of their personal and professional development

The project was set up with representation from the Territorial Health Boards via the Directors of Medical Education (DME) Group; the Medical Schools via the Scottish Deans’ Medical Education Group (SDMEG); the Postgraduate Deanery via the NES Medical Directorate Executive Team (MDET); and also with NES via the Medical ACT Working Group (MAWG). The project was co-ordinated by NES and ran in four concurrent workstreams:

Working Group 1 conducted a thorough review of existing competency frameworks and carried out a large scale consultation of Scottish teachers and trainers to establish which teaching competences were considered priority areas across Scotland.

Working Group 2 reviewed existing provision to determine to what extent it covered the competences established by Group 1 and the areas identified by the GMC for trainer recognition or approval. They also explored options for accreditation and use of online training packages to supplement face-to-face delivery.

Working Group 3 was responsible for producing a costed implementation plan which would meet GMC requirements within the identified timescale. This work included the evaluation of several pilot projects.

Working Group 4 were tasked with developing an electronic recording system to ensure all data regarding teaching and training could be captured and shared centrally, minimising effort required by individuals.

Rationale and Scope of the Framework

The Scottish Trainer Framework has been produced as a means of addressing the requirements of all relevant partners in the delivery of medical education and training in Scotland - Medical Schools, the
Scotland Deanery and the service. Most importantly, it simplifies the demands being made on clinical teachers and trainers, and in particular it aims to ensure that individual trainers with more than one role (e.g. post graduate and undergraduate) receive cross-recognition by Education Organisers for training undertaken, thus avoiding duplication of effort.

In addition to delivering a solution to meeting GMC standards and requirements, we echo the London Deanery’s aspiration to provide “quality enhancement, rather than just quality control to a threshold” (London Deanery, 2010). This Framework addresses both minimum standards for regulation and ongoing development and support needs of trainers.

The Framework applies to anyone holding a teaching or training role requiring GMC recognition or approval. It will also be useful to those planning a career in medical education, including trainee doctors or those wishing to become recognised or approved trainers, and to those teachers and trainers in non-recognised roles.

It applies to both primary, other community and secondary care clinicians, and those teaching and training both undergraduate students and postgraduate trainees. The section for recognised trainers also applies to non-clinician teachers where they hold one of the defined roles. Other non-clinician teachers involved in the teaching of medical students and trainees may also find the guidance provided of benefit.

Definitions

Throughout this Framework we will use the term ‘medical trainer’ as defined by the GMC (2012) to mean “an appropriately trained and experienced doctor who is responsible for the education and training of medical students and/or postgraduate medical trainees which takes place in an environment of medical practice”. We will use this term to refer to any medical teacher or trainer.

We will also refer to the approved trainer roles defined by the GMC:

Postgraduate

A Named Educational Supervisor is “responsible for the overall supervision and management of a trainee’s trajectory of learning and educational progress during a placement or series of placements” (GMC, 2012)

A Named Clinical Supervisor is “responsible for overseeing a specified trainee’s clinical work throughout a placement in a clinical or medical environment” (GMC, 2012)

Other doctors will have a role in supervising specific episodes of practice. These doctors will not require formal recognition, although they should develop any skills required for their role as described in Good Medical Practice (GMC 2013). We will refer to these doctors as Supervising Clinicians to distinguish them from Named Clinical Supervisors.

Undergraduate

Two roles are defined by the GMC. In practice these roles often overlap and have different titles in different Schools, so the Scottish Deans’ Medical Education Group (SDMEG) have agreed on five
broad categories of trainers who will be referred to in this Framework and who will be recognised for GMC purposes by each Scottish School.

Those “responsible for overseeing student’s trajectories of learning and educational progress” includes:

Teaching Deans who are responsible for overseeing the undergraduate medical curriculum in its entirety;

Year leads / directors who are responsible for overseeing a specific year or years of the curriculum, including both the teaching and assessment of students within this group.

Those responsible in each LEP “for co-ordinating the training of students, supervising their activities and ensuring these activities are of educational value” includes:

Module / Block Leads who have responsibility for a specific section of the curriculum within the larger programme, again including both teaching and assessment.

NHS Teaching Leads who act as a point of contact between academic and NHS staff and ensure that departmental issues around teaching in NHS sites are addressed

DMEs who have responsibility overall for ensuring that undergraduate teaching is delivered within the NHS Board in accordance with a Memorandum of Understanding with the Medical School.

Whilst the roles are broadly comparable, the exact titles in use vary from School to School, and each will provide a list of titles in use locally for their trainers.

Further information about the roles and remits of recognised trainers is available in the “Definitions Document” (NES, 2013a) and the document “About Trainer Recognition and Approval in Scotland – some Frequently Asked Questions” (NES, 2013b). Some key information from these documents is reproduced in appendix A.

Other terms
We will also use Education Organiser (EO) as a generic term for the five Scottish Medical Schools and the single Scotland Deanery responsible for organising training and Local Education Provider (LEP) for Health Boards or other organisations, including GP practices, providing clinical placements for students or trainees.

