NACTUK

Supporting Excellence in Medical Education

NHS
Health Education England

FACULTY GUIDE

The Workplace Learning Environment

in Postgraduate Medical Training

October 2013

Foreword

This piece of work was commissioned by the Better Training Better Care project in collaboration with HEE, COPMeD and GMC. It forms part of the workstream on "The Role of the Trainer". It is the result of extensive discussions within Council and at national & regional NACT UK meetings.

Developing those involved in overseeing medical education is core business for NACT UK and this Faculty Guide builds on previously published guidance such as "Proposals for the Organisation of Postgraduate Medical Education at the provider level" (2007). Recent changes in Foundation and Specialty training, the need to develop SAS doctors & Trainers and requirements for revalidation have led to the appointment of others members of faculty with defined roles and responsibilities.

Attempting to compile a model to suit all specialties & programmes, in all Local Education Providers, all regions of England and all countries of the UK is challenging. This guidance is circulated to all stakeholders to promote discussion on how we can nurture a learning environment where supervised workbased training is recognized and valued & occurs whilst providing a high quality service and safe patient care.

The National Association of Clinical Tutors (NACT UK) was founded in 1969 to represent the interests of Clinical Tutors and to support them in their work. Clinical Tutors in Postgraduate Medical Education exist in all training hospitals to oversee the educational and pastoral needs of doctors in training. Today our members are Directors & Tutors of medical education across all programmes & specialties and in all areas of the UK.

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Table of contents

The Culture in the Workplace

A doctor in both foundation and specialty training should be a valued member of their multi-professional team, and be responsible for providing high quality and safe clinical care to the patients, relatives and carers with whom they interface during the working day. To maximize the learning from these clinical encounters all members of the clinical team are involved, both individually and collectively, in observing performance, advising, teaching, giving feedback and encouraging discussion. The culture within the workplace environment is key to the safe and successful learning of all learners.

All doctors, nurses and allied health professionals have a professional duty to support and develop colleagues of their own and other professions, particularly students, less experienced staff and those new to the department. This role should be clarified and discussed in annual appraisal for all staff.

However there is a distinction which needs to be emphasized between the on-the-job continuing education and professional development of all healthcare staff and the specific learning needs of postgraduate medical trainees on structured training programmes. Local Education Providers (LEPs) have a contractual obligation and receive additional funding to provide education, clinical training and support for postgraduate doctors. This formal requirement should be understood by all departments with trainees, all members of faculty and shared with the multi- professional clinical team.

The Faculty

The General Medical Council uses the term 'local faculty' to denote "*those involved in the delivery of postgraduate medical education locally".* This includes local foundation programme directors, directors of medical education, clinical tutors, GP trainers, college tutors, and others with specific roles in educational supervision and clinical supervision where this relates to training.

Members of faculty have a clearly defined role to which they have been formally appointed and for which they have received training.

In general, trainees work within a specialty department for a group of consultants who supervise their postgraduate medical training. One consultant usually leads, organises and coordinates these educational activities – and is responsible for liaison with the hospital medical education infrastructure. This model, or simple variations on it, form the basis for the understanding of the rest of this document.

Specific Roles within Faculty – *see appendices for further details & job descriptions*

Definitions of these various specific roles can be found in the NACT UK document "*Who Does What"* (Appendix 1) and in *The Trainee Doctor* published by the GMC.

Named Educational and Clinical Supervisors provide support for individual trainees.

Specialty / College Tutors provide postgraduate medical educational leadership within a department and are increasingly being known as Faculty Leads. They co-ordinate a variable number of trainees on several programmes, chair the Department Faculty Group (DFG) or equivalent and are responsible for the departmental learning environment working closely with the Clinical Directors / Leads.

Foundation Programme Directors & Directors of Medical Education provide educational leadership across a LEP or group of LEPs.

The "Extended" Faculty

In the workplace every member of the clinical team, in which a doctor in training is working, has a role to support that learner; and so function as "extended faculty". Trainees are also members of this "extended faculty" as they are key in supporting the learning of those more junior than themselves. It is the responsibility of the local faculty to ensure that all members of the "extended faculty" understand this educational role and feel supported by the named members of the local faculty eg. the Specialty/College tutors, educational supervisors etc.

> The role of the "extended faculty" includes creating a supportive envirnoment for learning, overseeing & evaluating everyone's clinical practice and commenting appropriately to ensure the delivery of safe, high quality patient care.

Clinical Supervision is the minute-to-minute oversight of trainees in the workplace and is an activity that involves many different individuals during the course of any working day. It is an absolute requirement for safe patient care and all members of the clinical team must be aware of their role in these responsibilities, how to manage any concerns and how to provide feedback to both the trainee doctor and their named supervisor.

At all times there must be senior medical supervision by a named doctor to provide **"ongoing clinical supervision"** (sometimes referred to as the "sessional supervisor") *(see appendix 4 for NACT UK Best Practice Guidance*).
Their role is to provide advice or attend as needed; the level of supervision is tailored to the individual trainee's competence, confidence and experience.

The Learning Environment

The rest of this document will discuss the requirements in the workplace for a good learning environment under the 4 main headings in Figure 1. These should apply to all members of the clinical team – though some will be more relevant to certain individuals. They are focused on the contractual requirements to support doctors in training, but the resultant Learning Environment will encourage professional development of all members of the clinical team.

