

Health Education England (North West)

(HEENW)

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for health and
healthcare

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To Recognition and Beyond!

How to Continue Recognition
as an Educational or Clinical
Supervisor

Dr Alistair Thomson

APGD, HEENW

RVH Blackpool

17 March 2017



Background, Aim and Objective



Health Education England

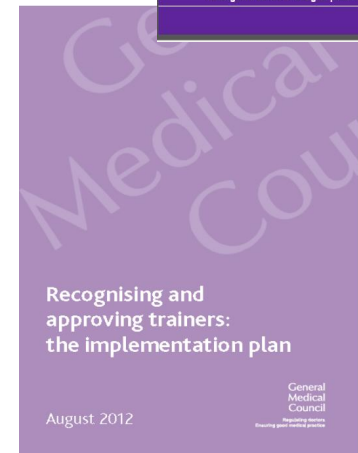
- From 1 August 2016 **GMC requires** that:
 - Postgraduate trainees and
 - Undergraduate medical studentsare supervised by
 - Recognised Educational Supervisors (**ES**) and
 - Recognised Clinical Supervisors (**CS**)
- Trainers must maintain recognition as part of their professional **appraisal and revalidation**

- Workshop **explores HEENW model** of how trainers can
 - **Maintain** recognition status over the revalidation cycle
 - **Acquire** trainer status, if not recognised
 - Use the **AoME 7 domains** of medical education
- **Aims** to enhance understanding of scope of evidence
- **Objective** of writing SMARTER objectives for PDP
- **Small group and plenary work** referring to
 - Standards outlined in 'Promoting Excellence'
 - Education opportunities offered by HEENW

- Background
- Where are we now?
- What should you be doing?
- Questions

Background

- GMC
 - Good Medical Practice 2013 (3)
 - Recognising and Approving Trainers
- Doctors should
 - Contribute to teaching/training doctors and students
 - Make sure all (*sic*) staff have appropriate supervision



Published 30 July 2015

Active 1 January 2016



Promoting excellence:

standards for medical education and training

Working with doctors Working for patients

General
Medical
Council

The 5 Themes:



- **Learning environment and culture**
- **Educational governance and leadership**
- **Supporting learners**
- **Supporting educators**
- **Developing and implementing curricula and assessments**

Theme 1: Learning environment and culture - Standards

- **S1.1** The learning environment is **safe for patients** and **supportive for learners and educators**. The culture is caring, compassionate and provides a good standard of care and experience for patients, carers and families.
- **S1.2** The **learning environment and organisational culture value and support education** and training so that learners are able to demonstrate what is expected in *Good medical practice* and **to achieve the learning outcomes** required by their curriculum.

Requirements – 4:

- **R1.7** Organisations must make sure there are **enough staff members who are suitably qualified**, so that learners have appropriate **clinical supervision, working patterns and workload**, for patients to receive care that is safe and of a good standard, while creating the required learning opportunities.
- **R1.8** Organisations must make sure that learners have an appropriate level of **clinical supervision at all times** by an **experienced and competent supervisor**, who can advise or attend as needed. The level of **supervision must fit the individual learner's competence**, confidence and experience.

The 'Four Key Roles'?

- Named* **Educational Supervisors (ES)**
- Named* **Clinical Supervisors (CS)**
- (and Undergraduates' **ES/CS**)