We will use the term “recognition” of trainers to refer to the local process whereby Medical Schools and NES will collect and validate evidence from their named trainers of meeting the defined criteria. “Approval” of trainers will refer to the formal GMC process whereby recognised medically-qualified trainers will be approved by the GMC. The GMC will not approve non-medically-qualified trainers, however the consensus across Scotland is that where these trainers are performing a recognised role they should meet the same standards as other named trainers and will be recognised locally.
Regulatory context

This Framework sits within the context of the GMC’s regulatory framework. There are a number of key GMC documents which make requirements of Education Organisers, Local Education Providers and individual trainers, including:

Approval of GP Trainers (Medical Act 1983)

The GMC is required by the Medical Act, 1983 to approve GP trainers. To do this, they need to receive relevant information on GP trainer posts which need approval, re-approval or withdrawal by deaneries. They advise deaneries to continue usual quality management processes and re-selection of GP trainers to ensure the standards are maintained. They will quality assure this via the Quality Improvement Framework.

Recognising and approving trainers: the implementation plan (GMC 2012)

This document identifies four groups of trainers who must be recognised at both postgraduate and undergraduate level, across both primary and secondary care settings. By 2016 the GMC aims to formally approve these trainers in a similar fashion to GP trainers.

The Trainee Doctor (GMC 2011)

This document defines standards which must be met by those involved in supervising postgraduate training, including foundation, specialty and GP trainees. The Scottish Trainer Framework will ensure that all “named” postgraduate supervisors will be able to demonstrate meeting these standards.

Tomorrows Doctors (GMC 2009)

Tomorrow’s Doctors applies to undergraduate medical education and in addition to the roles requiring GMC approval, requires medical schools to ensure that “everyone involved in educating medical students will be appropriately selected, trained, supported and appraised”.

Developing teachers and trainers in undergraduate medical education (GMC 2011)

Supplementary advice for medical schools to help them identify who is covered by the Tomorrows Doctors requirements and what might be involved in selecting, training, supporting and appraising them.

Good Medical Practice (GMC 2013)

Good Medical Practice provides guidance for individual doctors. It indicates that all doctors should be prepared to contribute to teaching and training and states that “you must be competent in all aspects of your work, including management, research and teaching”.

Leadership and management for all doctors (GMC 2012)

Leadership and management for all doctors sets out the wider management and leadership responsibilities of all doctors in the workplace, including responsibilities relating to teaching and training.
Mapping to other standards and curriculum guidance

The Scottish Trainer Framework maps directly to the Academy of Medical Educators’ Framework for Supervisors (AoME 2010) which has been adopted by the GMC as their Framework for recognising and approving trainers (GMC, 2012). It also takes into account other relevant GMC regulations and guidance as described in the section on ‘Regulatory Context’.

In addition, a number of other standards and guidelines were taken into account during the ‘core teaching competencies’ consultation conducted by Working Group 1, including:

- UK Foundation Programme Curriculum (UKFPO 2010)
- Academy of Medical Royal Colleges Common Competences Framework for Doctors (AoMRC 2009)
- Academy of Medical Educators’ Professional Standards (AoME 2009)

This has enabled us to make the Framework relevant for doctors at all stages of training and across the whole range of educational roles.

Scholarship

As part of the project, a large-scale consultation of the Scottish clinical workforce was conducted, along with a rapid evidence assessment of faculty development initiatives reported in the literature base. A scoping exercise was also carried out to identify the extent to which existing provision met current and future needs. These are described below along with some relevant findings from a previous Scottish Consultant survey conducted by NES (NES 2007).

Consultation

A draft list of 80 core teaching competencies for all consultants and GPs involved in teaching in Scotland was compiled from the literature, refined over a series of meetings and, following consultation, was made available as an online survey to key stakeholders. Respondents were asked to rate each competency statement on a 4-point scale in terms of how important they thought it was for all consultants and GPs working in Scotland who are involved in teaching. 1,026 individuals responded to the survey, representing a broad range of undergraduate and postgraduate clinical teachers, supervisors, academics, training programme directors and DMEs.

The responses allowed the competency statements to be ranked and prioritised, and the exceptionally large number of free-text responses which were collected as part of the survey were also analysed. These related particularly to the topic being controversial and emotive, concerns about time constraints for undertaking training, perceived difficulty in demonstrating certain competencies, specific concerns about the wording and presentation of the competencies, concerns that defining core competencies in this way may be counterproductive, and that defined competencies may not be appropriate for all doctors.

We have used the results of this consultation to develop a three-tier Framework which identifies: a) a minimum set of core competencies for anyone involved in teaching and training; b) a range of skills...
and competencies which would be appropriate for early career development as an educator; and c) a range of more specialised competencies which individuals looking to move into an academic or leadership role may wish to develop. Trainers requiring recognition and/or approval will be expected to evidence all of the ‘core competencies’ plus some additional role-related competencies.

**Literature review**

Alongside this consultation, a literature review on faculty development programmes and their effectiveness was carried out. This was intended to identify any advances in the field since a 2006 systematic review carried out by the Best Evidence in Medical Education (BEME) group (Steinert 2006).

To replicate the BEME strategy as closely as possible Medline was searched using the same keywords. 28 papers meeting the criteria were then analysed and coded using the BEME standardised coding sheet and information was gathered on what levels of the Kirkpatrick model for evaluating programme effectiveness they covered (as described by Steinert, 2006).