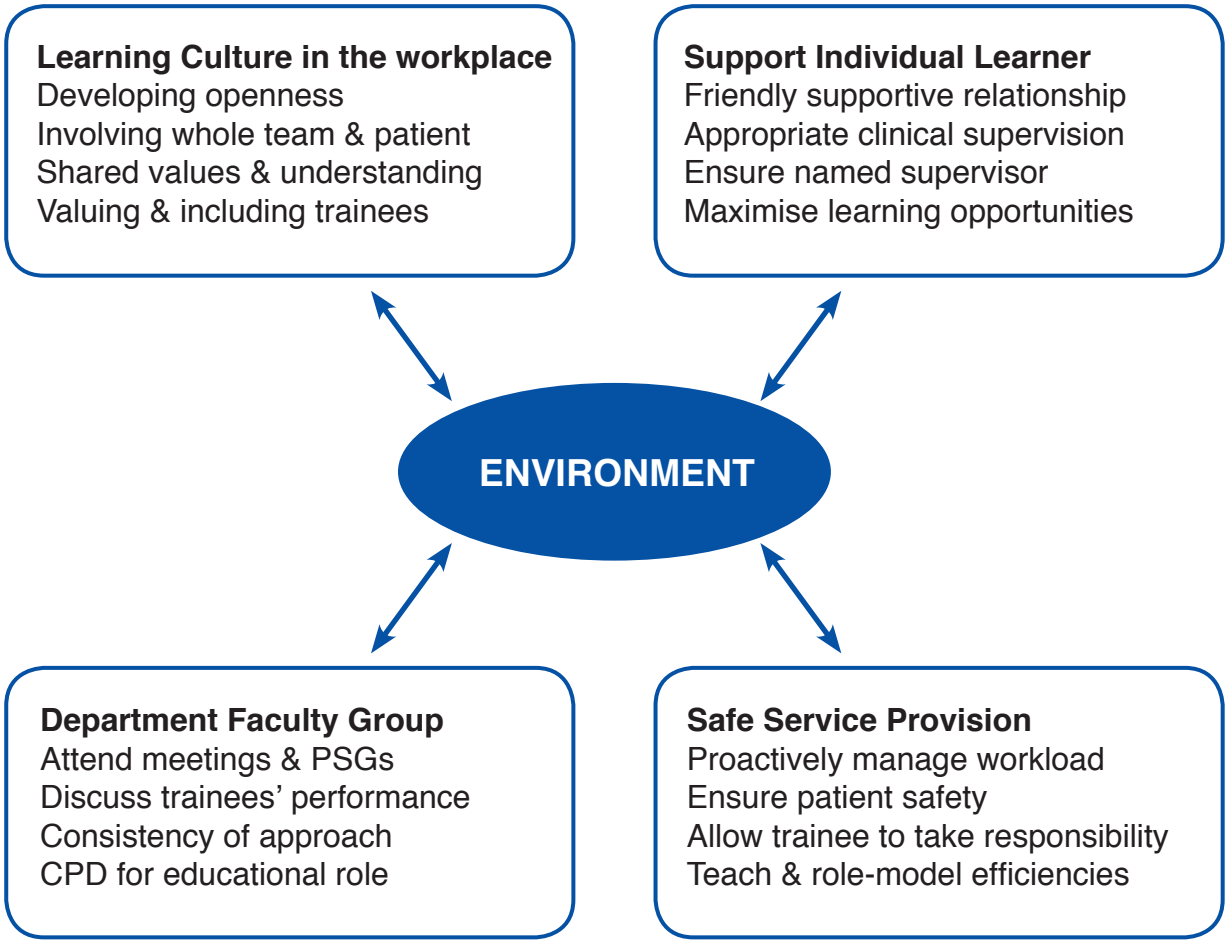

Figure 1: Defining the roles of faculty

Learning Culture in the Workplace

Talking to trainees rotating between different departments & organisations reveals the impact of the workplace culture on their ability to learn. The process of growing and developing as a professional practitioner, and to achieve individual potential (self-actualisation), requires the trainee to feel safe, valued and have self-esteem *(Maslow).*

Faculty can influence this in several ways:-

Developing Openness

- Encouraging & role-modelling professional behaviour
- Seeing, listening, observing & sensing what is going on in the team and responding appropriately
- Giving, receiving and seeking regular constructive feedback
- Safe to question, challenge and disagree

Involving whole team & patient

- Knowledge of the roles of team members; willingness to help each other
- Understanding what being faculty means
- Explaining to patients their role in developing young doctors
- Involving patients, carers and relatives in the learning opportunity

Shared values and understanding

- Acceptance and expectance of constructive critical feedback
- Mutual respect and trust; modeling equality and diversity; minimal hierarchy – *"No-one is too posh to wash" (hands or coffee cups!)*
- Being professional; putting patient first – acknowledging and discussing openly errors/incidents & sharing the learning
- Confidentiality, minimal gossip & open processes for obtaining faculty feedback on an individual trainee

Valuing & including trainees

- The role of the trainee as practitioner – defining expectations of what should be done, levels of decision-making, coping with workload, developing resilience in busy NHS
- The role of the trainee as learner – it's ok not to know
- Trainees are trainers too; principally by training junior doctors less experienced than themselves and offering educational opportunities to members of the other healthcare professions – we can all learn from sharing the trainees' experiences
- Induction, sharing "how it is done round here"

Support Individual Learner

Faculty have a responsibility to ensure that each individual trainee receives appropriate supervision, knows who to turn to for educational and clinical concerns and is supported by the clinical team. NACT document "Managing Trainees in Difficulty" *(appendix 5)* should be available to all "extended faculty".

Friendly supportive relationship

- Introductions at start of placement
- Start from premise of positivity and support
- Concern for individual welfare & physical environment – food, rest, personal space/locker etc
- Assist with required processes, procedures, IT passwords & programmes etc

Appropriate Clinical Supervision

- Observe performance & feedback to assure patient safety
- Understand requirements of the relevant level of training & assessment
- Give regular feedback - in depth knowledge not required – comment on manner, professionalism, management of case / team, from patient / team perspective
- Be courageous - give constructive critical feedback immediately and agree action plan
- Know the name & contact details of the senior doctor available for support / advice
- Act as trainee advocate: involve other team members and call in senior help as necessary

Ensure Named Supervisor

- Named Educational Supervisor (ES) known to trainee and to faculty. Named Clinical Supervisor (CS) if ES not in dept. Roles of Supervisor clear to all.
- Alternative sources of support known to trainee
- Pathway of communication from faculty to Supervisor (CS and/or ES) via Placement Supervision Group (PSG) and/or Department Faculty Group (DFG).
- 360 feedback principles understood – clarity about type and frequency of feedback, interpretation, what happens to collated feedback, place in portfolio, etc

Maximise Learning Opportunities

- Utilize the multi-professional team e.g ward pharmacy for prescribing issues etc.
- Support with prioritization & delegation to ensure accesses learning events e.g. attendance in clinic etc.
- Find relevant trainee when learning opportunity arises
- Consider the learning needs of individual trainee
- Let go - be prepared to let the trainee take decisions, do practical tasks etc.

Department Faculty Group

A clear communication strategy is required to keep all informed of their responsibilities, expectations and relevant developments. All departments with trainees should hold a Dept. Faculty Group (may be associated with other dept business meeting) led by the College / Specialty Tutor & attended by the Clinical Director/Specialty Lead *(see Appendix 6 for Terms of Reference).*

Although only those members of faculty with specific roles will attend it is their collective responsibility to share the key points with all members of their clinical team.

"Extended Faculty" may not be confined to a single department, specialty or profession and arrangements should be made to include them within the communication pathways.

With the increasing regulation and requirement for data it is essential that all departments have allocated educational administrative time and resources to assist faculty with necessary reports and supporting information. This is required for the collation of incidents, complaints etc *(see Appendix 7).*which are required for completion of the revised Annual Review of Competence Progression (ARCP) and the revalidation of trainees.

Faculty meetings & Placement Supervision Groups

- Link service and training issues – service reconfiguration, rotas etc.
- Enhance quality of training – respond to trainee feedback, learn from other depts. devise action plans, create ideas
- Inform faculty of developments, expectations
- Discuss trainees to ensure appropriate clinical supervision to maximize professional development of all trainees & maintain safe service

Discuss trainees' performance

- Supervisor can provide individual trainee feedback and constructive comments
- Issues can be raised & addressed in timely constructive way during the placement and documented on End of Placement Report
- Involve trainees early when concerns are identified and devise agreed management plan
- Focus on non-clinical as well as clinical aspects of performance – non-medical faculty members and patients often more capable of commenting on aspects of professionalism

Consistency of Approach

- Develop processes and guidelines to ensure consistency of both educational & clinical approach between individual faculty members
- Communicate with other trainers and Specialty / College Tutor around any issues e.g. managing trainee with specific issues or concerns (see Appendix 7).

