




**Blackpool Teaching  
Hospitals**  
NHS Foundation Trust

# **Information pack for new Trust Speciality Training Leads**

## CONTENTS

- Meet the Medical Education Team:** Page 2-5
  - Expectations of the Trust Speciality Training Role:** Page 6-7
  - Job Description and Person Specification for a TSTL:** Page 8-14
  - Recognition of Trainers:** Page 15
  - Representative at MEC:** Page 16
  - Quality Assurance Programme:** Page 15
  - Trainees Requiring Extra Support:** Page 18-19
  - Departmental Induction:** Page 20
  - Work Scheduling and Exception Reporting:** Page 21-23
  - Curriculum Mapped Job Descriptions:** Page 24
  - Allocation of Supervisors:** Page 25
  - Understanding of the LTFT trainee requirements:** Page 26-28
  - Role of the Clinical Supervisor and Educational Supervisor:** Page 29-30
  - Collective Exit Process:** Page 31-32
- 

## MEDICAL EDUCATION TEAM

Medical Education is committed to the continual improvement of the quality of education and the learning experience provided by Blackpool Teaching Hospitals. It is our mission to work with trainers and trainees in developing a stimulating and diverse learning experience underpinned by quality and to ensure that trainee doctors are equipped with the necessary skills and behaviours to provide the highest standards of patient care.

The team are based in the Education Centre and are here to offer support, advice and help at any time we have an open door policy for all staff.

Please see staff list on the pages below.



**Sharon Adams**  
Associate Director of OD, Education  
and Learning  
sharon.adams4@nhs.net  
Tel: 01253 (9) 55121



**Dr Kate Goldberg**  
Director of Clinical and  
Medical Education  
dr.goldberg@nhs.net



**Dr Stephen Davies**  
Consultant Anaesthetist & Associate  
Director of Medical Education  
stephen.davies22@nhs.net



**Mr Jonathan Barker**  
Associate Director of Medical Education -  
Undergraduate  
jonathan.barker@nhs.net  
Tel: 01253 (9) 56346



**Kate Stannard**  
Assistant Director of Medical and  
Clinical Education  
kate.stannard@nhs.net  
Tel: 01253 (9) 55245