The 28 studies found for inclusion described 24 independent faculty development programmes (with four programmes having had two studies each). Of the programmes described, over half took place in America and the majority were in the format of workshops or longitudinal programmes. Most programmes aimed to improve general teaching skills and were largely (86%) evaluated by analysing a change in learning and behaviour. All studies were quasi-experimental in their analysis of effectiveness with 64% using a questionnaire as their only data collection tool. 71% also only looked at participant self-assessment. In all methods of programme delivery, results were largely positive in the areas of outcome assessed although not all statistically significant. Few programmes looked at change in organisational structure or student/junior doctor impact with those that did producing mixed results.

The studies reported a wide range of methods used to deliver faculty development initiatives. All indicated positive results but measured these in different ways making it difficult to say which method(s) is/are more effective or which would contribute best to an ideal programme. A key recommendation from this piece of work was that the use of needs assessment to identify the goals of a programme suited to the specific circumstances will be most likely to result in a successful programme. The scoping exercise below along with data from the 2007 consultant survey (NES, 2007) was used to inform a preliminary needs assessment and make recommendations for future programme development.

**Scoping exercise**

A review of existing teacher training provision across Scotland was undertaken with the aim of identifying: a) what opportunities for development as an educator existed throughout Scotland; b) how closely existing provision aligned with the GMC’s Framework areas and the competencies identified in the Scottish Trainer Framework; and c) any gaps in provision.

This exercise identified a wide variety of topics being delivered in a range of formats. Access to training was variable with some regions or groups of trainers being better served than others. Use of assessment and quality assurance / monitoring of training was also highly variable. All existing provision predated the introduction of the GMC’s Framework so unsurprisingly none had been
developed to provide comprehensive coverage of the seven Framework areas. Most of the training on offer was in the format of stand-alone workshops or online modules and there were several areas of the Framework where no training was available.

This information has been used to produce guidelines for those involved in setting up faculty development initiatives indicating a range of topics which could be covered, to inform decision-making around what will constitute an appropriate ‘introductory level’ programme for new trainers seeking approval, and to develop alternative methods for trainers to evidence development in areas where attending training may not be the most appropriate intervention.
Section 2: The Framework

We have organised the Scottish Trainer Framework to make it accessible to aspirant and existing trainers at a number of different entry points. Table 1 shows the standard clinical career progression and some teaching and training roles commonly undertaken at each level, though there will inevitably be individual variation in the scope of educational involvement at each stage. The table sets out generic skills that the majority of doctors will require at one point or another throughout their careers, as well as some more specialist knowledge and skills that may be required for specific teaching roles although we recognise that not all doctors will hold these more specialised roles. The exact skills and training required by an individual will depend on:

- Stage of career
- Formal involvement in teaching / training, including any roles requiring specialist skills
- The balance of UG/PG training provided
- Future career aspirations

Trainers holding roles requiring specialised skills should make sure they have the appropriate training and experience and this should be provided by the EO.

Using the Framework

The Scottish Trainer Framework was developed primarily to support individual teachers and trainers in meeting the enhanced evidence requirements of revalidation or formal trainer recognition / approval.

The Framework may be used by individuals:

- involved in teaching or training at any level wishing to improve their skills
- who aspire to become recognised or approved trainers
- who are currently trainers and seek recognition [pre-July 2014]
- who are recognised or approved trainers seeking to maintain their trainer competences [post-July 2014]
- who wish to develop a career in medical education
- aspiring to hold educational leadership roles in the future

It may also be of interest to:

- Those involved in planning local trainer development programmes
- Those responsible for selecting and appraising trainers
- Those responsible for recognising and approving trainers
- Those responsible for trainers’ job planning

The majority of the Framework provides guidance and support rather than absolute requirements. It aims to encourage personal development rather than conducting a “tick-box exercise” of attending mandatory training. Alternative routes are offered to provide evidence of attainment wherever possible.

This document provides a high level summary of the Framework contents. The full Framework can be accessed online at [WEB ADDRESS TO BE INSERTED]
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Table 1: Changes in skill set required throughout clinical career progression
Generic Skills for all doctors involved in teaching

Regardless of stage of career or specific role, there are a number of generic skills required by every doctor who comes into contact with medical students or trainees. Many of these skills are not specific to your teaching role and will be acquired elsewhere in your clinical practice. You should make sure you are up-to-date in all of the following areas:

- Professionalism
- Information Governance
- Principles of Dignity, Equality and Diversity
- Principles of copyright and use of electronic media, including discussion forums within the healthcare context

Foundation Doctors

The Foundation Programme Curriculum (UKFPO 2012) states that:

“Foundation doctors will be expected to acquire and develop the skills needed to deliver teaching and mentoring effectively. This includes understanding the basic principles of adult learning. They must recognise that teaching skills also apply to interactions with patients/relatives e.g. when explaining illness to patients/relatives/carers. The acquisition of teaching skills should be documented in the e-portfolio and feedback should be sought on the quality of teaching using the ‘developing the clinical teacher’ SLE as well as from those receiving the teaching.

Section 5 of the Foundation Programme syllabus is entitled ‘Teaching and training’ and describes outcomes and competences for Foundation doctors. We have mapped these against the GMC’s Framework areas and made some recommendations about the training and experience that Foundation Doctors working in Scotland should aim to complete.

Specialty training

We have broken specialty training into two parts. Part 1 includes all trainees within the first 3 years of their training programme, whether they are in an uncoupled or run-through programme or training to become a General Practitioner, while Part 2 includes all trainees from year 4 onwards of their training programme. This is a slightly artificial division and specialty trainees should refer to both sections of the Framework if appropriate when planning their development.