Developing as a Trainer

- Attend relevant meetings and discuss with colleagues to demonstrate CPD in educational role required for Revalidation.
- The College / Specialty Tutor should take the lead to develop all members of faculty
- Provide some supporting information e.g. logbook of interventions, curriculum mapping, teaching/ supervision evaluation
- Seek feedback on educational role from colleagues & trainees

Safe Service Provision

Trainees are employed to provide a clinical service and they learn from making decisions and taking responsibility – this is an essential part of postgraduate training. Trainees do not learn when they are "supernumerary".

All members of faculty have a responsibility to allow and encourage trainees to take an active part in service provision whilst ensuring patient safety at all times. Faculty needs to demonstrate situational judgment & self-control and allow the trainee in graded steps to develop autonomy of decision making; judging when to allow the trainee to continue and when to intervene.

Proactively manage workload

- Allow trainees to manage their own rota & take responsibility for ensuring cover
- Ensure trainees balance the clinical needs of the patients with their learning needs
- Faculty should consider alternative approaches to managing the service and enhancing the learning: making every moment matter.
- Trainees should appreciate the learning in all aspects of patient care – even if doing simple tasks

Ensure Patient Safety

- Define parameters ahead of time – so expectations of what level of decisions the trainee is expected to make
- Find time to discuss issues after period of "independent" work to discuss moments of slight uncertainty and ensure learning takes place
- Depending on trainee seniority, faculty to allow trainee to manage complex situations and consider it a learning moment and resist intervening unless patient safety is concern risk
- Act as patient advocate and access senior support as necessary

Allow trainee to take responsibility

- Articulate expectations of what is expected
- Provide regular feedback of what was good and how to improve
- Grade level of supervision according to individual

Teach & role-model efficiencies

- Demonstrate and teach how to prioritise and use organisational skills to get through the workload
- Be focused and to the point in all communication
- Delegate tasks having set defined objectives of what to do and not do
- Involve all faculty team – let go – others can do it too
- Demonstrate the humanity of medicine

References

1. Proposals for the organization of PGME at the provider level. NACT UK August 2007 http://www.nact.org.uk/display?itemfeedid=83413
2. Time for Training. Prof Sir John Temple http://www.mee.nhs.uk/PDF/14274%20Bookmark%20Web%20Version.pdfgbhm

WHO DOES WHAT

IN FOUNDATION & SPECIALTY

TRAINING?

In 2008 the Quality Management Subgroup of JACSTAG asked NACT UK to produce a document suggesting terminology for the various roles of those involved in postgraduate medical training, from the level of day to day supervision to the management of whole training programmes.

This document results from both internal NACT UK discussions and both formal and informal feedback from others. Creating a clear and simple terminology out of the historical variation between specialties, regions and countries is challenging. However with national standards & regulation, centralised recruitment and mobile trainees & trainers we believe standardising terminology is worthwhile.

In this document we propose no new roles. We have grouped roles into 3 broad groups, Trainers, Tutors and Directors. In broad terms, Trainers teach and facilitate the learning of individual trainee, Tutors and Directors oversee a cohort of trainees and manage the process.

We hope that this document will stimulate informed discussion that will lead to a nationally agreed terminology for the roles involved in Postgraduate Medical Education.

Liz Spencer, Chair NACT UK *January 2009*

Updated by Liz Spencer with minor editing in April 2013 to reflect recent changes

Contents

Executive Summary

1. Individual Placement

In Hospital - Trainers are a variety of consultants, and other experienced clinicians who provide training and educational support for more junior doctors.

In General Practice – Trainers are experienced GPs who are "properly organised and equipped for providing training" as defined by Statute[1].

Educational Supervisor: A named Trainer who is responsible for the overall supervision and management of a specified trainee's ***educational*** progress during a placement or series of placements.

Clinical Supervisor: A named Trainer who is responsible for overseeing a specified trainee's ***clinical*** work and providing constructive feedback to the trainee during a placement.

2. Local Education Provider

College/Specialty Tutor: A Trainer who is appointed to oversee postgraduate medical training within a specialty department to promote the learning environment, support Trainers & Trainees and be responsible for ensuring that the programme(s) are delivered to the desired local and national standards.

Director of Medical Education (DME): responsible within the Local Education Provider for the profile of medical education, developing the faculty (trainers, supervisors & tutors) and ensuring the delivery of the Education Contract.

We are aware that a few LEPs continue with the term Clinical Tutor who fulfils much of this role. We suggest that the DME role is more strategic and is required to embed education & training into Board level discussions.

3. LETB / Deanery

Postgraduate Dean oversees all aspects of foundation and specialty training.

The GP Director is responsible for all aspects of GP training and in some areas the performance & CPD of qualified GPs.

Training Programme Director, Foundation (FPD) & Specialty (TPD): responsible for managing their specific training programme usually across different Local Education Providers. They are responsible for recruitment, rotations and trainee progression and organise the ARCP process.

Postgraduate Schools: Most regions in England organise specialty training through Postgraduate Schools. e.g. Schools of Surgery, Schools of Medicine, Schools of Anaesthesia etc. They have professional links to the College and are accountable to the Postgraduate Dean.

Heads of Specialty Schools are responsible for the overall management of the training programmes in that specialty and its related sub-specialties.

4. College / Faculty / Specialty level

College – need definition

Specialty Advisory Committee (SAC) within the relevant Specialty College/ Faculty /Board provide expert advice on all aspects of the training programme related to that specific specialty or subspecialty – curriculum, assessment framework, and quality assurance. The SAC works closely with the Lead Dean for that specialty and with the Heads of School and TPDs.

Regional Adviser (RA) or **Regional Educational Advisers (REAs)** are consultants with significant experience in specialty training who are appointed by the College / Specialist Body to provide input into the Specialty Training Committee and support the Training Programme Director. They are involved in the approval & appointment of permanent medical staff, and provide externality to quality inspection processes.

Some specialties call these College Advisers

1. Background

1.1 The working groups involved in both the Standards for Trainers and the Trainer Survey demonstrated that there was significant variation in the terms used to describe training roles, and the interpretation of these terms, in different regions, specialties, specialty associations, Royal Colleges and Hospitals, Trusts or Health Boards. This has lead to considerable confusion in relation to understanding roles, organisational structures, the formulation of job plans and the general management of postgraduate medical training.

1.2 A nationally agreed set of terms to describe the roles of those involved in supporting trainees and managing training programmes could provide clarity to trainees, trainers, Local Education Providers (LEPs) and other agencies with an interest in postgraduate medical training.

1.3 There is greatest confusion amongst the roles and titles of those most closely involved in the actual process of training individual post-graduate doctors.