* N.B. 'Named' terminology from GP

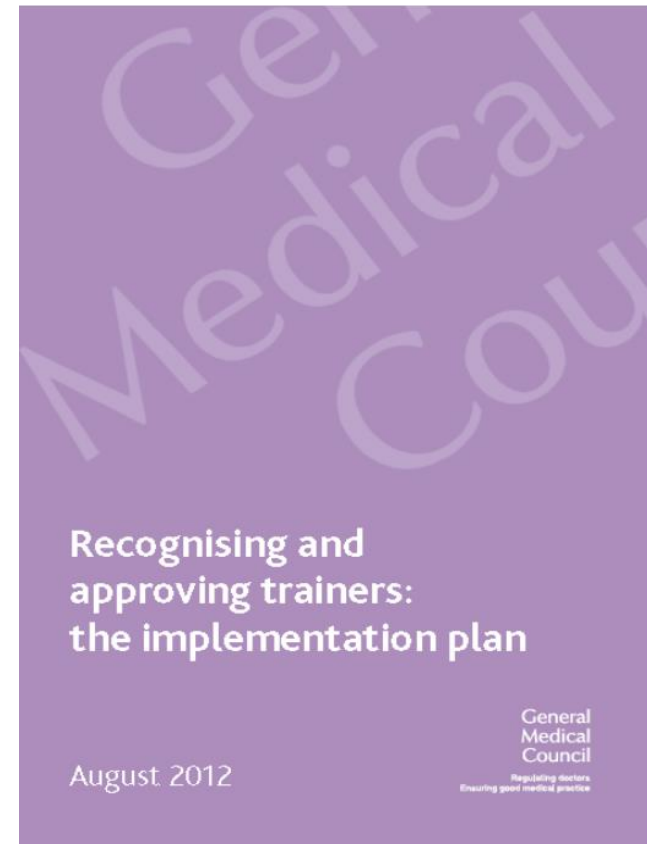
also

- **Educational Organisers (EO)**: doctors responsible for coordinating the placement training and ensuring worthwhile educational activities at each **local education provider (LEP)**

- Trainer =
 - Clinical Supervisor
 - Educational Supervisor
- Both
 - Active
 - Inactive (but recognised)
- <https://trainerdatabase.nwpgmd.nhs.uk/>

GMC Recognising and Approving Trainers 2012

- All CS and ES (and UG roles) need **recognition** by EO
- **Data** collected by HENW/ Medical School
- **Submitted** to GMC
- Recognition by GMC
 - cf. GPs **Approval**
 - Legislation underway
- 2012 document under review