The teaching outcomes for this stage of training have been drawn from the Academy of Medical Royal Colleges’ Common Competence Framework for Trainees (AoMRC 2009). We have made some minor modifications to the wording of some statements in order to represent the opportunities available to all trainees in Scotland. Individual specialties may have additional requirements and it is important that trainees consult their own curricular documentation. As with Foundation Doctors, we have mapped the expected competences against the GMC’s Framework areas and made recommendations about we expect the majority of trainees working in Scotland to achieve by the midway point and at the end of their training programme.
Consultants, GPs & SAS doctors

We have used the data gathered from the consultation of Scottish trainers and teachers to produce a Framework for non-trainee doctors to help guide their professional development as educators. The core of the Framework is built around a number of competency statements mapped against the seven areas of the GMC’s Framework for trainers. The actual remit of any trainer will vary hugely between individuals and these competency statements are not intended to be used as a checklist but to provide indicators of the types of teaching activity covered in each Framework area to support collection of evidence. Many of the competencies will have been achieved during UK specialist training; however those doctors who did not complete specialist training in the UK may find it helpful to revisit Part 1 or Part 2 of the Framework for Specialty Trainees for an indication of expected levels of competence.

1. Standards for all non-trainee medical staff involved in medical education

The vast majority of non-trainee medical staff will be involved in teaching or training in some capacity. This may not be through a formal teaching role but could include supervising a trainee performing a practical procedure; having a student in clinic or on a ward round or conducting the occasional workplace-based assessment. Our survey identified 18 competences that were felt to be essential for everyone involved in teaching or training. These should be seen as the minimum standard on which to build.

Ensuring safe and effective patient care through training

- Discharge educational duties whilst maintaining the dignity & safety of patients at all times
- Balance the needs of service delivery with education and manage time appropriately

Establishing and maintaining a learning environment

- Comply with relevant legislation
- Demonstrate commitment to supporting learners of all disciplines and stages of training, remain accessible and approachable when supervising and protect scheduled teaching time
- Act to ensure equality of opportunity for students, trainees, staff and professional colleagues

Teaching and facilitating learning

- Demonstrate an appropriate grasp of subject material / content to be taught
- Plan and deliver teaching involving patients
- Involve learners in actual practice appropriate to their stage of learning and within the bounds of their competence
- Encourage learners to reflect on their experiences and practice

Enhancing learning through assessment

- Provide timely and effective feedback to learners on their performance
- Apply the principles of good feedback

Supporting and monitoring educational progress

- Recognise the learner in difficulty
• Take appropriate action to support the learner in difficulty, including referral to other services where relevant
• Demonstrate understanding of the process for dealing with a learner whose progress gives cause for concern

Guiding personal and professional development

• Model the values, attitudes and behaviours they expect from students and trainees

Continuing professional development as an educator

• Demonstrate a standard of professional & educational practice consistent with the requirements of the GMC
• Demonstrate awareness of their limitations in relation to teaching and assessment, and know when to refer or seek help from others

2. CPD Framework for non-trainee medical trainers

This section provides guidance on professional development for those taking on formal but non-recognised teacher or trainer roles. It may also be used by those wishing to advance their skills with a view to becoming a recognised or approved trainer or for those already in recognised roles wishing to refresh their skills. Our web tool presents the competencies broken down by Framework area along with examples of training that might support achievement of competence and examples of evidence that could be presented at appraisal. Competencies in this section are intended to be used by individuals when planning their trainer portfolio to include evidence across the various areas of the GMC’s Framework. Not all statements will be relevant to all roles and individuals may hold roles requiring unlisted competencies. It is important that this section is seen as a tool to support individual development and not as a mandatory ‘tick box’ exercise. We have broken the competencies down into ‘early’ skills for those at the start of their educational career, and ‘advanced’ skills for those with more experience or who are interested in career progression.

3. Criteria for non-trainee medical staff in recognised trainer roles

Trainers in any of the four roles requiring recognition must meet the criteria detailed in this section. These criteria have been developed to ensure that all named trainers in Scotland can demonstrate that they meet the GMC’s standards as indicated in Table 2. The requirements vary slightly dependent on role and individual EOs / LEPs may have additional requirements.

To achieve initial recognition, all trainers in Scotland must meet the following criteria:

Category A (Educational Governance Requirements)

- Comply with all aspects of Good Medical Practice
- Comply with all legal, ethical and professional obligations including completion of any mandatory training requirements
- Be currently practising within their field. For undergraduate trainers this may include academic practice or health professionals in disciplines other than medicine
- Have appropriate time allocated for their role

Category B (Role-specific requirements)
- Demonstrate awareness of their role and how that role fits with other educational and clinical roles.
- Know how to get support if needed and know about the relevant EOs QA procedures
- Demonstrate awareness of the curriculum and level of students / trainees

**Category C (Generic trainer skills)**
- Demonstrate an appropriate level of teaching competence**

*See “Definitions Document” for recommended tariffs. To meet the standard for recognition there must be an identifiable component dedicated to educational activity in the trainer’s job plan.
**See below and Scottish Trainer framework online

Category A requirements will be signed off at appraisal / revalidation through standard processes. Education Organisers will supply LEPs with a list of named trainers and will conduct spot checks that to verify that the information is in place. Trainers will be asked to sign a declaration that they meet these criteria.