**Dr Hanadi Sari-Kouzel**  
Associate Foundation Programme Director  
dr.sari-kouzel@nhs.net  
Tel: 01253 (9) 55592



**Dr Mariam Khan**  
Foundation Programme Director  
Year 1  
mariam.khan3@nhs.net  
Tel: 01253 (9) 55592



**Mr Adrian Mckenna**  
Foundation Programme Director Year 2  
adrian.mckenna2@nhs.net



**Dr Meenakshi Varia**  
*GPST Training Programme Director*



**Dr Nayla Ishaq**  
*Trust Lead for LED/IMG Doctors*  
nayla.ishaq@nhs.net



**Dr Tessa Malone**  
*Trust Lead for LTFT Training  
& SuppoRTT*  
tessa.malone@nhs.net



**Mr Romaih Al-Idari**  
*Trust Speciality Training Lead  
for Physician Associates*  
mr.al-idari@nhs.net



**TBC**  
*Quality Improvement and  
Leadership Lead*



**Mr Praveen Rao**  
*SAS Lead*  
mrp.rao@nhs.net



**Dr Nayla Ishaq**  
*Undergraduate Lead -  
Lancaster Medical School*  
nayla.ishaq@nhs.net



**Dr Sneha Varughese**  
*Undergraduate Lead -  
Liverpool Medical School*  
s.varughese@nhs.net





**Laura Orwin**  
*Medical Education and  
Quality Manager*  
laura.orwin1@nhs.net  
Tel: 01253 (9) 53032



**Emily Croucher**  
*Postgraduate Manager*  
emily.croucher@nhs.net  
Tel: 01253 (9) 55242



**Rachel Cowell**  
*Deputy Quality Manager*  
rachel.cowell@nhs.net  
Tel: 01253 (9) 52537



**Dawn Grindrod**  
*Deputy Postgraduate Manager*  
dawn.grindrod@nhs.net  
Tel: 01253 (9) 55028



**Yvonne Coyle**  
*GPST Coordinator*  
bfwh.postgraduate.education@nhs.net  
Tel: 01253 (9) 55243



**Trish Broadhead**  
*Foundation  
Programme Administrator*  
bfwh.foundation.education@nhs.net  
Tel: 01253 (9) 53193



**Sally Hodgson**  
*Postgraduate Administrator*  
bfwh.postgraduate.education@nhs.net  
Tel: 01253 (9) 52393



**Mia Blackburn**  
*ST Administrator*  
bfwh.postgraduate.education@nhs.net  
Tel: 01253 (9) 58084



**Julie Summers**  
*Undergraduate Manager*  
julie.summers4@nhs.net  
Tel: 01253 (9) 55118



**Claire Weston**  
*Deputy Undergraduate Manager*  
claire.Weston13@nhs.net  
Tel: 01253 (9) 58089



**Claire Broadstock**  
*Undergraduate Coordinator*  
bfwh.undergraduate.education@nhs.net  
Tel: 01253 (9) 55241



**Hayley Turner**  
*Undergraduate Coordinator*  
bfwh.undergraduate.education@nhs.net  
Tel: 01253 (9) 55120



**Amanda McAllister**  
*Undergraduate Administrator*  
bfwh.undergraduate.education@nhs.net  
Tel: 01253 (9) 57005



**Nieve Higgins**  
*Quality and Engagement Apprentice*  
nieve.higgins@nhs.net  
Tel: 01253 (9)52992



**Tony Rathbone**  
*Education Centre Assistant*  
tony.rathbone@nhs.net  
Tel: 01253 (9) 56085



**Li Thompson**  
*Receptionist/Events Co-Ordinator*  
elissa.thompson1@nhs.net  
Tel: 01235 (9) 57838




## Expectations of a Trust Speciality Training Lead (TSTL)

The role of the TSTL is pivotal to the adequate delivery of the educational agenda in each speciality. This individual is particularly important to ensure appropriate communication between the Educational Supervisors (ES), Director of Medical Education (DME) and Training Programme Directors (TPD).

The role is to develop a learning environment, which is challenging and supportive, and ensure the delivery of the training programmes. The TSTL is involved in appointing supervisors, developing educators and advising when issues arise. They also have a key role in acting as a mentor for a new supervisor.

### Key areas of responsibility

- Educational Governance and Leadership
  - Supporting Learners
  - Supporting Educators
  - Developing and Implementing Curricula and Assessments
  - Ensure all Recognised Trainers within the department are aware of the requirements to remain recognised
  - Representative of department at MEC
  - Link for Quality Work and responsible for Action Plans
  - Overview of Trainees in difficulty for the department
  - Overview of Departmental Induction
  - Allocation of Supervisors for Trainees
  - Overview of Work Schedules for department
  - Overview of issues raised through monitoring
  - Responsibility for ensuring all trainees receive an up to date curriculum mapped JD
  - Champion for Medical Education within the department and to share with colleagues how the Medical Education team can
- 

support them

- Identify the learning needs of each Locally Employed Doctor (non trainee /non SAS) and allocate a supervisor
- Understanding of the Collective Exit Process





**JOB DESCRIPTION for a TSTL:**

<b>Job Title:</b>	Trust Speciality Training Lead for XXXXX
<b>Accountable to:</b>	Director of Medical Education
<b>Liases with:</b>	Associate Director of Medical Education NHS England North West (NHSE NW) Royal College Head of Medical Education Postgraduate Manager Quality Manager
<b>Tenure:</b>	3 years (with review after 12 months)
<b>Salary:</b>	There is no salary attached to this post. It is envisaged that the successful appointee will utilise 0.5 SPA in this role (to be negotiated in job plan)

**Job Summary:**

The Trust Speciality Training Lead is responsible, within their defined area, for overseeing the delivery of the education programme

to all postgraduate medical trainees. They should ensure a learning environment at departmental level which is challenging, supportive and, where appropriate, multi-professional. They are managerially accountable to the DME, with professional responsibility to Specialty Training Programme Director and College/Specialty.