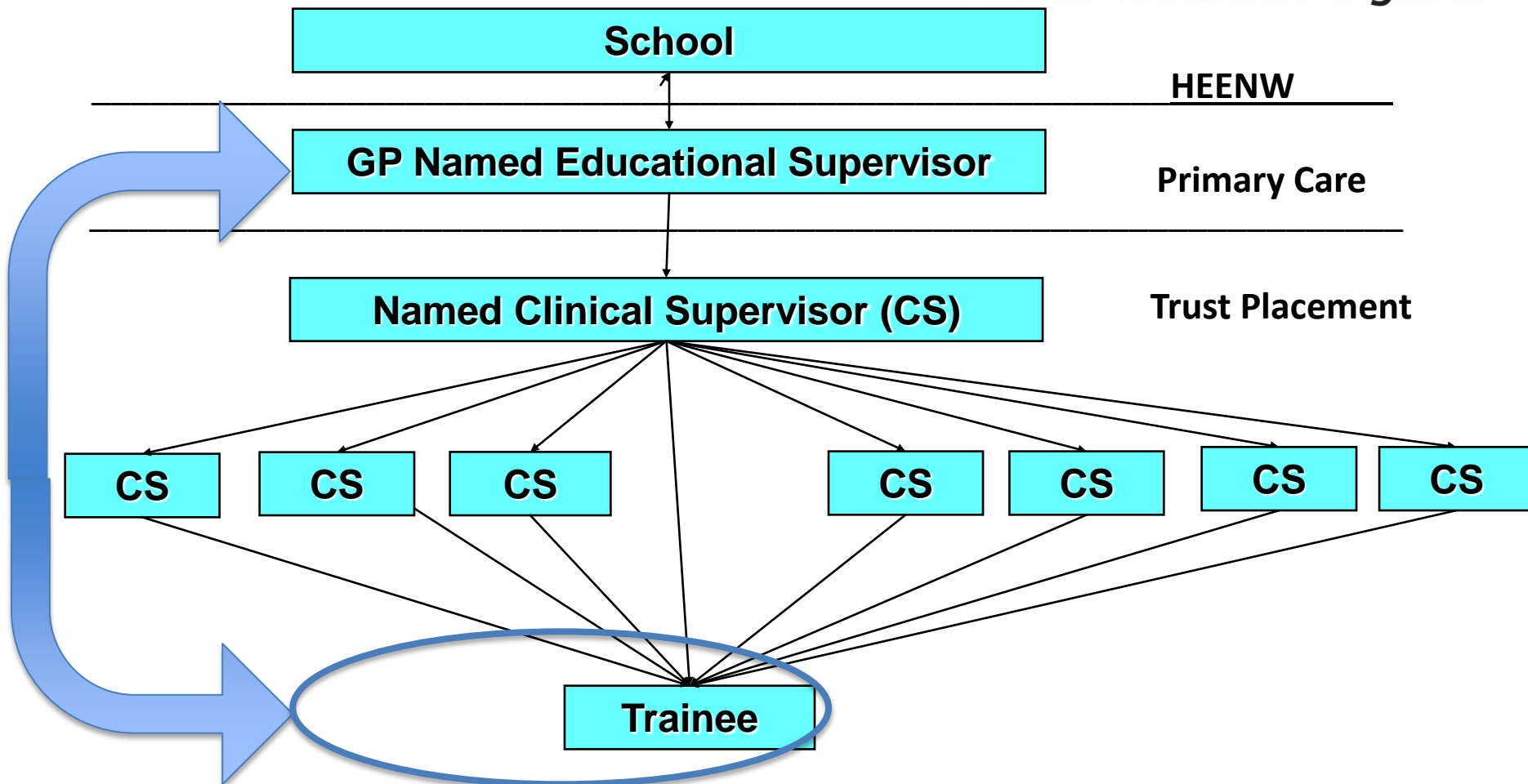
Summary – ES vs CS

- **Named ES** are responsible for the overall management and **supervision of a trainee's educational progress** during a placement or series of placements (and write a **summative report** at end of placement/year)
- **Named CS*** **oversee a trainee's clinical work** throughout a placement and **contribute to the final decision** on whether a trainee should progress to the next stage of training

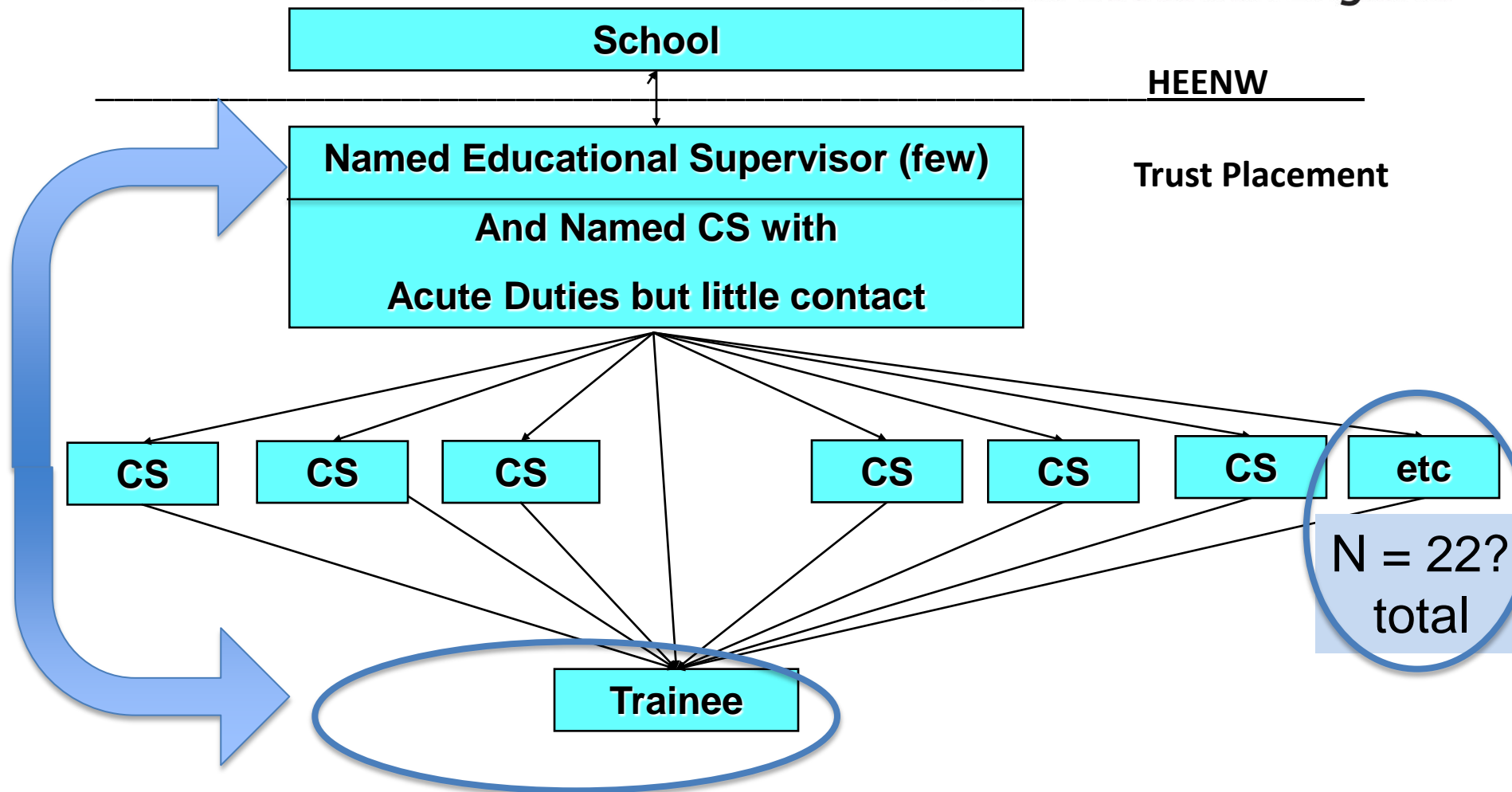
N.B.