Category B requirements will be achieved by completing an induction to the role provided by the relevant EO (or recognised equivalent – e.g. provided by Royal College). The following courses have been identified as appropriate for recognised trainers in Scotland although other courses may be accepted as equivalent:

- For GP trainers: SPESC
- For Clinical Supervisors: SCOTS Clinical Supervision workshop; STAR clinical supervision module; FDA ‘introductory workshop’
- For Educational Supervisors: SCOTS Educational Supervision workshop; FDA ‘introductory workshop’
- For Undergraduate trainers: Medical School induction module provided by your EO

Category C requirements can be achieved in one of three ways:

a) Completion of a recognised qualification in teaching / medical education OR an approved basic training programme mapped against the GMC’s Framework areas and the NES Core Competency Framework
b) Accredited membership of a recognised Teaching / Medical Education agency (e.g. HEA, AoME)***
c) Submission of an online portfolio of evidence mapped to the Framework areas

***This only applies to membership achieved through training and/or evidence submission. Membership which is solely dependent on paying a membership fee (e.g. AMEE membership) will not be considered sufficient. We expect this option to appeal primarily to Undergraduate trainers.

Table 2 shows how these criteria map to the GMC standards and good practice guidelines, and the evidence trainers will be expected to provide.

**Ongoing development for recognised trainers**
Once trainers have met the initial criteria for recognition they will have to provide evidence that they are continuing to develop in each of the 7 Framework areas (5 for named clinical supervisors). They may also be interested in career progression and should use the CPD Framework outlined above to support this.
### Mapping criteria for recognition to GMC standards and guidance

<table>
<thead>
<tr>
<th>Criteria for initial recognition</th>
<th>Link to GMC statement</th>
<th>Evidence required</th>
</tr>
</thead>
</table>
| The trainer should comply with all aspects of Good Medical Practice | Good Medical Practice describes what is expected of all doctors registered with the General Medical Council. It is your responsibility to be familiar with Good Medical Practice and the explanatory guidance which supports it, and to follow the guidance they contain (GMC 2013)  
If you are suspended by an organisation from a medical post, or have restrictions placed on your practice, you must, without delay, inform any other organisations you carry out medical work for (GMC 2013)  
Local education providers will need to share key information with the education organisers to ensure that good practice is recognised and that shortcomings are identified (GMC 2012) | All trainers  
Agreement that EO may carry out spot checks with LEP / GMC to screen for any unreported issues |
| The trainer should comply with all legal, ethical and professional obligations including completion of any mandatory training requirements | Staff will receive training on equality and diversity to ensure they are aware of their responsibilities and the issues that need to be taken into account when undertaking their roles in the medical school (GMC, 2009)  
You must keep up to date with, and follow, the law, our guidance and other regulations relevant to your work (GMC 2013)  
You must develop the skills, attitudes and practices of a competent teacher. This includes respecting cultural diversity and making reasonable adjustments for those with a disability without affecting patient safety or educational outcomes (GMC 2012a) | All trainers  
Evidence that they are up to date with any mandatory training – e.g. equality & diversity training |
| The trainer should be currently practising within their field. For undergraduate trainers this may include academic practice or health professionals in disciplines other than medicine | Trainers must be involved in and contribute to the learning culture in which patient care occurs (GMC, 2011) | All trainers  
Registration with relevant professional body and current license to practise (if appropriate) |

Table 2: Criteria for recognised trainers mapped to GMC statements
<table>
<thead>
<tr>
<th>Criteria for initial recognition</th>
<th>Link to GMC statement</th>
<th>Evidence required</th>
</tr>
</thead>
<tbody>
<tr>
<td>The trainer should have appropriate time allocated for their role</td>
<td>Trainers will … need to agree job plans that are consistent with their responsibilities. These will need to be reviewed annually (GMC 2012) Trainers must have a suitable job plan with an appropriate workload and sufficient time to train, supervise, assess and provide feedback to develop trainees (GMC, 2011) Teachers and trainers should have dedicated time in their job plans (or junior doctors’ training schedules) to deliver their educational responsibilities and undertake their own training and development (GMC 2011a)</td>
<td>All trainers  – Signed job description  – Signed job plan with dedicated time for the role</td>
</tr>
<tr>
<td>The trainer should demonstrate awareness of their role and how that role fits with other educational and clinical roles. (S)he should know how to get support if needed and know about the relevant EOs QA procedures</td>
<td>Trainers must understand the structure and purpose of, and their role in, the training programme of their designated trainees (GMC, 2011) Induction, including requirements of the role and the school’s support infrastructure … should be compulsory on appointment to the role (GMC 2011a)</td>
<td>All trainers  – Signed job description  – Completion of appropriate induction / orientation (face-to-face or online)</td>
</tr>
<tr>
<td>The trainer should demonstrate awareness of the curriculum and level of his or her students / trainees</td>
<td>Trainers must understand the structure and purpose of, and their role in, the training programme of their designated trainees (GMC, 2011) Trainers must provide a level of supervision appropriate to the competence and experience of the trainee (GMC, 2011)</td>
<td>All trainers  – Completion of appropriate induction / orientation (face-to-face or online)</td>
</tr>
</tbody>
</table>

