

Name of Guidance	Implementation of GMC Trainer Accreditation
Category	Training
Authorised by	Postgraduate Dean's Senior Management Team
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Version	Date	Author	Notes Reason for Change, what has changed, etc.
0.1	1 April 2014	Dr Peter Taylor	New policy
1.0	1 June 2014	Dr Peter Taylor	Updated to reflect consultation and feedback from Local Education Providers
1.1	November 2014	Dr Peter Taylor	Updated in line with local and national procedures
1.2	February 2016	Dr Peter Taylor	Updated in line with local procedures
1.3	March 2016	Jill Hanson	Amendments in line with new HEE branding guidelines
1.4	December 2016	Dr Peter Taylor	Updated in line with local procedures
1.5	May 2017	Dr Peter Taylor	Updated in line with local procedures
1.6	August 2017	Dr Peter Taylor	Updated following STM discussion 1/8/17

Related Document (hyperlink)

- [GMC Recognising and Approving Trainers – the Implementation Plan](#)

Section 1: Introduction

This guidance aims to provide in detail the overarching approach taken by Health Education England, working across Yorkshire and the Humber (HEE), to the recognition, approval and allocation of named educational and clinical supervisors. It applies to all educational and clinical supervisors within the Foundation, Specialty and Primary Care Schools and aims to clarify the roles and responsibilities of HEE, Postgraduate Schools and the Local Education Providers.

This document seeks to clarify:

- Who does this guidance apply to? (Section 2)
- Definitions of Supervision (Section 3)
- Roles and Responsibilities (Section 4)
- National requirements (Section 8)
- Guidance on minimum standards expected of a new supervisor (Section 9)
- Data Collection (Section 10)
- Transitional arrangements (Section 14)

Section 2: Who does this guidance apply to?

- These standards apply to the Career grade medical staff employed by Local Education Providers (LEP) that any trainee works within and for whom the LEP has a responsibility to provide named supervisors.
- While GP trainees are in hospital placements they will have named clinical supervisors and these standards will apply to them.
- At the discretion of the LEP, but specifically with the support of the local DME, non-consultant career grades can access supervisor training, and on completion, and subject to the same oversight, can act as supervisors.
- Identical standards of supervision are required by the Medical School and HEE are working with the Medical Schools to reduce duplication of work.
- These standards do not apply to the less formal role of direct workplace supervision, roles which are undertaken by a variety of grades. A suitable level of skill is expected for direct supervision but this is outside the scope of this document.
- This guidance applies to those with a formal role in supervising a doctor in training. The standards are designed as a minimum and it is recognised that some LEPs may work to a higher standard.
- The guidance is subject to change as required by the GMC or HEE.

Section 3: Definitions and abbreviations used throughout the guidance

Named clinical supervisor (CS)

(Require training for standards 1,2,3,4 and 7. See Section 8 for the standards)

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 will contribute information that assists 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.

Named educational supervisor (ES)

(Require training for all seven standards. See Section 8 for the standards)

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 and/or series of placements. Every trainee must have a named educational supervisor. 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.

Local Education Provider (LEP)

The organisation that hosts the training of healthcare professionals.

Education Organiser (EO)

The organisation responsible to the GMC which takes the lead role in recognising trainers, reaching agreements with Local Education Providers (LEP) on respective roles and responsibilities. For the purposes of this guidance this relates to HEE.

Section 4: Roles and responsibilities of the users

The LEP should:

- Select and recognise supervisors through internal processes to the seven training standards
- Ensure new supervisors attend suitable induction training
- Appraise supervisors and define their training needs against the seven training standards
- Collect and maintain information about training courses attended by supervisors which match against the seven standards (including equality and diversity training)
- Ensure time for supervision is recognised in their job plan
- Maintain a database of all named educational and clinical supervisors, and submit quarterly via the Intrepid Trainer Accreditation Module to HEE. A data set is defined in section 10 and should be maintained through the year.
- Allocate trainees to supervisors in liaison with Heads of School or Training Programme Directors, recognising that a trainee in difficulty will require specific allocation and discussion.
- Can deselect a supervisor from active list of supervisors either for remediation or other job planning reasons
- Can deliver face to face training for Supervisors (using the HEE course)
- Ensure supervisors meet all GMC standards
- Review additional available information before deciding to recognise an individual trainer, this should include feedback from trainees and other colleagues including results from the GMC Survey, critical incident analysis, evidence of attendance at ARCP panels, examples of meetings etc.
- Report to HEE any concerns that may impact upon the performance of the supervisory role either to a program or an individual trainee
- LEPs to confirm that every Trainee has a Trainer.
- **Supervisors:**
 - Ensure annual appraisal of their educational role
 - Inform their Trust of all educational courses and events they attend (HEE, college or school)
 - Ensure time is available in their job plan to undertake the role
 - Contribute to the 'learning culture'
 - Provide evidence to their Trust of ongoing Continuing Professional Development
 - Are obligated to report any areas of concern in relation to education and training.

Education Organiser (HEE)

- Develop processes to support LEPs in ensuring trainers meet or exceed GMC defined standards
- Hold and maintain copies of the database of active supervisors reviewed quarterly and shared with the Schools and the LEPs
- Quality manage this process

- Deliver training for supervisors
- Monitor supervision standards through quarterly data return
- Allocate trainees to suitable posts
- Liaise with LEP Director of Medical Education or Medical Director directly if there are any concerns about supervisors
- Provide feedback to LEPs regarding supervision as part of routine QM processes
- Deliver school/ curriculum specific training for supervisors, including those in the community or other workplaces
- Review concerns and report or respond to GMC queries regarding medical supervisors.

Section 5: Locum Doctors

Locum consultants and non-consultant career grade staff can perform the role of clinical supervisor and be named by an LEP. Locum staff that are named for a supervisor role will need to be approved for this role and to have evidenced appropriate training via the agreed LEP reporting system.

Section 6: Monitoring and compliance

The effectiveness of the guidance will be reviewed on an annual basis by the HEE Education Committee.

Section 7: Appeal process

If a trainer has their trainer status removed by an LEP, it is the responsibility of the LEP to communicate the decision to the trainer, and if appropriate, investigate the decision. Where the LEP has removed trainer status this is not subject to the HEE appeal process.

In the event of a dispute regarding trainer approval status, in circumstances where HEE has prevented or removed trainer status the trainer will have the right of appeal. The trainer should communicate in writing to the Postgraduate Dean, within 10 working days of their intention to appeal.

The Dean or person elected by the Dean who has had no involvement in the initial decision, is to review the details of the case and report to the Dean.

The Dean (or Deputy Dean if delegated) will then make a decision, which will be final.

Section 8: National Requirements

The GMC consultation on the recognition and approval of trainers has now closed and a final implementation plan published. The defined standards, as set out in the Academy of Medical Educators "A Framework for the Professional Development of Postgraduate Medical Supervisors" are designed to ensure safe and effective patient care in a suitable training environment with appropriately skilled and up-to-date supervisors.

Supervisors need to show current training against all or some of the following seven headings with evidence in appraisal:

1. Ensuring safe and effective 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 progress
6. Guiding personal and professional development
7. Continuing professional development as an educator.

Revalidation started on December 31st 2012 and all doctors must undertake annual appraisal of their whole scope of practice, including supervision.

Section 9: Guidance on minimum standards expected of a new supervisor

- Equality and diversity training must be completed every 5 years (suitable training includes LEP provided training, HEE or other suitable provider training) A process to review E&D training status prior to educational activities will be developed.
- Supervision is recognised by the employer (LEP) in the job plan and scope of practice – details of the LEP processes for recording supervisor training status will be reviewed through the Quality Management visits.
- New supervisors must complete suitable ‘educators training’ which maps to the seven standards listed above.
- HEE have commissioned a blended learning package which is accessible via the NLMS and HEE LMS along with a half day face-to-face session, this package is available at all HEE LEPs.
- Alternatively new supervisors must provide evidence of attendance at a suitable equivalent course before supervising a trainee, again an alternative course must map to the seven standards and could include:
 - LEP delivered training event that has been through the HEE course approval process which then identifies which of the seven standards the supervisor is being trained in.
 - Appropriate college or other external (including LEP) course which should confirm that training is mapped to the Academy framework for professional development of medical supervisors.