## General Responsibilities:

### 1. The role of the Trust Specialty Training Lead will include:

- Management of Education in their department
- Ensuring communication between Trainees/Clinical Supervisors/Educational Supervisors/Director of Medical Education/Training Programme Directors
- Representing their department on the Medical Education Committee and providing regular updates
- Represent the Trust on the relevant NHSE NW Specialty Training Committee (STC), usually held twice a year
- Where appropriate to represent the College/Specialty body in the workplace and vice versa
- Attendance at local and NHSE NW education meetings as appropriate
- Assisting with the ARCP process as requested by the TPD along with an active involvement in recruitment and assessments
- Monitoring the number and type of posts and their educational opportunities
- Ensuring local contribution of suitably trained consultants to national recruitment within the appropriate training programme
- To implement, monitor and improve the specialty training programmes in the department in conjunction with the DME & HEE NW

### 2. Trainee Support:

- Ensuring that a Departmental Induction process is in place in their specialty, and that trainees attend Medical Education Induction
  - Matching individual trainees with a named Clinical and Educational Supervisor as required
  - Ensuring Clinical Supervision is available for all trainees
  - Ensuring that all trainees have completed a learning agreement with their Educational Supervisor
  - Ensuring the delivery of the GMC/College core and higher specialty curriculum within the Trust (including the GP curriculum for those with GP Specialty Trainees in secondary care placements)
  - Organising and monitoring the local specialty teaching including attendance, feedback, quality control (QC), curriculum coverage and consideration of different stages and curriculum, as relevant, of Core, Specialty and GP
- 

- Provision of educational programme of both formal and work-based learning opportunities covering both specialty and generic curricula in collaboration with colleagues and programme directors/Head of School
- To ensure all trainees in the department have a curriculum mapped job description and that Medical Education are informed of any curriculum changes
- Educational plans and timetables appropriate to individual's learning needs
- Support for trainees in difficulty and onward referral via Trust/ NHSE NW pathways as appropriate
- To manage trainee performance issues in line with Trust policy and in conjunction with the DCME
- Provision of general and specialty career information and support
- Advising on access to study leave opportunities


### **3. Quality Control:**

- Lead for education and for managing educational change in department
- Supporting and implementing the local Medical Education Quality Assurance programme
- Provision of regular specialty reports as frequently as requested and an annual report to the DME and TPD(s), using the NHSE NW template
- Ensure rotas comply with educational requirements and provide supervised practice capacity
- Actively engage trainees in obtaining feedback on training experience to support the Medical Education Quality Assurance programme

### **4. Faculty Development:**

- Ensuring all Clinical and Educational Supervisors are recognised by the GMC, by being trained and updated
- Co-ordinating educator training programmes with their department/specialty
- Input (via multi-source feedback (MSF) or other methods) to annual appraisal of Clinical and Educational Supervisors (see NHSE NW Guidance <https://www.nwpgmd.nhs.uk/educator-development/standards-guidance/appraisal>)

## PERSONAL DEVELOPMENT

- Develop an appropriate education PDP to be discussed and approved at annual appraisal
  - Annual review of the role will take place through the appraisal and job planning processes
  - yearly evidence to retain their Recognition as a Trainer
  - To work with trainers on issues relating to training within the department and represent the department at education meetings and events
  - To ensure all trainees in the department have a curriculum mapped Job description that is updated as curricula changes
- 

### Personal Development:

- Develop an appropriate education PDP to be discussed and approved at annual appraisal.
- Annual review of the role will take place through the appraisal and job planning processes.

### Person Specification: Trust Specialty Training Lead:

Criteria	Essential	Desirable
<b>Education/Qualifications:</b>		
Recognised Educational Supervisor	Y	
Evidence of continuing personal professional development as an Educational Supervisor	Y	
Education qualification		Y
<b>Experience:</b>		
Experienced Educational Supervisor	Y	
Consultant (recommended minimum 3 years or equivalent in post)	Y	
Leadership experience	Y	
<b>Skills and Knowledge:</b>		

Familiarity with the core & specialty curriculum, e-portfolio and relevant supervised learning events (SLEs)/workplace-based assessments (WPBAs), including GP where relevant	Y	
Excellent management skills	Y	
Excellent interpersonal skills	Y	
Excellent written and oral communication skills	Y	
Awareness of current national and local developments in medical education		Y

## Recognition of Trainers

### Recognition of Trainers

In order to be a named Clinical or Educational Supervisor to trainees, you must be a recognised trainer. Heads of Department are emailed when a new Consultant joins the Trust to make them aware of this.

**To become recognised after 1<sup>st</sup> August 2016, Consultants / Trainers** will need to:

- Attend a taught course that is DME approved and externally accredited e.g. by Academy of Medical Educators, Royal College or HEI to prepare them for the supervisor role.
- Present evidence that this maps against the 5 / 7 domains, by providing a minimum of 1 piece of evidence from each of domains 1–4 for CS and 1–6 for ES.