Table 2: Criteria for recognised trainers mapped to GMC statements
<table>
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<tr>
<th>Criteria for initial recognition</th>
<th>Link to GMC statement</th>
<th>Evidence required</th>
</tr>
</thead>
<tbody>
<tr>
<td>The trainer should be able to demonstrate an appropriate level of teaching competence</td>
<td>Trainers must be selected against a set of criteria, have specific training for their role, demonstrate ability as effective trainers and be appraised against their educational activities (GMC, 2011) Everyone involved in educating medical students will be appropriately selected, trained, supported and appraised (GMC, 2009) You must be competent in all aspects of your work, including management, research and teaching (GMC, 2013) Medical schools should ensure that appointments to teaching roles are made on the basis of competence, aptitude and the ability to be a good role model rather than experience or clinical training alone (GMC 2011a)</td>
<td>All trainers - Evidence of training for any specific roles held (e.g. OSCE examiner) plus ONE of the following: − HEA membership or AOME membership / fellowship (not associate membership) − Completion of accredited postgraduate training (e.g. PGCert Medical Education) or recognised basic skills programme − Online evidence portfolio approved by EO</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Criteria for continuing recognition</th>
<th>Link to GMC statement</th>
<th>Appropriate evidence sources</th>
</tr>
</thead>
<tbody>
<tr>
<td>Undergraduate Trainers and Educational Supervisors should be able to provide evidence of on-going CPD across the 7 areas of the GMC Framework for their educational role. Clinical Supervisors should be able to provide evidence of development in the 5 specified areas (1-4 &amp; 7). (To be provided at appraisal / revalidation but made available to EOs on request)</td>
<td>Recognised trainers must … maintain their skills by continuing to reflect on training responsibilities – for example, through continuing professional development. This will need to be confirmed through their appraisal. (GMC 2012) Beyond meeting the minimum standards, trainers are expected to develop their skills and competence, and to consider opportunities for career progression as trainers (GMC 2012) Obtaining the views of a wide range of individuals is the best way of delivering an objective and comprehensive evaluation of performance. More formal measures of quality assessment by trained assessors could supplement informal feedback, measuring both teaching knowledge and skills and interpersonal qualities (GMC 2011a)</td>
<td>− Attendance at training mapped to framework areas − Reflective accounts of practice − Evaluation of teaching and responses to feedback. − Multi-source feedback − Observations of teaching practice − Peer review of teaching episodes − Significant event analysis relating to educational activity − Critical analysis of literature read This is not an exclusive list and any other appropriate evidence will be accepted.</td>
</tr>
</tbody>
</table>


Table 2: Criteria for recognised trainers mapped to GMC statements
Section 3: Information for LEPs and EOs

This section aims to answer some of the questions frequently asked by individuals within EO / LEP organisations with responsibility for selecting, recognising, training and appraising trainers. There is a degree of flexibility for local LEP/EO partnerships to share responsibilities in the way that suits them best, however clear agreements as to the responsibilities of each must be in place.

Selection and recognition of trainers

Selecting trainers

Selection of postgraduate supervisors will be the responsibility of the local Health Board working in partnership with Deanery-appointed Training Programme Directors (TPDs). It will be the Board’s responsibility to ensure that these individuals have appropriate time in their job plans, have completed required training prior to taking up post, and have an educational component in their appraisal.

For GP trainers, existing arrangements will continue to apply. Trainers are required to complete training before applying to become an approved trainer. Approval will be made by the local GP Specialty Training Committee following a practice visit.

Selection of undergraduate trainers will vary slightly between Medical Schools. The majority of trainers in approved undergraduate roles will be selected by the Medical School with input from NHS clinical leads where appropriate. Clear local agreements detailing the responsibilities of the Medical School and the partner Health Board will be in place for this process.

Recognising trainers

LEPs will be responsible for ensuring all named trainers have an educational component in their annual appraisal. Trainers will collate evidence for recognition and discuss this with their appraiser. The output from this discussion will be shared with the relevant EO(s) who will have the right to request sight of the supporting evidence for audit / quality monitoring purposes or where there are any questions about the validity of the evidence. In all cases, the LEP and EO will be required to share with each other any information required as part of the recognition process. EOs will have final responsibility for recognising trainers and checking that all criteria have been met.

Full and provisional recognition

From July 2014 all new trainers taking on one of the four recognised roles will need to demonstrate that they meet the criteria for recognition before taking up post. It is recognised that existing trainers may need extra time to meet the criteria for full registration and these trainers will be listed as ‘provisionally recognised’ in July 2014. They will have until July 2016 to demonstrate that they meet the STF criteria as a condition of full recognition. Trainers who have failed to meet the required criteria by July 2016 will not be eligible for recognition and will not be able to continue performing a recognised role.
Recognition of trainers not holding a ‘recognised role’
In addition to the GMC’s recognised roles, some roles will continue to be recognised at a local level, for example, Training Programme Directors on the postgraduate side and Student Support Tutors or OSCE examiners on the undergraduate side. Candidates will be appointed to these roles only after demonstrating they meet the EO’s criteria and any mandatory training requirements.

Other clinicians will be involved in teaching without necessarily holding one of the four ‘recognised’ roles. These doctors will not require formal recognition but if they have a substantial teaching role they will need to demonstrate evidence of development for this role as part of the appraisal / revalidation process. Where these doctors meet the criteria for recognition they will be encouraged to seek it even if they do not currently hold one of the four named roles. This will be done through the EO where the most substantial part of their teaching is carried out.