Section 10: Data Collection

Below lists the minimum data requirements of LEPs for the recording of accredited trainers, it is based on Annex B and the guidelines set out by the Academy of Medical Educators ‘A Framework for the Professional Development of Postgraduate Medical Supervisors’.

1. Trainer Surname
2. Trainer Forename
3. Trainer GMC Number
4. Trainer work email address
5. LEP (include Trust and Site)
6. Specialty (include Specialty and Sub Specialty)
7. Role (Educational Supervisor, Clinical Supervisor or both)
8. Date of annual appraisal of educational role (DD/MM/YYYY)
9. Date of completion of Equality and Diversity Training (DD/MM/YYYY)
10. Date and details of training attending, which meets the seven standards (DD/MM/YYYY & free text)
11. Responsible for Foundation Trainees (Yes/No)
12. Responsible for Specialty Trainees (Yes/No)
13. Responsible for General Practice Trainees (Yes/No)
14. Date which the trainer is first recognised for the role (DD/MM/YYYY)
15. Number of PAs allocated within the job plan for each role
16. Induction for supervision role undertaken for new trainers (Yes/No/Experienced)
17. De-registration date (DD/MM/YYYY)

Where a trainer undertakes both roles, items 11-17 must be completed for each role. During implementation and for each training role the following additional information must be recorded:

18. Type of approval (Provisional/Full/None)

Definitions of approval type:

- **Full Approval**
Trainers who have completed suitable previous training, which met the seven standards and within the last five years.
- **Provisional Approval**
Trainers, who have only completed part of a program of supervisor training, but have not yet completed full training, which meets all seven standards.
Trainers who have completed training in full, but more than five years ago will also receive provisional recognition.
- **No Approval**
Any existing or new trainers who, for exceptional circumstances, have not completed any suitable and recognised training.

All trainers should have achieved Full Approval by July 2016.

Section 11: Catalogue of reciprocal recognition

Whilst HEE has made available supervisor training materials in the form of blended e-learning it is recognised that this is not the only resource which would meet the criteria for approval of trainer status.

Alternative supervisor training which may be acceptable would include;

- Training provided by another HEE local office
- Training provided by a Royal College or other national body
- Training provided by a third party provider

The principle that would apply to the review of these training programs would be training materials mapped to the Academy framework, with evidence of satisfactory completion within the previous 5 years.

The above list is not exhaustive and may be modified as experience with trainer approval increases.

Section 12: Renewal of Trainer Approval

Once established in the Named Supervisor role:

- The educational role should be included within the annual Trust appraisal process to document quality of educational supervision and to define training needs
- Continuing and appropriate professional development (as defined by Trust appraisal processes) in supervision skills
- Appraisal should include discussion of evidence against the seven training standards
- The trainer/supervisor should also seek specific skill development as required by their trainee's training programme, such as Foundation e-portfolio training or GP specific assessment training. Such courses would show evidence of training against standards numbers 4, 5 and 7 for example.
- There should be procedures implemented by the LEP, and reviewed by HEE, that ensure that trainee and other feedback to the supervisor is embedded in a regular supervisor review.
- All supervisors should have their supervisory role discussed at annual appraisal.

Section 13: Trainers with Concerns

Trainers may become the subject of investigation, either on the basis of complaint or serious incident.

Under these circumstances the employing Trust will take a view as to whether the trainer can continue in their place of work or whether exclusion (a neutral act) is required.

Provided a trainer is permitted by their employing Trust to continue work and the nature of the concerns under investigation do NOT relate to trainee interactions, then normally the trainer will continue in their educational trainer role.

If a trainer is excluded then any trainer role will be similarly suspended until a definitive conclusion to the investigation is available and a final decision re trainer status can be made by the Deputy Dean (HEE).

It is therefore a responsibility of LEPs with postgraduate medical trainers to report to HEE any such investigations or concerns so that appropriate decisions can be made.

Section 14: Transitional Arrangements

Any trainer with previous regional training evidenced either by completion of HEE training on the HEE database or by certification from a national body i.e. Royal College. Any such training will be considered to be active for a five year period from the date of issue.