1.4 All roles need to be specifically recognised in medical job plans with an appropriate allocation of time. Clarity on roles and responsibilities with common terminology will facilitate this being done in a realistic and fair manner.

It is acknowledged that there are various models and terminology in use in different countries, regions & specialties and that it may not be possible to have a single model which fits every single individual situation.

2. Significant issues

2.1 The term “Trainer” has a statutory meaning in GP training and cannot be changed. Article 5(4) defines a GP trainer as “one who is properly organised and equipped for providing training” [1].

2.2 The GMC has set out the standards for postgraduate training in The Trainee Doctor (pdf)[2] and some clear definition of a Trainer is required to enable these standards to be implemented and monitored. The GMC has started the process of recognising trainers and is currently focusing on named clinical and educational supervisors.

2.3 The GMC’s Standards for Training and local clinical governance arrangements require trainees to have clinical supervision at all times by an identified individual. In practice the next most senior member of the team provides this. This person providing the “clinical supervision” could be described as the “clinical supervisor”. However this term has a specific usage in the Gold Guide [3] for the named individual overseeing the placement and should be retained for that purpose.

2.4 Modernising Medical Careers has led to the linking of posts in different individual departments, or across LEPs, into training programmes. An Educational Supervisor may not work in the same department, or even the same LEP, as the trainee and so to enable them to monitor progress some mechanism of feedback from the department is required.

2.5 With consultant expansion and hospital mergers teams of consultants now work together sharing wards and supporting a group of junior staff. In this large team it is important that there is a named individual that develops a personal relationship with the trainee to oversee clinical performance, training and manage any concerns – this person is increasingly being called the “Clinical Supervisor”.

2.6 All doctors (and others) working in departments with doctors in training have a duty as part of their professional duties and contract of employment to assist and support that training[4].

2.7 All doctors require an understanding of how to support the learning of others. Those who assume more formal education responsibilities should be trained appropriately [2].

2.8 Local adaptation of these principles will be required as some regions work with a lead employer relationship and in some programmes trainees work in more than one education provider during a working week, as a result of plurality of provision.

3. Proposed Nomenclature

3.1 ***For a placement*** to be educationally useful to a **trainee** a number of outcomes are required.

- Trainees need to discuss cases, receive feedback on performance and be encouraged to learn from every aspect of their clinical activity.
- Trainee's personal learning objectives need to be identified and agreed
- Progress against these objectives needs to be monitored and assessed

3.1.1 In hospital practice, we propose that **Trainers** are those responsible for ***delivering*** the educational outcomes listed above.

Trainers are more experienced clinicians who provide training and educational support for more junior doctors on the wards, in clinic, in an operative list and out of hours. This relationship may vary from a brief encounter on the wards or on call, to overseeing a week of ward work (as a consequence of internal rotation within a specific placement) or regular contact throughout the entire placement.

It is a requirement that all Trainers should be prepared for their role and understand teaching & assessment methods and giving constructive feedback.

An individual trainee will interact with many trainers within a single placement.

Specific Trainer roles

These roles require additional training. The individual should be selected and appointed to the role, and the role detailed in their job plan.

3.1.2 **Educational Supervisor:** A named Trainer who is responsible for the overall supervision and management of a specified trainee's educational progress during a placement or series of placements. The Educational Supervisor is responsible for the trainee's Educational Agreement ie. performs appraisals and identifies, in conjunction with the trainee, the learning objectives for the placement.

3.1.3 **Clinical Supervisor:** A named Trainer who is responsible for overseeing a specified trainee's clinical work and providing constructive feedback to the trainee during a placement. They must provide a written report of clinical performance and progress to the Educational Supervisor, which may involve obtaining & co-ordinating information from several different individual trainers.

Some training schemes appoint an Educational Supervisor for each placement. The roles of Clinical and Educational Supervisor may then be merged.

In GP Specialty Training the term Trainer is defined in statute [1] but the above supervisor definitions apply. The Education Supervisor for the entire Training Programme is usually a GP and there is a Clinical Supervisor for each hospital placement.

3.2 ***For a training organisation*** or Local Education Provider (LEP), the required outcomes are:

- Safe patient care. Trainees require clinical supervision and appropriate supervisors with sufficient seniority and training – Standard C05b [5]
- Delivery of the Learning and Development Agreement (or equivalent) with the LETB or equivalent [6.]
- Compliance with educational governance requirements [2,5]

3.2.1 **Clinical Supervision:** All members of the multi-professional team (doctors, senior nurses and allied health professionals) are involved in providing clinical supervision to less experienced doctors as part of their clinical job and professional duty to ensure patients receive safe and quality care.

3.2.2 **Accountable Consultant:** The consultant leading the medical team and accountable for the overall care of the patient.

Individuals responsible for delivering the educational governance outcomes at this level we propose to call **Tutors** and **Directors**. The individual roles here are more clearly demarcated. Tutors differ from Directors primarily in the scope of their remit.

3.2.3 There should be a consultant selected and appointed to oversee postgraduate medical training within a specific specialty and ensure the delivery of training programmes to the desired standards. This individual is the **Specialty Tutor***:(who may concurrently hold the honorary role of* ***College Tutor****, according to the wishes of the Specialty Colleges, Faculties and Boards*).

In large specialties, such as medicine and surgery, the responsibility may be at sub-specialty level (e.g. urology or orthopaedics) if local needs require it. In large organisations a named tutor for core training programmes may also need to be identified.

We are aware that in some specialties/subspecialties this role is undertaken by a Lead Educational Supervisor. We suggest that the term "supervisor" is confined to a one-to-one relationship with a trainee. We suggest that there should be a tutor in all specialties & subspecialties who would attend the STC and assist the TPD & DME in programme management.

3.2.4 There is an individual who is responsible for maintaining and developing the profile of medical education within the LEP, ensuring quality control processes of training to local, regional and national standards and providing an annual report to the Postgraduate Dean. This person is usually called the **Director of Medical Education** (DME)[7] *although in some areas these roles are done by the Postgraduate Clinical Tutor*. This person may also be the responsible for signing the Education Contract on behalf of the LEP *(Learning and Development Agreement or similar).* Depending on the size and geography of the Local Education Provider they may be assisted by one or more **Associate or Deputy DMEs.**

All LEPs will have an identified Board member who has overall leadership responsibility for postgraduate medical education.

3.2.5 There are many other educational roles required by large LEPs which are undertaken by **Clinical Tutors** who may oversee training within a Division or Hospital, have a specific remit eg. careers, pastoral support, Simulation/Clinical Skills etc or be responsible for a discreet group of doctors eg. the SAS group.

3.2.6 Each locality-based Foundation Programme should have a **Foundation Programme Director** (FTPD) responsible for managing that foundation programme within & between Local Education Providers on behalf of the Foundation School.

3.2.7 Facilities are provided for knowledge management, elearning, education delivery, clinical skills & resuscitation facilities and adequate support of medical education services, co-ordinated across sites and specialties by a team of administrators and a **Medical Education Manager**.