- HEENW require all trainers to be **at least CS**
- This includes those working with trainees
 - On call
 - At nights
 - On weekends
 - In operating theatres or
 - In outpatients
 - etc

GP Education Governance



Anaesthetics DGH Ed Gov 1



Monthly Returns on Trainees by Supervising Consultants

Month/year

Please move the appropriate column for each doctor and e-mail/send back to me. Thanks.

Dr (College/Specialty Tutor/Educational Supervisor)

		Little contact	At expected level*	Above expected level	Mild concern**	Serious concern**	*Comment
			✓				
F2			✓				
GP ST1			✓				
GP ST2			✓				
ST1			✓				
ST2			✓				
ST3			✓				
ST4			✓				
ST5			✓				

* How above expected level.

*Nature of concern; suggested remedy/support

Consultant/Clinical Supervisor:

Date:

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Month/year

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		Little contact	At expected level*	Above expected level	Mild concern**	Serious concern**	*Comment
			✓				
F2			✓				
GP ST1			✓				
GP ST2			✓				
ST1				✓			Always runs handover on time.
ST2			✓				
ST3						✓	Late at handovers, dishevelled, disorganised, and argumentative.
ST4			✓				
ST5			✓				

* How above expected level.

**Nature of concern; suggested remedy/support

Consultant/Clinical Supervisor:

Date:

- ES/CS recognition linked to appraisal
 - Within/Supplement to main appraisal
- Ensures trainer accreditation
 - Initial and Refresher
- Trainer status included in revalidation
- Refresher for trainer recognition = 5 yrs
 - Incremental CPD
 - Against AoME domains

- To build on what we have
 - Evolution not revolution
- To further develop current CS and ES
 - But not make it excessively arduous
- To ensure all new CS and ES have been appropriately trained before recognition
- To introduce educational development into everyone's CPD, appraisal & revalidation process

*N.B. Other LETBs may differ

Summary of HEENW Approach - 1

Trainer Recognition

Trainer Standards Update Autumn 2016

Introduction

Welcome to the autumn 2016 edition of the HEE (NW) Trainer Standards update.

GMC recognition and approval of trainers

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In July 2015 HEE (NW) confirmed that one framework for the recognition of trainers applied across HEE (NW) to ensure that the GMC standards were fully met by the 31 July 2016 deadline. This included the implementation of a live, online trainer database to enable LEP's (Trusts) to record the status of Named Clinical Supervisors (CS) and Educational Supervisors (ES).

On 1 August 2016 our data return uploaded to GMC Connect recommended 5691 trainers for full recognition as Educational and Clinical Supervisors (4679 ES / CS and 1012 CS). The GMC will add trainer status to consultants' and SAS doctors' names on the GMC website late autumn 2016 (possibly early 2017).

