GMC Recognition and Approval of Trainers

Frequently Asked Questions

1. What is Recognition of Trainers?

In 2012 the GMC issued new requirements for the recognition and approval of certain groups of trainers.

2. Who requires to be recognised as a trainer?

Only trainers in one of four roles identified by the GMC require formal recognition – these roles are:

   (1) named educational supervisor (PG),
   (2) named clinical supervisor (PG),
   (3) lead coordinators of undergraduate training at each local education provider, and
   (4) doctors responsible for overseeing students’ educational progress for each medical school.

How do I know if I am a named trainer?

During 2014 all named trainers in any of the above roles in Scotland will have received a letter by email from NES to confirm that they have been identified as holding such a role. All trainers in Scotland at July 2014 have been granted “provisional recognition” status in line with the GMC requirements.

Who decides if you are a clinical supervisor or a supervising clinician (the latter who do not require formal recognition)?

The difference between the roles of clinical supervisor and supervising clinician is set out in the definitions document. Every unit should have an educational lead to identify teaching roles required and job time requirements who should work in conjunction with DMEs. If you are not clear about your role you should contact your DME or TPD in the first instance.
Do Royal College examiners and undergraduate examiners require GMC recognition?

Royal college and undergraduate examiners do not require recognition under the new arrangements unless they also hold another named role.

I am already approved as a GP Trainer – do I also need to go through this recognition process?

No – GP Trainers are already approved as such and do not need any further recognition under this process and are deemed to be suitably qualified to hold any of the named trainer roles.

If you choose not to be a named trainer how does this affect your other work?
Will you still be permitted to provide support trainees and students?

You may choose not to be a trainer who holds one of the recognised RoT roles but may continue to play an important role in the education of students and trainees. These new arrangements will only affect a small number of undergraduate trainers who hold identified undergraduate teaching roles. Individuals in these roles will be confirmed as holding them by the university. Undergraduate teaching carried out by a wide range of other teachers will continue as before.

What if I have been identified as named trainer but do not want to go through the recognition process?

In 2014 all named trainers in Scotland were provisionally recognised as such in line with GMC requirements. If you decide you do not want to progress to “full recognition” by July 2016 in line with GMC requirements you should contact your Medical School and/or DME to formally withdraw from any named trainer roles you hold at present.

How can I be appointed to a named training role in future?

A formal appointments process is to be developed for these roles in future. After July 2016 only those trainers who are formally recognised can be appointed to these roles. The Scottish Trainers Framework provides guidance on preparing to be eligible to be appointed to a named trainer role.

What requirements will have to meet to achieve recognition?

More information of the requirements to achieve recognition are set out in the Scottish Trainers Framework. This includes details of the GMC competency framework for trainers.
4. **What evidence is required to support the seven areas of the GMC framework and what training opportunities are available?**

   We have launched an online version of the Scottish Trainers Framework which provides examples of the types of evidence for the seven areas of the framework.

   **How will I store relevant educational material on the SOAR system and can it be linked to a number of Good Medical Practice domains and Trainer areas?**

   The SOAR document store will allow trainers to link documents or files to a number of domains and areas.

   **Does this mean that I now need a formal teaching qualification such as provided by Higher Education Academy or the Academy of Medical Educators?**

   We expect most trainers will initially use the route of providing evidence against the framework areas rather than seeking a formal qualification or membership of a professional body.

   **Does that mean that in practice I have to do a SCOTs course every 5 years?**

   SCOTs is being rebranded as the Scottish Faculty Development Alliance and a range of training opportunities are to be provided. Details will be available in due course through the Scottish Trainers Framework. It will be up to individuals and appraisers to discuss which courses and other relevant learning and experience is needed.