Mandatory training requirements for trainers
To meet the criteria for recognition, all trainers must complete the following:

- Any mandatory training required by the employer (whether or not this is directly linked to their educational role) e.g. Child Protection, Information Governance
- Equality and Diversity training approved by the EO
- A recognised induction module for their role

Additionally new trainers will be required to undertake an accredited training programme or approved basic teaching skills programme and existing trainers may also opt to take this route for recognition.

Requirements for Health Boards and other LEPs

Guidance on educational tariffs for job planning
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. Further guidance on role descriptions and minimum acceptable tariffs are provided in the appendix and “Definitions Document” (NES, 2013a).

For named postgraduate trainers our recommendations are that:

- 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.
For named undergraduate trainers our recommendations are that:

- **Module/Block Leads** and **NHS Teaching Leads** employed by NHS Boards would be expected to have an identified element of teaching in their job plans. Exact times will be agreed on an individual basis between the Medical School and clinical service, determined by local MOT tariffs and role demands but should be no less than 0.25 SPA per week and it is expected that most post holders will require 1 SPA per week to manage their responsibilities. Post-holders with University contracts will have their duties agreed at contractual level.

- **Teaching Deans** and **Year Leads / Directors** would generally be university appointments and will have an appropriate balance of teaching and clinical duties agreed at contractual level.

- **Directors of Medical Education** will be Board level appointments and will have appropriate time negotiated on appointment to the role. This should not be less than 1PA per week.

**Guidance on appraisal**

GMC regulations require all recognised trainers to have the educational component of their jobs appraised. For University employees this will become part of existing education appraisals. For NHS staff the process should be as simple as possible and should be included in the existing NHS clinical appraisal. There is an expectation that ongoing collection of evidence across the Framework areas will be monitored at annual appraisals and that an in-depth appraisal of this evidence will take place at least once in each five-year revalidation cycle.

**Local Faculty Development programmes**

All new Faculty Development initiatives should be mapped against the GMC’s seven Framework areas. Stand-alone workshops and modules will generally map to one or two areas of the Framework although others may be covered peripherally. We do not recommend attempting superficial coverage of all Framework areas within single short workshops or modules.

More comprehensive programmes should be able to demonstrate coverage of all seven Framework areas in order to qualify as a ‘basic training programme’ as described on p18 of this document. Any programme aimed solely at Clinical Supervisors only needs to address areas 1-4 plus 7. These programmes should be subject to quality assurance measures and should include some form of exit assessment.

**Case studies**

- SEFCE clinical educators’ programme
- Tayside ‘core skills’ programme
- Highlands PBSGL initiative
References

GMC (2012). Leadership and management for all doctors.
GMC (2013). Good Medical Practice
Medical Act (1983). Approval of GP Trainers
NES (2013a) Definition, Selection and Management Of Trainers Of Undergraduate and Postgraduate Medical Education in Scotland
NES (2013b) About Trainer Recognition and Approval in Scotland – some Frequently Asked Questions
UKFPO (2010). The UK Foundation Programme Curriculum.
Appendices

A. Role descriptions

Educational Supervisors

The GMC definition of Educational Supervisor is-

“A named educational supervisor is 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 of 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” (GMC 2012)

Educational supervisors 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.

Named educational supervisors should see the advice above and in the ‘definitions document’ (2013) regarding job planning at a local level.

Clinical Supervisors

The GMC definition of Clinical Supervisor is-

“... a trainer who is responsible for overseeing a specified trainee’s clinical work throughout a placement and is appropriately trained to do so. He or she will provide constructive feedback during that placement. He or she will lead on providing a review of the trainee’s clinical or medical practice throughout the placement that will contribute to the educational supervisor’s report on whether the trainee should progress to the next stage of their training”. (GMC 2012)

Therefore, while all consultants in contact with trainees will fulfil a clinical supervisory function and while it may be a future ambition to train all soon to be consultants, for now there should be a selected, designated and trained individual 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:

- 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;
- identifying poorly performing trainees.

Named clinical supervisors should see the advice above and in the ‘definitions document’ (2013) regarding job planning at a local level.

Other consultants involved in acting as guardians of patient care given by trainees but not fulfilling the above identified, trained and appointed educational role, could be regarded as ‘supervising consultants’ as per GMC recognising and approving trainers 57c “ to stress the boundary between the named clinical supervisors requiring recognition and the supervisors of trainees for particular sessions who will not require recognition (although they are more loosely, providing ‘clinical supervision’)

Teaching Deans

Teaching Deans are responsible for:

- Overall organisation and management of the curriculum
- Overall management of assessment and standard setting
- Overall Quality Assurance of the programme

Year Leads / Directors

Year Leads / Directors (also known as Phase Convenors) are responsible for:

- Leading and managing curriculum development within a defined stage of the curriculum
- Taking a lead role in developing and implementing assessment within their curriculum stage
- Reviewing quality assurance reports from module/block leads and compiling overall monitoring QA reports
- Liaising on a regular basis with those responsible for aspects of curriculum design and delivery within their curriculum stage

Module / Block leads

Module / Block leads (also known as System Convenors, Block Organisers) are responsible for:

- Leading on the design and delivery of teaching within a specified curriculum block / placement block
- Timetabling and recruitment of staff to teach within the block
- Circulating student feedback to teaching staff and compiling systems monitoring QA report
- Ensuring appropriate action is taken in response to student feedback
- Liaison with other leads to ensure overall curriculum integration
- Leading on assessment within the own module, including in-block formative assessment and question writing/review for summative examinations
- Liaising with relevant NHS lead(s) where in-block teaching has a component delivered by NHS staff
- Acting as a point of contact for student enquiries throughout the teaching block
NHS Teaching Leads

NHS Teaching Leads (also known as Subdeans) are responsible for:

- Maintaining an overview of departmental undergraduate teaching, in terms of both quality and quantity
- Promoting improvement of NHS teaching provision within the department
- Involving other members of the clinical team in undergraduate teaching, ensuring they are clear about their roles and responsibilities and supported in delivering their teaching roles
- Leading and promoting staff development for teaching for all staff within their group/department
- Providing a link between the Medical School and NHS Board
- Reporting regularly to departmental/group clinical lead on issues related to undergraduate teaching (curriculum, assessment etc), and ensuring these issues are represented at departmental meetings
- Where possible, promoting links with other departments and/or disciplines

B. Portfolio documentation

For initial recognition trainers will need to collect evidence demonstrating that they have the appropriate knowledge, skills and understanding to perform a teaching or training role. To maintain ‘recognised trainer’ status, trainers will need to provide evidence of your ongoing professional development as a trainer. This might include certificates of attendance at training but could also include a wide range of other elements. For the majority of trainers, this evidence will be uploaded and stored electronically in the SOAR (Scottish Online Appraisal and Revalidation) system but for trainers who do not use SOAR, evidence will be collected and presented in whatever format they currently use.

Evidence is likely to be applicable to more than one area of the Framework. Examples of evidence likely to cover multiple framework areas are:

- Reflective accounts of practice
- Evaluation of teaching and responses to feedback.
- Multi-source feedback
- Observations of teaching practice
- Peer review of teaching episodes
- Significant event analysis relating to educational activity
- Critical analysis of literature read

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

This section of the Framework is about ensuring that patients are not put at risk during teaching and training activities, and that where possible, their care is enhanced through teaching and training. It is also about balancing service pressures with the educational needs of students or trainees, and about ensuring that the next generation of doctors are competent and fit for practice.

Evidence specific to this area might include:

- Any training attended in this area
- Analysis of any critical incidents from clinical practice which involved students or trainees
- Student / trainee / patient feedback relating to clinical teaching episodes
- 360° feedback
- Rotas / timetables indicating supervision

Framework Area 2: Establishing an effective environment for learning

This section of the Framework covers how the environment is used to maximise learning. The ‘learning environment’ includes both the physical space teaching space, whether this is a classroom / lecture theatre or the clinical workplace – e.g. ward, clinic, operating theatre or GP surgery, and also the psychological environment which might involve ensuring that learners feel comfortable to ask questions or make mistakes without fear of humiliation or retribution.

Evidence specific to this area might include:

- Any training attended in this area
- Examples of any plans showing how diverse learning needs are catered for
- Records of departmental meetings where teaching or training is discussed
- Anonymised records of meetings with students / trainees to discuss improvements
- Responses to student or trainee feedback

Framework area 3: Teaching and facilitating learning

This section of the Framework covers the planning and delivery of teaching and learning encounters. In addition to traditional one-to-one, small group and lecture formats, this section includes clinical teaching encounters, learning through reflection and technology-based learning.

Evidence specific to this area might include:

- Any training attended in this area
- Teaching plans and evaluations
- Student or trainee feedback
- Observations of teaching practice / Peer review of teaching or training episodes

Framework area 4: Enhancing learning through assessment

This section of the Framework includes competences related to assessment and feedback. Assessment may take the form of formal examinations or workplace-based assessment using standard tools, or formative observation and feedback, sometimes described as Supervised Learning Events (SLEs).

Evidence specific to this area might include:

- Any training attended in this area
- Examples of any assessments devised for use in own area
- Anonymised examples of written feedback provided
- Anonymised examples of assessments conducted

Framework Area 5: Supporting and monitoring educational progress
This section of the Framework covers general supervision skills, including identification of learning needs, setting learning objectives to support their achievement, and monitoring progress towards this. It also covers the recognition and support of doctors and students who are failing to progress as expected.

Evidence specific to this area might include:

- Any training attended in this area
- Evidence from student or trainee feedback
- Examples of tools used to establish learning needs (e.g. questionnaire, baseline assessment tool)
- Examples of educational objectives you have set
- Anonymised examples of records relating to a learner in difficulty
- Anonymised examples of agreed education plans
- Anonymised examples of educational appraisals you have conducted

Framework Area 6: Guiding personal and professional development

This section of the Framework covers mentoring, appraisal and provision of career guidance. It also refers to the doctor’s responsibility to act as a professional role model for students and trainees.

Evidence specific to this area might include:

- Any training attended in this area
- Examples of any printed or electronic materials provided to students/trainees seeking guidance
- Anonymised examples of instances where the trainer has provided advice or support

Framework Area 7: Own continuing professional development as an educator

This section of the Framework covers the trainers own development as an educator. All of the previous sections of the Framework contribute towards this evidence, however trainers are also expected to plan their future development in a structured way.

Evidence specific to this area might include:

- Records of discussions from the trainer’s educational appraisal
- Records of agreed actions following teaching performance observations
- A personal development plan indicating key educational objectives and actions

C. Pilot projects / case studies