

# **GMC Trainer Accreditation Process**

## **Standard Operating Procedure**

**Yorkshire and Humber Deanery**

**Workforce Training and Education, North East and Yorkshire, NHS England**

**May 2025**



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## Document Status

This is a controlled document. Whilst this document may be printed, the electronic version posted on the SharePoint site is the controlled copy. Any printed copies of this document are not controlled.

This document is not intended to be interpreted as a policy statement. This is a local guidance document for faculty and staff in the Yorkshire and Humber Deanery to enable consistency of application; it is recognised there may be exceptional circumstances when deviation from this guidance may be required.

## 1. Purpose of the Guidance

### 1.1 Purpose

This guidance aims to provide in detail the overarching approach taken by NHS England, Workforce, Education and Training Directorate, 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 NHS England, Postgraduate Schools, and the Local Education Providers.

This document seeks to clarify:

- Who does this guidance apply to? (Section 1.2)
- Definitions of Supervision (Section 2)
- Roles and Responsibilities (Section 3)
- National requirements (Section 8)
- Guidance on minimum standards expected of a new supervisor (Section 9)
- Data Collection (Section 10)
- Transitional arrangements (Section 14)

### 1.2 Scope

- These standards apply to the career grade medical staff employed by Local Education Providers (LEP) that any resident doctor works within and for whom the LEP has a responsibility to provide named supervisors.
- While GP resident doctors 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 NHS England 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 resident doctor. 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 NHS England.

## **2. Definitions & Abbreviations used throughout the guidance**

### **2.1 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 resident doctor's clinical work for a placement in a clinical environment and is appropriately trained to do so. They will provide constructive feedback during that placement and will contribute information that assists the decision about whether the resident doctor should progress to the next stage of their training at the end of that placement and/or series of placements.

### **2.2 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 resident doctor's trajectory of learning and educational progress during a placement and/or series of placements. Every resident doctor must have a named educational supervisor. The educational supervisor's role is to help the resident doctor 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.

## **2.3 Local Education Provider (LEP)**

The organisation that hosts the training of healthcare professionals.

## **2.4 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 NHS England.

# **3. Roles & Responsibilities**

## **3.1 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 updates via the PARE system. A data set is defined in section 10 and should be maintained through the year.
- Allocate resident doctors to supervisors in liaison with Heads of School or Training Programme Directors, recognising that a resident doctor experiencing 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 NHS England course).
- Ensure supervisors meet all GMC standards.
- Review additional available information before deciding to recognise an individual trainer, this should include feedback from resident doctors and other colleagues

including results from the GMC Survey, critical incident analysis, evidence of attendance at ARCP (Annual Review of Competency Progression) panels, examples of meetings etc.

- Report to NHS England any concerns that may impact upon the performance of the supervisory role either to a programme or an individual resident doctor.
- LEPs to confirm that every resident doctor has a trainer.

### **3.2 Supervisors:**

- Ensure annual appraisal of their educational role.
- Inform their Trust of all educational courses and events they attend (NHS England, college, or school).
- Ensure time is available in their job plan to undertake the role.
- Seek specific skill development as required by their resident doctor'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.
- 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.

### **3.3 Education Organiser (NHS England):**

- 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 manages this process.
- Deliver training for supervisors.
- Allocate resident doctors 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 quality management 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.

## **4. 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.

## **5. Public Health**

Educators working in Public Health (PH) are accredited by the School and are required to undertake an eLearning session that is developed specifically for PH, plus attend a minimum of one day of training provided by the School each year.

## **6. Monitoring & Compliance**

The effectiveness of the guidance will be reviewed once every two years by DMT.

## **7. Appeals 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 NHS England appeal process.

In the event of a dispute regarding trainer approval status, in circumstances where NHS England 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 was not involved 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 decide, which will be final.



## **8. National Requirements**

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.

## **9. Guidance on minimum standards expected of a new supervisor**

- Equality and diversity training must be completed (suitable training includes LEP provided training, NHS England, 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 interventions.
- New supervisors must complete suitable ‘educators training’ which maps to the seven standards listed above.