**Alternatively**, trainers may be able 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.

**To retain recognition** trainers are required to undergo annual appraisal which includes evidence of educational CPD.

- This would be demonstrated by one piece of evidence covering domain 7 (CPD) per annum – with 3 separate types of evidence in any 5 year period.
- **Over the 5 year recognition period** trainers must submit 1 piece of evidence from each of domains 1-4 for CS and 1-6 for ES.

Trainers should indicate on the appraisal system if they are a named Clinical or Educational Supervisor. They will need to discuss their evidence at their appraisal and populate the appraisal summary with the type of evidence they have used for this year.

It is now recorded on GMC connect if you are a recognised supervisor.

If you have any queries regarding the process, please email [Emily.croucher@nhs.net](mailto:Emily.croucher@nhs.net)



## Representative at MEC

### **Representative at Medical Education Committee**

Trust Specialty Training Leads are expected to attend our bi-monthly Medical Education Committee (MEC) or send a representative on their behalf.

At these meetings, TSTL's are required to give an update on their area and if they cannot attend the meeting or send a representative, a report should be submitted ahead of the meeting. Attendance at these meetings is monitored.



### Quality Assurance Programme:

The Medical Education department has developed a robust programme for monitoring the quality output of education and training that aligns internal processes with the quality standards stipulated by the GMC in *Promoting Excellence: standards for medical education and training* (2016).

#### Quality Assurance Process

The Medical Education department triangulates quality control data from both internal and external sources as part of its internal QA programme.

External sources include:

- The annual GMC trainee and trainer survey
- The bi-annual quality monitoring visit from NHSE North West

Internal sources include:

- An annual trainee survey
- Evaluation of Placement surveys undertaken three times yearly
- Focus groups undertaken twice yearly

For reporting purposes, data is grouped under one of the five key domains set out by the GMC in *Promoting Excellence: standards for medical education and training* (2015) to ensure that internal quality assurance processes are aligned to the statutory requirements.

Quality control data is then shared with the Trust Specialty Training Lead (TSTL) for each area and is reported on at the bi-monthly Medical Education Committee (MEC) to ensure that any areas for improvement are identified, actioned, and monitored as part of an ongoing quality assurance process. Designated TSTLs are requested to provide feedback and action plans, with evidence, following the dissemination of data outcomes.

## Trainees Requiring Extra Support

The Medical Education Department at Blackpool Teaching Hospitals NHS Foundation Trust is committed to providing the best possible education and training programmes to its student and trainee doctors. The Medical Education team prides itself on its open door policy where a member of staff is here to help with any pastoral or professional concerns that can be resolved at a local level; however, there will be times during the course of training when more significant difficulties arise, and at such times students and trainees may require additional support or remediation.

The Trainee and Student Support Committee (TSSC) is the principal means by which cases involving students or trainees in difficulty are managed, the express function of which is provide a support structure and to facilitate remedial actions: it is not a mechanism for disciplinary proceedings.

### **WHAT IS THE PURPOSE OF THE TSSC?**

The TSSC meets bi-monthly and is chaired by the Director of Clinical & Medical Education. Its core membership includes:

- Associate Director of Clinical & Medical Education
- Associate Director of Medical Education
- Education & Quality Manager
- Foundation Programme Directors
- Undergraduate Clinical Subdean
- Postgraduate Manager

Operationally, the remit of the committee is to:

- Select a case to discuss; identify and agree upon the difficulties involved in the case
- 

- Appoint a member of the group as a named support/link person for each individual student or trainee and/or supervisor
- Assess the current situation from the perspective of the student or trainee, the Trust, HENW, and the University
- Formulate an action plan
- Maintain frequent follow-up and monitoring of each case if the student or trainee remains in work or on clinical placement
- Ensure appropriate and timely documentation and record keeping

### **INFORMATION GOVERNANCE: ENSURING ANONYMITY**

Any confidential or sensitive information pertaining to an individual is stored in an electronic file, access to which is restricted to those directly involved in the management of the case. Notes from the committee or any informal meetings are taken by one person only and are strictly factual. Any detailed information is recorded separately and included in the trainee/student's case file.

The anonymity of the student or trainee is ensured by assigning a unique identifier to the individual. The minutes also contain a declaration of confidentiality which state which elements of the discussion are to remain confidential.

In the interests of openness and transparency, the student or trainee in difficulty will be updated at all stages of the case and has the right to access any information pertaining to them including minutes, reports, and any subsequent action plans. This information will also be available to any of the stakeholders involved in the case; but the information is strictly confidential and is subject to the Trust's information governance policies.