3.3 ***The Postgraduate Dean*** is the Responsible Officer for all doctors in training and is responsible for all aspects of postgraduate medical education:

- overall operational co-ordination of all training programmes - foundation & specialty
- leadership and support for all involved in postgraduate medical education
- identification of placements & training rotations for individual trainees
- quality management of training programmes to GMC generic standards[2].
- recruitment of trainees to programmes
- effective communication with LEPs
- In England.

3.3.1 The **Postgraduate Dean** represents PGME on the LETBs in England & leads the Deanery in the devolved nations. The **Director of Postgraduate General Practice Education** is responsible for all aspects of GP training and in some areas the CPD of qualified GPs.

3.3.2 There will be one (or more) Foundation School(s) led by a **Foundation School Director** to oversee the regional Foundation Training Programmes**.**

3.3.3 All specialty training programmes, including General Practice, should have a nominated ***Training Programme Director*** (TPD) responsible within the LETB / Deanery (or across regional boundaries) for the management of a single specialty training programme across multiple LEPs. They are responsible for recruitment, rotations and trainee progression (ARCP). They would be expected to work with College/Faculty Advisory Committees to ensure that programmes deliver the specialty curriculum. There must be a **Specialty Training Committees** (STCs) involving the Specialty/College Tutors from the individual hospitals that make up the specialty rotations. In general practice the TPD will coordinate the training placements that make up the programme as they cross from primary to secondary care.

3.3.4 Most English regions now organise specialty training through **Postgraduate Schools**. e.g. Schools of Surgery, Schools of Medicine, Schools of Anaesthesia etc. **Heads of Specialty Schools** are responsible for the overall management of the training programmes in that specialty and its related sub-specialties.

3.3.5 In large LETBs and/or in large specialties there may be several geographically based programmes each with a TPD. A **Head of Specialty Training** (HOST) may be required to represent the LETB / Deanery at the **Specialty Advisory Committee** (SAC) within the relevant Specialty College/Faculty/Board.

3.3.6 **Regional Adviser (RA)** or **Regional Educational Advisers (REAs)** are usually appointed by the specialty, but may be a joint specialty/deanery appointment. They are experienced clinicians and educators and provide valuable senior input into the STC and support the TPD. They are involved in the approval & appointment of permanent medical staff, and provide externality to quality inspection processes.

Figure 1 gives a schematic representation of how these roles link together

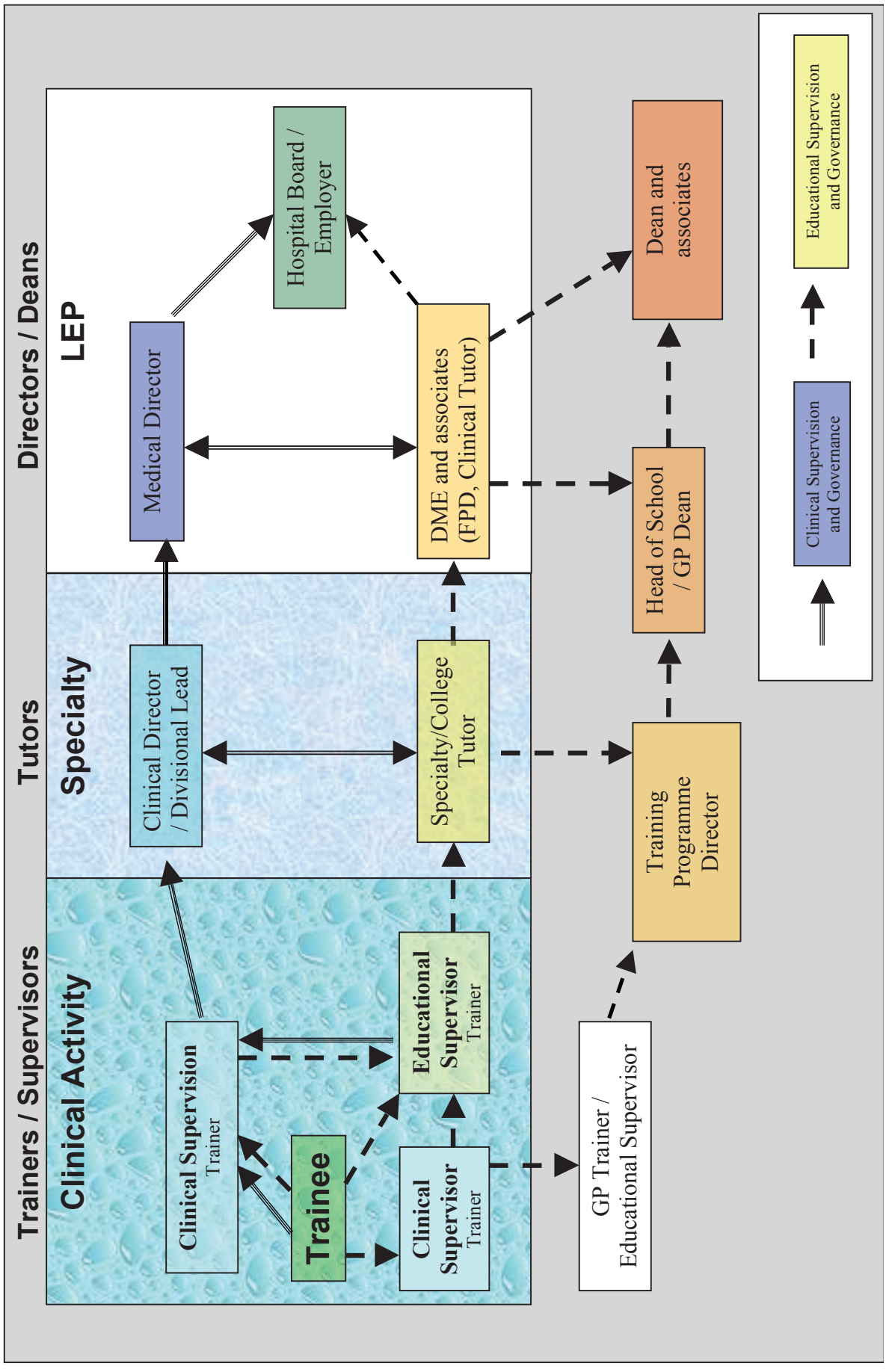

Figure 1: Demonstrating the links between those involved in postgraduate medical training

4. Clinical Supervision – ensuring safe patient care

4.1 All members of the multi-professional team (permanent medical staff, registrars, senior nurses and allied health professionals) are involved in providing clinical supervision as part of their clinical job and professional duty. The content of what needs to be supervised at different levels will change and the level of supervision will vary according to the experience of the trainee.

Their roles are to:-

4.2 Ensure optimum patient management. They should establish a friendly, open relationship with the trainee to encourage advice-seeking, ensure that the trainee is aware of their limitations and that the patient gets excellent safe care.

4.3 Observe and assess clinical practice. To observe practice if appropriate to ensure competency of the trainee. Give constructive feedback to reinforce good practice and develop areas of weakness. A knowledge of the relevant curriculum is desirable and workplace based assessments may be performed.