   **With such large numbers of trainers and tight time constraints, will there be enough opportunities to achieve attendance at mandatory/recognised courses? Where do I find out about relevant courses?**

   Training capacity is being reviewed through the Faculty Development Alliance and will be a mixture of face-to-face and on-line provision to best suit local needs. The Scottish Trainers Framework has been launched as an on-line tool which will direct you to relevant courses.
5. **What is the role of appraisal for RoT and who carries it out?**

   It has been agreed in Scotland that secondary care appraisal is the appropriate way for named trainers (as appraisees) to reflect on their trainer role and declare if they have met the necessary requirements for the Education Organisers (EOs) to recognise them as such.

   It would not be practical to undergo two separate appraisals.

**How will appraisers be trained for RoT appraisal?**

   Some appraisers may be approved trainers themselves but not all. In the spirit of appraisal, the appraiser will not be placed in a position of determining whether an appraisee should be recommended to the EOs for trainer recognition. Rather the appraisee should self-declare that they are, or are not, ready for recognition.

**How will SOAR be used to support appraisal for RoT purposes?**

   The educational pages in SOAR have been designed to support the detailed RoT requirements. SOAR guidance for appraisers has also been updated to provide guidance on the RoT requirements. These changes are ready for the 2015/16 round of appraisals.

**What happens if I am not currently a named trainer, but aspire to be recognised?**

   It is entirely possible to present evidence at your appraisal and self-declare trainer readiness.

**Do I have to contact my appraiser to identify myself as a trainer?**

   Named trainers will be identified to appraisers by the SOAR system as a result of a link to the NES trainer data-base which stores details of all named trainers who require to be recognised.

**How will the outcome of the appraisal process be reported to NES and the Medical Schools and will the full details of the appraisal process be disclosed?**

   Compliance with the GMC requirements will be self-declared by the trainer at appraisal. Following appraisal, SOAR will generate a summary sheet for EOs and the NES-hosted trainer database such that the recognition can be effected. This is the only output from the appraisal process which will be made available to EOs. However, LEPs will cooperate with EOs around any Quality Management arrangements and other evidence requirements.
Will the Medical Schools still be able to carry out a separate educational appraisal?

The Medical Schools will still be able to carry out a separate educational appraisal for certain teaching roles. However, the outcome of these educational appraisals will have to be uploaded onto the SOAR system to allow your appraiser to confirm your RoT appraisal status.

6. How do I ensure sufficient time in my Job plan?

The definitions document is on the NES web-site and it includes details of educational time requirements. There is a commitment from employer Boards to ensure sufficient flexibility in job plans to allow for the educational component. Supervising clinicians (who do not require formal recognition) also require time to undertake this role and this will require to be considered as service plans are being developed and Job Plans agreed.

Who do I contact if I do not have time in my job plan?

In the first instance you should contact your Director of Medical Education (DME) or the relevant Medical School if you carry out an undergraduate role.

Health boards have not followed previous GMC guidance on time required in job plans for education so why should there be a change now?

The GMC have made it clear that they will expect to be able to see appropriate evidence that sufficient time is available in job plans for RoT roles. From the 2015/16 round of appraisals this will require to be self-declared by trainers who have been identified in named trainer roles. Where Job Plan time is not agreed, or is deemed insufficient (by the trainer or the appraiser), recognition will not be full but conditional (upon earliest adjustment of the deficiency).

Does time to be allocated per trainee (1 hour per trainee) apply to Educational Supervisors and Clinical Supervisors?

The one hour per trainee is to cover both Postgraduate roles.

What will happen if there are not enough recognised trainers? Do you anticipate a reduction in number of Educational Supervisors ie having this role being concentrated on fewer individuals?

DMEs are working to ensure appropriate time for named trainers in job plans. Over time there may be fewer named trainers with correspondingly more trainees and more time available for training in job plans. This should be discussed locally in the first instance.
How is UG teaching time to be funded?

Health Boards already receive significant amounts of NHS ACT funding (around £80m per annum in total) which supports undergraduate medical education. Work is underway through rolling out the Measurement of Teaching (MoT) project to provide a direct link between ACT funding, teaching activity, time in job plans and directorate budgets to improve transparency.