Section 15: Continuing Professional Development

It is recognised that named supervisors will have an obligation under revalidation to declare education activities as part of scope of work. Therefore educators will be expected to include in revalidation appraisal evidence of continuing professional development in this area.

Such activities might include;

- Educator MSF
- Trainee feedback
- School / Program / Trust feedback
- Courses or other programs of learning attended / completed

The development of an educator portfolio based on these activities would be seen as best practice and encouraged.

Section 16: Equality and Diversity

This policy applies to all, irrespective of age, race, colour, religion, disability, nationality, ethnic origin, gender, sexual orientation or marital status, domestic circumstances, social and employment status, HIV status, gender reassignment, political affiliation or trade union membership. In overseeing Equality and Diversity, HEE will treat those concerned in a fair and equitable manner and reasonable adjustments will be made where appropriate.

A full Equality Impact Assessment of this policy is available upon request.

Section 17: Removal of trainer status

Named supervisors are selected by Local Education Providers, prior to submitting details to HEE as the Education Organisation. It is therefore entirely appropriate for an LEP to withdraw trainer status, provided that HEE are informed. Under these circumstances trainer status will be removed until HEE receive notification from the employing Trust that they wish to reinstate trainer status.

If preferred by the Trust, the decision to remove trainer status can be referred to HEE.

The following principles should be applied when making a decision to review and possibly remove trainer status. The review may be prompted by the GMC taking action through fitness to practise procedures, or the trainer may be subject to employer investigation.

- **Communication** – good communication between HEE, the GMC (and where appropriate NCAS) and the practitioner is essential. Trainers should inform HEE as soon as they are aware they are the subject of Fitness to Practise procedures or local investigation and keep HEE updated on the progress of their case.
- **Risk Based Approach** – there should be a risk based approach to managing trainer status of practitioners who are the subject of fitness to practise / local investigation procedures.
- **Proportionate** – suspension, restriction or other adjustment of role with respect to training should be proportionate to the risk and based on a transparent risk assessment.
- **Normalise** – wherever possible the GMC should use existing mechanisms to restrict or adjust the role/duties of the trainer, if necessary using agreed undertakings to facilitate this process.
- **Local Governance** – HEE and the trainer should ensure that any action taken in relation to the trainer's status is shared with their Responsible Officer and relevant information included in the trainer's medical appraisal process.

Risks

The five areas of risk that require assessment and mitigation:

1. **Patient Risk.** Patient safety is everyone's responsibility and is paramount. All parties including the practitioner, the trainer and the local education provider should take all reasonable steps to protect patients.
2. **Trainee Risk.** The GMC and HEE are required to provide training environments that are safe for patients and staff, including those in training and which meet GMC quality training standards. HEE has a pastoral responsibility for trainees.
3. **Practitioner Risk.** HEE has a pastoral responsibility for the trainer workforce. A trainer under investigation, even for an apparently trivial complaint, requires support and consideration of whether their training duties should be adjusted during Fitness to Practise / local investigation procedures.
4. **Organisational Risk to HEE.** HEE must ensure they mitigate any risk of a claim by a trainee of sub-optimal training standards as the result of a GMC fitness to practise / local investigation against a trainer. This includes a retrospective claim following an unfavourable outcome to a GMC investigation.
5. **Professional Reputation Risk.** Trainers are preceptors and role models for doctors in training. The behaviour of trainers should set a positive example and be "beyond reproach". Public confidence in the system requires processes to be transparent. Whilst error is normal and we cannot expect our educators to be perfect, we should expect trainers to be open and honest about any concern that has been raised about possible fitness to practise and to be proactive in managing risks co-operatively. The extent to which adjustment of training duties is required in order to avoid reputational risk will depend on the nature and seriousness of the concerns in the individual case.

HEE should support their local Trust and/or School to risk assess individual cases according to the principles set out above.

This support should include agreeing an action plan that takes into account the needs of patients, trainee(s), the trainer, their practice, and HEE. The GMC Employer Liaison Advisor (and where appropriate NCAS) are available to give advice on appropriate processes where necessary.

The action plan should be shared with the practitioner's responsible officer and should be included in the practitioner's supporting information for enhanced appraisal.