- NHS England recommends a blended learning package for those that wish to become educational supervisors. The online element is a selection of modules available on eLearning for Health, accessible by all NHS staff.
- Alternatively, new supervisors must provide evidence of attendance at a suitable equivalent course before supervising a resident doctor, again an alternative course must map to the seven standards and could include:
  - LEP delivered training event that has been through the NHS England 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 Medical Educators 'A Framework for the Professional Development of Postgraduate Medical Supervisors.'

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## 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 Subspecialty)
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 resident doctors (Yes/No)
12. Responsible for Specialty resident doctors (Yes/No)
13. Responsible for General Practice resident doctors (Yes/No)
14. Date which the trainer is first recognised for the role (DD/MM/YYYY)
15. Number of PAs (Physician Associates) 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:

Type of approval (Provisional/Full/None)

### Definitions of approval type:

- **Full Approval**  
Trainers who have completed suitable previous training, which met the seven standards.
- **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.
- **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.

## 11. Catalogue of Reciprocal Recognition

Whilst NHS England 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 NHS England 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.

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

## 12. Renewal of Trainer Approval

From January 2025 the GMC has modified the way in which NHS England local offices report on trainers practising within their region. The GMC will continue to keep an up-to-date list of trainers but has removed the requirement for re-accreditation of trainers every 5 years. A trainer's status will remain indefinite unless they are no longer registered, licensed, or withdrawn by their education organisation.

This change has been introduced to ease the administrative burden, as it has been recognised that the process does not add significant value in ensuring high quality training and supervision.

### **13. Trainers with Concerns**

Trainers may become the subject of investigation, either based on a 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 resident doctor 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 (NHS England).

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

### **14. Transitional Arrangements**

Any trainer with previous regional training evidenced either by completion of NHS England training on the NHS England database or by certification from a national body i.e. Royal College.

### **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 Multi Source feedback
- Resident doctor in training feedback
- School / Programme / 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.

## 16. Removal of Trainer Status

Named supervisors are selected by LEPs, prior to submitting details to NHS England as the Education Organisation. It is therefore entirely appropriate for an LEP to withdraw trainer status if NHS England is informed. Under these circumstances, trainer status will be removed until NHS England 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 NHS England.

The following principles should be applied when deciding to review and remove trainer status. The review may be prompted by the GMC acting through fitness to practise procedures, or the trainer may be subject to employer investigation.

- **Communication** – effective communication between NHS England, the GMC (and where appropriate NCAS) and the practitioner is essential. Trainers should inform NHS England as soon as they are aware, they are the subject of Fitness to Practise procedures or local investigation and keep NHS England 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** – NHS England 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 LEP should take all reasonable steps to protect patients.
2. **Resident Doctor Risk** The GMC and NHS England are required to provide training environments that are safe for patients and staff, including those in training and

which meet GMC quality training standards. NHS England has a pastoral responsibility for resident doctors.

3. **Practitioner Risk** NHS England has a pastoral responsibility for the trainer workforce. A trainer under investigation, even for a 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 NHS England** NHS England must ensure they mitigate any risk of a claim by a resident doctor 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 resident doctors. 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 fitness to practise and to be proactive in managing risks co-operatively. The extent to which adjustment of training duties is required to avoid reputational risk will depend on the nature and seriousness of the concerns in the individual case.

NHS England 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 considers the needs of patients, resident doctor(s), the trainer, their practice, and NHS England. 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.

## **17. Equality Impact Assessment (EIA)**

English Deans are committed to equality, diversity and inclusion (EDI), with a duty to eliminate discrimination, promote equality and ensure inclusive opportunities are available to all with regards to age, disability, gender, ethnicity, sexual orientation, religion or belief in the design and delivery of all our services. English Deans aim to meet and exceed their statutory obligations under the Equality Act 2010 by adopting a continuous improvement approach.

## **18. References**

Academy Framework for Professional Development of Medical Supervisors, 2021

Equality Act 2010

## 19. Appendix A - Trainer Accreditation – PARE Process