4.4 Provide feedback to the Clinical Supervisor on performance. If any aspect of a trainee's performance causes concern it must be brought to the prompt attention of the Accountable Consultant or Clinical Supervisor for prompt and appropriate management.

4.5 Ensure safe handover. They should ensure that the care of patients during the period of duty has been safely handed over to any incoming clinicians. This handover should be supervised by a more senior clinician.

Further information available from Gold Guide [3] and AMEE Guide [8].

5. Roles of a Trainer

5.1 They should teach, explain their actions and how their decisions were reached. They should establish a friendly, open relationship with the trainee to encourage questioning and promote discussion.

5.2 Directly observe the trainee's clinical work and provide constructive timely feedback to reinforce good practice, develop areas of weakness and to enable the trainee to evaluate their own performance and progress. This might include taking the trainee through a new procedure or de-briefing with the trainee after the period of duty. workplace based assessments should be performed. It might also include discussing how the trainee feels about a difficult problem or experience.

5.3 To provide coaching and support. Interactions should probe and develop the trainee's knowledge and skills with appropriate questioning to encourage reflection, maximise learning opportunities and develop the trainee.

5.4 Knowledge of the individual's curriculum and learning objectives is desirable and opportunities should be created to ensure that they can be met.

5.5 A full and balanced report of the trainee's performance should be made to the Clinical Supervisor detailing areas of excellence as well as areas for further development.

6. Specific Trainer - Clinical Supervisor Roles

6.1 Be familiar with the individual's learning objectives, ensure that the trainee has a timetable which enables them to gain the desired experience and be able to credibly test completion of these objectives.

6.2 Provide regular feedback on progress against training objectives both to the trainee and the Educational Supervisor. This should include regular documented meetings; in addition it is good practice to aim to meet the trainee weekly to discuss progress and problems in a less formal setting.

6.3 Be familiar with the trainee's learning portfolio and use it to document interactions with the trainee. Understand the assessments methods and ensure that other members of the team understand the relevant assessment methods and how to apply them in practice.

6.4 Ensure effective handover of the trainee to the next Clinical and/or Educational Supervisor, and.complete the Supervisor's report at the end of the placement.

6.5 Ensure that clinical supervision, appropriate to the competences and experience of the individual trainee, of the trainee's day-to-day clinical performance occurs at all times, and that those responsible are able to feedback on trainee's performance.

6.6 Ensure that the trainee has time scheduled to hand over the care of their patients at the end of a duty period.

6.7 Be approachable so the trainee can report any issues and concerns regarding their training.

Further information available from Gold Guide [3] and AMEE Guide [8].

7. Specific Trainer - Educational Supervisor Roles

7.1. Perform regular educational appraisals to

- facilitate reflection with the trainee on their performance
- review the learning portfolio to ensure that trainees are making the necessary clinical and educational progress
- identify key developmental objectives (against the programme curriculum and GMP) and update the PDP.
- include the requirements for the annual workplace based (NHS) appraisal - *The mechanism for this is described in paras 7.24 – 7.27 and Appendix 7 of the Gold Guide.*

7.2 Inform others eg. TPD, DME or Medical Personnel Officer should the level of performance of a trainee give rise for concern.

7.3 Complete the Educational Supervisor's structured report (Gold Guide Appendix 4) and support the trainee in preparing for the ARCP.

7.4 There should be clear lines of accountability and responsibility for Educational Supervisors to fulfil the programme specific objectives professionally to the TPD and managerially to their employer or partnership. There should also be clear lines of accountability to the trainee's employer to ensure that the trainee's employer is confident that they are fulfilling their contractual responsibility to the trainee.

Further information available from Gold Guide [3] and AMEE Guide [8].

8. Roles of Tutors

8.1 Specialty Tutors.

Within the Local Education Provider each specialty requires a lead for PGME who is responsible for:

8.1.1 Ensuring that the educational, pastoral & career planning needs of all trainees in the department at all levels and on all programmes are addressed.

8.1.2 Maintaining an environment within the department conducive to training and that all those within the multi-professional team understand their role in providing clinical supervision to the trainee.

8.1.3 Supporting the Educational Supervisors and Trainers in their role particularly when there is a trainee who requires additional support for whatever reason.

8.1.4 Ensuring the quality control of the education and training delivered within that department according to local, regional and national standards.

8.1.5 For the Core Programmes, e.g. Core Medical Training (CMT), Core Surgical Training (CST) & Acute Care Common Stem (ACCS), there will be a TPD in the Deanery structures. However in large LEPs there may also be the need to have a nominated Tutor to co-ordinate these two-year programmes. This Tutor would be responsible for co-ordinating the programme and overseeing the progression of the trainees within the LEP, liaising with the TPD in the Deanery, assisting with recruitment, assigning Educational Supervisors and Trainers etc.

8.2 College Tutors.

With increasing sub-specialisation, particularly in medicine and surgery, there may be a need for several specialty tutors where traditionally there was only 1 College Tutor. Having an overarching College Tutor co-ordinating related specialties and providing a communication channel to the Royal College is desirable. Their role for the College and their responsibility locally need to be clearly defined.

8.3 Clinical Tutor.

This role is considered under Director of Medical Education.

Further information on roles and responsibilities of tutors in NACT UK Guide [7]

9. Role of Deans

9.1 **Postgraduate Deans** have overall responsibility for the quality of postgraduate medical and dental education in their LETB / Deanery. They are also responsible for the strategic direction of PGME and for delivering a balanced budget. They are senior medical practitioners who have a background in medical education. They work closely with, and are accountable to NHS strategic organisations (in England LETBs, in Scotland NES, in Wales & N.Ireland direct to government). Most also have a University appointment so that they are able to fulfil their responsibilities to certify suitability for full registration. They work closely with medical royal colleges and faculties to ensure that the training programmes in their Deanery will deliver the College curriculum. They also work closely with other local universities.

9.2 Most Deans have working to them a **Director of Postgraduate General Practice Training** or **GP Dean** who is a senior medical practitioner with an educational background and who is responsible for the overview of general practice education across the Deanery including the strategic development of general practice (sometimes primary care)

9.3 There may also be a **Director of Postgraduate Hospital Training** or a lead for secondary care training. This person is also a senior medical practitioner with an educational background and is usually responsible for ensuring the overall delivery of postgraduate hospital training and will be accountable to the Postgraduate Dean.

9.4 All regions have a cohort of **Associate Deans (some are referred to as associate GP directors)** who are responsible for assisting the delivery of education in the patch. Most have a combination of geographical responsibility, specialty responsibility and portfolio of expertise.

10. Role of the LETBs

There are 13 LETBs across England. The Director of Education and Quality (DEQ) is responsible for the effective quality management of all education & training programmes, with the postgraduate dean having responsibility for medical postgraduate education and training. Their role is to

- Ensure the supply of the local health and care workforce and support national workforce priorities
- identify local priorities for education and training;
- Commission education and training on behalf of member organisations,
- Secure quality and value from education and training providers in accordance with the requirements of professional regulators and Education Outcomes Framework;
- Create effective partnerships with clinicians, local authorities, health and well- being boards, universities and other providers of education and research and provide a forum for developing the whole healthcare workforce.