A procedural document for the management and support of students and trainees in difficulty can be accessed [here](#). It should be viewed in the context of – and followed in conjunction with – the policies and procedures of both Blackpool Teaching Hospitals NHS Foundation Trust and NHSE NW

## Departmental Induction

It is mandatory that all new medical trainees receive a Departmental Induction at the start of their placement. In order to ensure an effective induction, both the trainee and Departmental Induction Lead are required to complete the Departmental Induction checklist provided by Medical Education. Both the trainee and Departmental Induction Lead must sign and date the checklist when they both agree that all elements have been adequately covered.

It is expected that the local induction will be completed and returned within **two weeks** of the trainee commencing their placement.

If a trainee is working in an area where cross cover occurs, they must receive a Departmental Induction in both areas.

Departmental Induction compliance is monitored and issues are escalated accordingly.

Please email – [emily.croucher@nhs.net](mailto:emily.croucher@nhs.net) if you have any queries regarding the process.

## Work Scheduling and Exception Reporting

Work Scheduling and Exception Reporting applies to trainees only, working on the 2016 Terms and Conditions of Service (TCS).

### WORK SCHEDULES


All trainees working on 2016 TCS are provided with a Generic Work Schedule prior to commencement within the Trust. In line with the Code of Practice the Trust are required to provide a Generic Work Schedule to each trainee 8 weeks in advance of commencement.

#### What does a Generic Work Schedule contain?

- ✓ The distribution of hours for which the doctor is contracted (Rota Template)
- ✓ The scheduled duties of the doctor
- ✓ Time for Quality Improvement and Patient Safety activities
- ✓ Remuneration details (directly linked to the working pattern)
- ✓ Intended learning outcomes (mapped to the educational curriculum)
- ✓ Periods of formal study (other than study leave)

#### Supervisor Actions Required

The Generic Work Schedule shall form the basis for the **Personalised Work Schedule**, which is agreed in accordance with the Gold Guide.

- ✓ Trainee and Supervisor to meet as soon after commencement in placement as practical (ideally within one week)
  - ✓ The Trainee and Supervisor are jointly responsible for personalising the work schedule
  - ✓ The work schedule is arranged according to the Trainee's learning needs and opportunities within in post
  - ✓ If a doctor have significant caring responsibilities the doctor may raise this as part of the discussion
  - ✓ Reasonable requests should be taken into account when agreeing a Personalised Work Schedule
  - ✓ The educational review will ensure the trainee's workplace experience delivers the anticipated learning opportunities
- 

Any variance significantly and/or regularly from the Work Schedule may lead to an Exception Report for either Hours of work or Education.

## **EXCEPTION REPORTING**

The Trust utilise Allocate as an electronic software system to manage exception reports and all Supervisors whether Educational or Clinical will be provided with access to the system in the event of an exception report being raised by a trainee they are supervising.

### **Reasons for Exception Reporting**


- ✓ Differences in the total hours of work (including opportunities for rest breaks)
- ✓ Differences in the pattern of hours worked
- ✓ Differences in the educational opportunities and support available to the doctor and/or
- ✓ Differences in the support available to the doctor during service commitments

When an exception report is submitted a notification will be provided to the relevant Supervisor.

### **Supervisor Exception Reporting Actions**

- ✓ Upon receipt of the Exception Report, the Supervisor will discuss what actions is necessary to address the reported variation or concern (this must be within 7 days of the exception being raised)
- ✓ Set out an agreed outcome of the exception report (including any agreed actions)
- ✓ Update the Exception Reporting software with the outcome and ask the doctor to either agree or disagree with the outcome on the system to close the exception report
- ✓

### **Outcomes of an Exception Report can be as follows**

- ✓ Time Off in Lieu (the exception must be raised within 14 days of the activity)
  - ✓ Payment (the exception must be raised within 7 days of the activity)
- 

✓ No Action required

If the trainee disagrees with the outcome of the exception report this may be raised to a second review which will follow the same process as above.

If a trainee has concerns, they can request a Work Schedule Review at any time.





## Curriculum Mapped Job Descriptions

All trainees should receive a curriculum mapped job description as part of their work schedule (for those on the 2016 Junior Doctors Contract) prior to starting in post. It is a requirement of the 2016 JDC that we provide the curriculum to the trainee 8 weeks prior to their commencement at the Trust.