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The next phase will require renewal of recognition. The GMC intend to align this with revalidation, with subsequent recognition lasting 5 years, refreshed at annual appraisal.

Trainees must be supervised by fully recognised trainers. If a department does not have fully recognised educational supervisors, supervision should be re-aligned elsewhere.

Many thanks to all trainers and postgraduate centre staff who helped ensure our return to the GMC was so high. We will continue to work with you to ensure that the data we submit is of the highest quality and that trainers are supported to become recognised as such by the GMC.

HEE (NW) Requirements

Meeting GMC standards for ongoing Trainer recognition – HEE (NW) requirements

To be fully recognised as a Clinical or Educational Supervisor, trainers are required to document evidence from the domains, as indicated below, to demonstrate their engagement in educational activity:

Clinical Supervisor Requirement	Domain	Educational Supervisor Requirement
✓	1. Ensuring safe and effective patient care	✓
✓	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	✓

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	6. Guiding personal and professional development	✓
✓	7. Continuing professional development as an educator	✓

- GMC Implementation Plan
- Evidence Framework for Trainers & Appraisers
 - Evidence against each domain, including
 - Examples of CPD as an Educator
 - I.e. which evidence is acceptable as CPD
- SAS Doctors as Trainers

Guidance on Evidence for Trainers

Potential Examples of Evidence

What classes as "evidence"?

Both the GMC and the ACPME have described generic evidence that can be presented to demonstrate competence and on-going development as a trainer. HENW has produced further guidance which gives specific ideas for the types of evidence you may collect. This can be seen below. PLEASE NOTE: This list is not exhaustive. It is up to both you and your appraiser to analyse the evidence collected and make a judgment on whether this is sufficient for each domain.

It is also important to stress that this is NOT a tick box exercise. The emphasis is on reflection and learning from current practice rather than documenting course attendance. This is reflected on the list of possible evidence.

Domain	Description – Effective Supervisor	Description – Excellent Supervisor <i>Also</i>	Example of evidence across these Domains (this list is not exhaustive)
1 Ensuring Safe and Effective patient care through training	<ul style="list-style-type: none"> Acts to ensure the health, wellbeing and safety of patients all time Ensures that trainees have undertaken appropriate induction Allows trainees, when suitably competent, to take responsibility for care, appropriate to the needs of the patient 	<ul style="list-style-type: none"> Uses educational interventions to enhance patient care Involves trainees in service improvement Involves patients as educators 	<p>1a. Courses attended or organised undertaken including face to face and online learning. PGCE In Workplace Based PG Medical Education at Edge Hill University - Module 1 Specific Trust/Collage/University/Online course referencing patient safety through learning.</p> <p>1b. GMC Trainee Survey Results e.g. HENW visit and/or Trust/Specialty/Foundation annual report. Can be obtained from GMC website, GMC or Specialty education lead. Evidence must demonstrate discussion, reflection and action on these results.</p> <p>2. Feedback from patients about care received. Patient survey results, relevant documents displaying feedback and evidence of how this has been used to develop trainees</p> <p>3. Details of measures put in place to ensure supervision appropriate to trainee's competence and confidence. Evidence of induction, regular contact and 1:1s with trainees to discuss patient care. This may include meeting schedules and notes from meetings as well as reflections on meetings demonstrating issues carried forward and solved.</p> <p>Learning agreement based on specific trainee needs which identify competence, level of supervision and outcomes.</p> <p>Audit of patients treated by trainees with outcomes/satisfaction.</p> <p>Trainee led audit which assesses patient safety issue.</p> <p>1a. Examples of near miss/ critical incident analysis. Involvement in near miss/critical incidents, or complaints which demonstrate involvement of trainees in learning lessons, through meeting notes and reflections.</p> <p>Trainee input/feedback on help and guidance throughout this process, e.g. email correspondence.</p>
2 Establishing and Maintaining an environment for learning	<ul style="list-style-type: none"> Encourages participation through provision of equality of opportunity and acknowledgement of diversity Ensures that trainees receive the necessary instruction and protection in situations that might expose them to risk Encourages and maintains the confidence of trainees Is open, approachable and available 	<ul style="list-style-type: none"> Proactively seeks the views of trainees on their experience Takes steps to establish a learning community within their department and/or organisation. 	<p>2a. Courses attended or organised undertaken, including face to face and online learning. PGCE In Workplace Based PG Medical Education at Edge Hill University - Module 1 Specific Trust/Collage/University/Online learning event incorporating reference to the learning environment</p> <p>2b. GMC Trainee Survey Results e.g. HENW visit and/or Trust/Specialty/Foundation annual report. Can be obtained from GMC website, GMC or Specialty education lead. Evidence must demonstrate discussion, reflection and action on these results.</p>