References

1. 4(5) from Part 3 of The General and Specialist Medical Practice (Education, Training and Qualifications) Order 2003 (No. 1250)

2. The Trainee Doctor http://www.gmc-uk.org/Trainee_Doctor.pdf_39274940.pdf

3. Gold Guide – A Guide to Postgraduate Specialty Training in the UK http://www.mmc.nhs.uk/Docs/A%20Guide%20to%20Postgraduate%20Specialty%20Training%20in%20the%20UK%20(Gold%20Guide).doc

4. GMC - Good Medical Practice 2006 http://www.gmc-uk.org/guidance/good_medical_practice/index.asp

5. Standards for Better Health, Healthcare Commission http://www.healthcarecommission.org.uk/_db/_documents/Acute_trusts_criteria_f or_assessing_core_standards_2007_2008.pdf

6. LDA – search ref ? from London Deanery website

7. NACT UK Document "Proposals for the Organisation of Postgraduate Medical Education" August 2007. Available from the NACT UK Office.

8. AMEE Guide No. 27: Effective Educational and Clinical Supervision. Sue Kilminster, David Cottrell, Janet Grant & Brian Jolly

Appendix

Glossary of Terms used (*taken from the Learning & Development Agreement)*

Deanery – a regional organisation responsible with the Local Education Provider for the planning, delivery, quality management and development of education and training of doctors and dentists in training. In many areas the remit has been extended to include the training of other healthcare professionals. They work through a commissioning process to establish Service Level Agreements with individual providers.

Since April 2013 they have been incorporated into the LETBs in England.

Foundation/Specialty School – an organisation, accountable to the Postgraduate Dean, that delivers the national operational framework for postgraduate medical foundation & specialty training programmes. It is responsible for the recruitment and management of medical postgraduate trainees and quality management of the programmes. The School will ensure that recruitment is undertaken in accordance with the national framework.

Learning Environment – the location in which active, supervised training and learning takes place

Learning Development Agreement – means the annual contract between the SHA/ Deanery and the Local Education Provider. The MPET levy of money is transferred to the Local Education Provider for the provision of education, training and learning for pre and post-registration students of all healthcare professionals under the terms and conditions stipulated in the Agreement.

Local Education and Training Board (LETB) – In England only. They are responsible for the training and education of NHS staff, both clinical and non-clinical, within their region. The LETB boards are regional committees of HEE and are made up of representatives from local providers of NHS services.

Local Education Provider – a provider of educational services commissioned by the regional / national body, to include medical and dental postgraduate medical education

Placement – a clinical practice learning experience or environment within a Local Education Provider

Programme – an agreed programme of experience and study leading to an approved award as covered by the Agreement

Medical/Dental Trainee – a person receiving education or training on an SHA funded healthcare programme in a Deanery approved programme or placement. Placements are in Local Education Providers.

Roles & Responsibilities of an Educational Supervisor

More detail available in The Trainee Doctor & The Gold Guide

1. All trainees must have a named education supervisor and the trainee should be informed in writing of this. The exact model, i.e. by placement, year of training etc, will be determined locally and all parties informed in writing of model and expectations.

2. The Educational Supervisor should meet regularly with the trainee to review educational progress and to encourage reflection and the collection of appropriate supporting information on all aspects of Good Medical Practice for Revalidation.

3. Support of Trainee

a) Oversee the education of the trainee, act as their mentor, monitor clinical and educational progress & ensure the trainee receives appropriate career guidance and planning

b) Meet the trainee in the first week of the programme (or delegate to colleague if absent on leave), ensure the structure of the programme, the curriculum, portfolio and system of assessment are understood and establish a supportive relationship. The educational agreement should be signed and a Personal Development Plan with clear objectives agreed.

c) Provide the trainee with opportunities to comment on their training and on the support provided and to discuss any problems they have identified

d) Review meetings should be held regularly, in protected time and in a private environment. The portfolio should be reviewed to ensure satisfactory progress against the curriculum and personal development plan. Feedback should be given; this may require the educational supervisor to have discussed with the clinical supervisor, those involved in clinical supervision and other key professionals with whom the trainee has worked during the placement. The mechanism of obtaining this information should be clear to the trainee.

e) Any complaints and/or serious incidents should be discussed and a reflective note written in the portfolio and included on the Educational Supervisors Report & Enhanced Form R for the ARCP

f) At the end of the year the final appraisal session consists of reviewing all the assessments, the portfolio of evidence of learning and ensuring that all the learning objectives of the programme have been satisfied. All the necessary documentation needs to be completed and returned to the Programme Director to enable satisfactory completion of the end-of-year paperwork.

4. If the trainee's performance is not reaching the required standard a) This should be discussed with the trainee as soon as identified b) Written record of the meeting kept

c) Remedial measures should be put in place as soon as possible with clearly defined written objectives

d) Trainees must have an opportunity to correct any deficiencies identified

e) The appropriate Programme Director should be informed of any significant problem

5. All Educational Supervisors

a) Should be approachable, keen to develop the trainee and understand the importance of the role

b) Must be familiar with the Programme Curriculum, Portfolio and Programme design

c) Are responsible for ensuring that relevant information about progress and performance is made available to the appropriate Programme Director and informing them should the performance of any individual trainee give rise for concern.

d) Should contribute in relevant areas to the formal education programme

e) Will act as a resource for trainees seeking specialty information and guidance

f) Should be members of the Dept Faculty Group and liaise with the Specialty Tutor and the rest of the department to ensure that all are aware of the learning needs of the Trainee

g) Must be given adequate time to perform their role and approx. 0.25 PA per trainee should be identified in their job plan..

Roles & Responsibilities of a Clinical Supervisor

1. **For every placement** - the doctor must have a named clinical supervisor and the trainee should be informed in writing of this. In some instances this will be the same person as the educational supervisor. Both roles then should be clearly understood.

2. All clinical supervisors:

a) Should be involved with teaching and training the trainee in the workplace and should help with both professional and personal development.

b) Must offer a level of supervision of clinical activity appropriate to the competence and experience of the individual trainee; no trainee should be required to assume responsibility for or perform clinical, operative or other techniques in which they have insufficient experience and expertise; trainees should only perform tasks without direct supervision when the supervisor is satisfied regarding their competence so to do; both trainee and supervisor should at all times be aware of their direct responsibilities for the safety of patients in their care.

c) Support the trainee in various ways:

- direct supervision, in the operating theatre, the ward or the consulting room
- close but not direct supervision, eg. in the theatre suite, in the next door room, reviewing cases and process during and/or after a session
- regular discussions, review of cases and feedback

He/she may delegate some supervision to consultant colleagues, specialty trainees, appropriately experienced non-consultant career grade doctors and other healthcare professionals such as advanced nurse practitioners etc.

d) Organise specialty induction – to include

- Introduction to the clinical department - *duties of the post, any particular responsibilities, departmental meetings and senior cover.*
- Role of the multidisciplinary team that covers out of hours to ensure safe and effective clinical care at night and weekends - *cross-specialty induction when cross-cover required, bleep policies, managed hand-over, clear team understanding of individual competencies and safe supervision etc.*
- Agreeing specific and realistic specialty learning objectives appropriate to the level of the individual trainee

e) Must meet the trainee before or within a week of starting the placement, establish a supportive relationship and agree a learning plan,

f) Provide regular review during the placement both formally and informally to ensure that the trainee is obtaining the necessary experience, including supervised experience in practical procedures and to give constructive feedback on performance at least twice in the 3 month post.

g) Perform and oversee the work-based assessments detailed in the Portfolio. h) Encourage trainee's attendance at formal education sessions

i) Ensure a suitable timetable to allow completion of all requirements of the specific curriculum.