Medical Education will contact TSTL's annually to ask them to ensure that the curriculum mapped job descriptions for specialty trainees are up to date and ask if they wish to make any changes. TSTL's will be given a deadline to respond to the email. It is the TSTL's responsibility to ensure that the curriculum is current and accurate. If the curriculum changes at any point, the TSTL should notify [Emily.croucher@nhs.net](mailto:Emily.croucher@nhs.net)

As per the work schedule process, all supervisors will be emailed with the link to the trainees' work schedules are asked to contact Medical Education if any changes are required.

## Allocation of Supervisors

All trainees are to be allocated a named Clinical and Educational Supervisor. The supervisor allocated must be a recognised trainer.

For Foundation trainees, the Foundation Programme Administrator sends an email each year to ask the supervisors who are already allocated to the tracks if they would like to continue to supervise and if any new trainers would like to take up a supervision role. Unless we are advised of any changes by the departments, the supervisor allocation will remain the same.

For General Practice trainees, the Trust Speciality Training Lead or Head of Department will notify the GPST Administrator if there will be any changes to Clinical Supervisors prior to a new intake of trainees. The Educational Supervisors are decided and allocated by the GP Team.

For Specialty trainees, the Postgraduate Manager will email TSTL's or equivalent before a new rotation to request the Educational and Clinical Supervisor information. It is important that we receive this data in a timely manner.

Medical Education should be notified of any changes to a trainee's supervisor.

If a trainee is on the 2016 JDC, they are sent a work schedule 8 weeks prior to their start date which includes details of their Educational & Clinical Supervisor. Therefore, it is important that all the information we have recorded relating to supervisors is accurate.



### Understanding of the LTFT trainee requirements:

Our LTFT Training Champion at Blackpool is Dr Tessa Malone, LTFT & SuppoRTT Lead & Sexual Health Consultant.

This information is taken from the following NHSE NW link : <https://www.nwpgmd.nhs.uk/content/less-full-time-training>

All trainees can apply for less than full-time training, but must have well founded reasons why full-time training is impractical

There are three eligibility categories:

Category 1: Those doctors in training with:-

- A disability or ill health
- Caring responsibilities for children up to and including the age of 16 (in line with “The Flexible Working (Amendment) Regulations 2009”
- Caring responsibilities for other dependents (spouse, parents etc.)

Category 2: Those doctors in training with:-

- Unique opportunities for personal/professional development not necessarily medically related

Category 3: Those doctors in training who:-

- Choose to train LTFT as a personal choice that meets their individual professional or lifestyle needs. That choice is not subject to the judgement of anyone else and is only limited by service considerations.

Category 1 will always take priority, but every effort will be made to accommodate Category 2 as well

Category 3 is a pilot and is currently available to trainee doctors in Emergency Medicine, Paediatrics and Obstetrics and Gynaecology only.

Further LTFT Category 3 Guidance for each of these specialties including deadlines for applying can be found [here](#)

Whenever possible LTFT trainees will be placed in a slot share occupying a full-time post, with each partner working 60% (to both facilitate effective handover and enable each partner to benefit from the formal teaching programme).

If a slot share is not possible then working reduced hours in a full-time post will be considered. It is possible to work up to 80% (the maximum for LTFT training). On-call should be pro-rata; however if willing a LTFT trainee can do the full-time on-call providing the total hours worked do not exceed 40

Only if a slot share or reduced hours in a full-time post are impossible will a supernumerary post be considered. Where this is will be determined by the trainee's educational requirements. Such posts are the most difficult to arrange as although the basic salary comes from the Postgraduate Medical and Dental LTFT Budget the host trust has to meet the banding cost. (N.B. for all LTFT trainees on-call banding is calculated individually and is based on actual hours worked, the proportion that are "anti-social", and the work intensity - for more information, please see [here](#))

It is essential that well before a LTFT trainee rotates the prospective new host trust is aware of their LTFT status and confirms that they will meet any associated additional cost. For this reason 3 months in advance of a move the LTFT Administrator should be contacted to request a LTFT Training Approval Form which must then be completed and returned as soon as possible following the Step by Step Guide. This process must be repeated for every move whilst the trainee remains LTFT and is the trainee's responsibility

### **LTFT e-learning package for supervisors**

NHSE North West e-Learning for Healthcare (e-LfH) has developed an e-learning session for Educational Supervisors of less than full time (LTFT) trainee doctors. The session aims to equip healthcare professionals with the knowledge and skills to effectively supervise a LTFT trainee and raise awareness of the supervisors' responsibilities.