Domain 1 - Ensuring Safe and Effective Patient Care Through Training



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Examples of evidence across Domain 1

1a. Courses attended or programmes undertaken inc. face to face & online learning.
PGCE in Workplace Based PG Medical Education at Edge Hill University - Module 1
Specific Trust/College/University/Online course referencing patient safety through learning.

1b. GMC Trainee Survey Results
and/or HENW visit and/or Trust/Specialty/Foundation annual report. Can be obtained from GMC website, DME or Specialty education lead. Evidence must demonstrate discussion, reflection and action on these results.

1c. Feedback from patients about care received.
Patient survey results, relevant documents displaying feedback and evidence of how this was used to develop trainees

1d. Details of measures put in place to ensure supervision appropriate to trainee's competence and confidence.
Evidence of induction, regular contact and 1:1s with trainees to discuss patient care. This may include meeting schedules and notes from meetings as well as reflections on meetings demonstrating issues carried forward and solved.

- **Courses** attended, or programmes undertaken, including face to face and online learning
- Results of **GMC/HENW/Specialty/Foundation** Reports and Reflections
- Involvement in educating others e.g. **running workshops** at relevant conferences or locally e.g. HENW annual conference, Specialty away days, RC conference or courses
- Involvement in peer **mentoring** (with reflection)

- Evidence of participation in online discussion forums with peers, e.g. anonymised screen shots
- Results of **360 degree appraisal**
- **Trainer MSF** on Horus with reflection and development plan
- Written **reflection on any CS/ES experience** of choice **with PDP**
- New qualifications or **certificates** obtained
- Critical comments on relevant books/articles read

- Results of peer review or professional observation of teaching, e.g.
 - Peer observations and feedback/discussion with reflection and PDP actions identified
 - Review of **feedback on ES reports**, reflection and PDP
 - Review of formal **trainee feedback** on teaching, reflection and PDP

- **5691 CS & ES fully recognised by 31 July 2016**
 - 4679 ES/CS and
 - 1012 CS
- To **retain recognition** these CS & ES will need
 - Annual appraisal including 1 piece of evidence covering **domain 7 (CPD) p.a.** (with 3 separate types of evidence in any 5 yr period)
plus
 - Evidence in **all domains in 1 cycle** (GMC 2016)

- Evidence may be acquired from
 - Attendance at a taught refresher course or
 - Piecemeal from a variety of sources
- A significant piece of CPD may provide
 - Evidence against domain 7
 - Evidence against other domains in addition

- I.e. anyone not on GMC database at 1 August 2016
 - New CS & ES will need to attend a **DME approved and externally accredited** course
 - AoME, HEI (Edge Hill, Chester University)
 - RCP, RCS, RCPCH, RCoA, **and**
 - Have evidence in each of the 4 (for CS) or 6 (for ES) domains (e.g. Edgehill course can provide)
- and
- Annual educational CPD confirmed at appraisal

Alternatively:

- To **gain recognition** CS & ES will need
- To submit 1 piece of evidence from each of domains
 - 1 – 4 and 7 for CS and 1 – 7 for ES
 - Acquired gradually from a variety of sources &
 - Equivalent to course

or

- Member/Fellow of Academy of Medical Educators
<http://www.medicaleducators.org/>

- Edge Hill/HEENW PGCE
 - Module 1 → for CS recognition
 - Module 2 → for ES recognition
- Most new consultants from HEENW
- 300 trainees p.a. are offered module 1

- GMC recognised trainers from other LETBs
- If not fully recognised at 1 August 2016
 - Will need to train as **New Supervisors**
- Exceptions?
 - Legitimate ‘deferrals’ e.g. maternity leave, sick leave, sabbaticals, etc
 - Discuss with DME and HEENW (via AD)