#### **Course Outline**

- 20-25 minute e-learning session for supervision of a less than full time trainee
- Your duties as a supervisor of a LTFT trainee under the Equality Act 2010
- The implications of LTFT training in relation to Certificates of Completion Training (CCT) dates, Annual Reviews of Competence Progression (ARCPs) and training extensions

- What LTFT training is and reasons why trainees may wish to apply
- The benefits of LTFT training
- How LTFT training is arranged and the different types of post arrangements available.

### **Target Audience**

- Highly recommended for completion by all Educational Supervisors, Training Programme Directors and Heads of School.


### **Access**

- To access the learning content please click [here](#)
- If you already have an account with e-LfH you can log in at this stage to access the content. Otherwise please register for an account using your work email address.

**What is a Clinical Supervisor?**



A Clinical Supervisor is a trainer who is selected and appropriately trained to be responsible for overseeing a specified trainee's clinical work and providing constructive feedback during a training placement.

- All trainees (including those on non-standard contracts, LAS doctors, Clinical Fellows and so on) must have, and be told the name and contact details of, a named clinical supervisor
  - Trainees must have a logbook and/or a learning portfolio relevant to their current programme, which they discuss with their named clinical supervisor
  - Trainees must meet regularly with their clinical supervisor during their placement for the equivalent of one hour per week in addition to a regular formal meeting to discuss their progress, outstanding learning needs, and how to meet them
  - Trainees must have a means of feeding back, in confidence, their concerns and views about their training and education experience to an appropriate member of local faculty or HENW without fear of disadvantage and in the knowledge that privacy and confidentiality will be respected
  - There must be a review of progress and appraisal within each post, and a process for transfer of information by supervisors of trainees between placements
  - Trainees must have relevant, up-to-date, and ready access to career advice and support
- 

### What is an Educational Supervisor?

An Educational Supervisor is a trainer who is selected and appropriately trained to be responsible for the overall supervision and management of a specified trainee's educational progress during a training placement or series of placements. The Educational Supervisor is responsible for the trainee's Educational Agreement.

- Trainees must have, and be told the name and contact details of, a named educational supervisor
- Trainees must have a logbook and/or a learning portfolio relevant to their current programme, which they discuss with their named educational supervisor
- The role of the Educational/Clinical Supervisor may be merged depending on the training scheme
- Trainees must meet regularly with their educational supervisor for the equivalent of one hour per week in addition to a regular formal meeting to discuss their progress, outstanding learning needs, and how to meet them
- Trainees must have a means of feeding back, in confidence, their concerns and views about their training and education experience to an appropriate member of local faculty or NHSE NW, without fear of disadvantage and in the knowledge that privacy and confidentiality will be respected
- There must be a review of progress and appraisal within each post, and a process for transfer of information by supervisors of trainees between placements
- Trainees must have relevant, up-to-date, and ready access to career advice and support

### Guidance on the Collective Exit Process



## Incidents & Collective Exit Process

On a monthly basis the Postgraduate Manager receives notification of all new incidents which directly involve a trainee at some level. This information is gained from the normal incident reporting process. The trainee may have been directly involved in the incident or may have just witnessed it.

The Director of Clinical & Medical Education or deputy reviews each incident and decides whether or not the incident needs to be disregarded, investigated further or be forwarded to NHSE North West as part of the Collective Exit reporting process. Those incidents should also be included on the trainees' Form R.

At this point an email is sent to the trainee to inform them that they have been involved in an incident. Another email is sent to the Clinical or Educational Supervisor to provide further details regarding the incident and to advise the supervisor to discuss this with the trainee. It is important that we are notified if the trainee has been wrongly named. The Clinical or Educational Supervisor should notify Medical Education when a discussion with the trainee has taken place.

Along with the incidents, Medical Education also receives information on a monthly basis from the HR, Legal & Complaints departments. This forms the Collective Exit Report which is sent to NHSE North West.

A form is collated per trainee per month from all of the information provided by the departments mentioned above. The form which outlines the details of trainee involvement is then sent to the individual trainees. There is a slight delay in sending this to NHSE NW to ensure that the trainee does not dispute any of the information provided. The forms are then sent to NHSE NW and any items mentioned in the form should be included on the trainees' Form R.