So, use the HEENW Information



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NHS
Health Education England

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✓	7. Continuing professional development as an educator	✓

Page 2 of 6

the 5 year recognition period trainers must submit 1 piece of evidence from each of domains 1 – 6 for CS and 1 – 6 for ES. This may be achieved from a variety of sources, e.g. a formal appraisal, a peer review, a reflective practice session, a teaching course, or acquired piecemeal from a variety of sources. CPD may also provide evidence against domain 7).

of evidence for educators and appraisers [can be](#)

Page 3 of 6

SAS Doctors as named Clinical and Educational Supervisors

Please click here to access the HEE (NW) policy on the recognition of SAS Doctors as Clinical and Educational Supervisors. This is in accordance with the GMC Standards for the Recognition of Trainers (paras 60 and 61).

Trainer Database

Database of Trainers

HEE (NW) has developed a Trainer Database which is in use in all Trusts across the LETB. The database is managed primarily by Medical Education Managers in Trusts and contains information required by the GMC on named Clinical and Educational Supervisors. We use this information to report to the GMC on trainer standards, as well as for the GMC trainer survey first sent in 2016.



Please continue to add new trainers to the database. When adding new trainers please also send full details (including details of which trainees they supervise) to nwd.educatordevelopment@nw.hee.nhs.uk.

Information on named supervisors is also checked at each Trust monitoring visit as part of our quality management processes.

If you would like any more information about the trainer database, please contact us at nwd.educatordevelopment@nw.hee.nhs.uk.

Page 4 of 6

- Guidance on Evidence for Trainers
- Examples of CPD as an Educator
- SAS Doctors as Trainers

SMARTER Objectives

S – Specific

M – Measurable

A – Achievable

R – Relevant

T – Time-bound

and

ER – Educationally Relevant

e.g. ‘Attend 1-day HEENW course on ‘Drs in Difficulty’ during next 6 months and make reflective note

What Evidence? - *Feedback*

- Write down what you need in your role of CS/ES
 - Depends if ES/CS
- Write down what you already have
 - Full recognition from 1 August 2016 or nil
- What do you need for your next appraisal?
 - Year 1: CPD
- What do you need before your next revalidation?
 - Year 2? 3?? 4??? 5????

More Information!

Trainer Recognition Forum



Health Education England

- Held Friday, 13 May 2016, Cardiff
- GMC spoke at the Trainer Recognition Forum
- Headline updates about trainer recognition
- Notes made direct from GMC slide set
 - N.B. Speaker's notes content differed from slide text

- Publish trainers' names on GMC website
 - Planned for Autumn 2016 (maybe early 2017)
- Record CS & ES status on Dr's LRMP record
 - As with GP Trainers
 - All recognised specialty trainers
- Rely on LETBs to ensure that
 - Training processes meet GMC standards
- Quality assure with QAF
 - Deans' reports *or*
 - Visits

- Individuals **MUST** be fully recognised before they take up the roles
- Departments with no ES?
 - Re-align Trainee ES supervision elsewhere
 - Rectify asap or relinquish dept training status
- Initially GMC will not take action, but will ascertain numbers & decide on next steps
- ‘No interim concessions’

- GMC expect deaneries/LETBs to use the LRMP updates to flag any reasons for non-recognition
 - e.g. ceasing holding a licence or FtP issue
- GMC will also
 - Monitor FtP issues and if concerns raised will
 - Clarify with the deanery / LETB whether it is appropriate for an individual to remain ES/CS
- GMC paper on FtP due

If:

- GMC will request recognition review if FtP issues
- FtP issues may arise from training and
- GMC plans for even non-medical trainers to meet CS standards

Ergo:

- Surely all CS should be recognised

N.B. HEENW requires all medical trainers to be CS

Continuing

- 1 piece of CPD evidence (domain 7) per year (3 separate types of evidence in 5 years)
- Evidence covering all domains in 5 year cycle

New

- Attend an externally accredited course = CPD
- 1 piece evidence domains 1-4 (CS), 1-6 (ES)
- Annual appraisal with 1 piece of CPD evidence (domain 7)

Questions