3. All Clinical Supervisors

a) Must have prepared themselves adequately for the role, be familiar with the relevant training Curriculum and the specialty specific learning objectives.

b) Should be members of the Dept Faculty Group and inform other members of the faculty about their role regarding supporting the trainees' learning & providing clinical supervision.

c) Are responsible for ensuring that relevant information about progress and performance is made available to the educational supervisor towards the end of the placement to inform the end of placement appraisal and the Educational Supervisors report for the ARCP.

d) Are responsible for creating a learning environment in the workplace to enable positive and constructive feedback to the trainee from the multi-professional team and the collation of such evidence, particularly in situations where the team may be more able to observe the performance of the trainee than the consultant

e) Are responsible for informing the Educational Supervisor should the performance of any individual trainee give rise to concern.

Job Descriptions of Education Supervisor, Specialty Tutor &
Director of Medical Education

JOB DESCRIPTION – Educational Supervisor

Accountable to: Local Education Provider, Foundation/Specialty School

Reports to: Director of Medical Education via Foundation Programme Director or Specialty Tutor

Tenure: Indefinite, to be reviewed annually

Job Purpose:
An educational supervisor is a named individual who is responsible for supporting, guiding and monitoring the progress of a named trainee for a specified period of time. He/she may be in a different department, and occasionally in a different organisation, to the trainee. Every trainee should have a named educational supervisor and the trainee should be informed of the name of his/her educational supervisor in writing.

Key Responsibilities

1. They should have received appropriate training for the role:-
   - Completed the appropriate local / regional training
   - Understand educational theory and practical educational techniques
   - Be familiar with the structure of the training programme, the curriculum and the educational opportunities available.
   - Be familiar with local policies for dealing with trainees in difficulty.
   - Have sufficient identified time in the job plan to carry out role effectively

2. The educational supervisor should oversee the education of the trainee, acting as his/her mentor and meeting with the trainee to ensure that he/she is making the expected clinical and educational progress.

3. The educational supervisor should ensure that all meetings occur in protected time and are held in a private and undisturbed environment.

   a. They should meet with the trainee during the first week of his/her post to:-
      - ensure that the trainee understands his/her responsibility for his/her own learning, the structure of the programme, the curriculum, the educational opportunities available, the assessment system and the relevant portfolio
      - sign the Educational Agreement
      - develop a personal learning plan with the trainee which is mutually agreed and which will be the point of reference for future appraisals
      - establish a supportive relationship

b. The educational supervisor should meet with the trainee to carry out regular educational appraisals, ensure review of and reflection on all aspects of Good Medical Practice. Before each meeting, (and if necessary after the meeting) the educational supervisor should exchange information with those involved in the clinical supervision of the trainee and other key personnel with whom the trainee is working. During each meeting:

- review progress with the personal learning plan
- the personal learning plan should be updated if necessary
- the supervised learning events, workplace based assessments and the attendance at formal teaching events should be reviewed
- the trainee's portfolio should be reviewed to ensure that it is being maintained and developed by the trainee.
- ***Note:*** *The trainee has overall responsibility for ensuring that his/her portfolio is maintained and developed and that all relevant documentation is completed at the appropriate time and signed off where necessary*
- clinical performance and professionalism should be reviewed (see 6)
- any complaints and / or serious incidents should be discussed and a reflective note written in the portfolio. These should be mentioned on the Educational Supervisors Report and the Enhanced Form R for the ARCP.
- the trainee should be given honest and constructive feedback
- the trainee should be given the opportunity to comment on his/her training and the support that is being provided. Any problems that are identified by the trainee should be discussed and a solution should be sought.

4. The educational supervisor should ensure that the Educational Supervisor's Structured Report is completed and returned to the Annual Review of Competence Progression Panel within the necessary timescales. This may require seeking feedback on the trainee's performance from other Trainers and Clinical Supervisors.

5. The educational supervisor should ensure that the trainee knows how to access careers advice and support.

6. If a trainee's clinical performance and/or professionalism is not reaching the required standard, the educational supervisor should ensure that
   - This is discussed with the trainee as soon after the problem is identified as possible and that a written record of the meeting is kept
   - Remedial measures are put in place with clearly defined written objectives so that the trainee has the opportunity to correct any deficiencies
   - All relevant key personnel (including the Medical Director and the Postgraduate Dean) are kept fully informed.

7. If a trainee is otherwise in difficulty, the educational supervisor should ensure that the local policy for managing trainees in difficulty is followed.

Person Specification for Educational Supervisor

Attributes	Essential	Desirable
Qualifications	GMC full registration Specialist or General Practitioner registration	Postgraduate qualification in education
Knowledge & Skills	Knowledge of management and governance structures in medical education and training and awareness of recent changes in the delivery of medical education and training nationally and locally. Enthusiasm for delivering training Evidence of current training in: • Train the trainer • Appraisal and feedback • Relevant workplace-based assessments • Relevant portfolio • Equality and diversity Effective communications skills, motivating and developing others, approachability, good interpersonal skills.	Evidence of supporting trainees and trainers. Understanding of uses of IT in education. Evidence of personal development in medical education Evidence of delivering well evaluated teaching sessions/ tutorials

JOB DESCRIPTION - College/Specialty Tutor

The College/Specialty Tutor is responsible, within their defined area, for overseeing the delivery of the training programmes to all postgraduate medical trainees. They should ensure a learning environment at departmental level which is challenging, supportive and, where appropriate, multi-professional. They should be appointed jointly by the Local Education Provider (Medical Director or DME) and appropriate Specialty/School representative. They are managerially accountable to the Clinical Director/Lead of the department with professional responsibility to the DME and Training Programme Directors.

General Responsibilities

- To ensure that the educational, pastoral & career planning needs of all trainees in your department are being addressed
- To implement, monitor and improve the training programmes in the department in conjunction with the DME, FTPD & the Specialty School(s)
- Where appropriate to work with the relevant Foundation & Core Programme tutors to ensure the specialty placement fulfils the programme requirements
- To represent their specialty area at training committees, both internally and externally, as required
- To ensure, along with the DME, that all those involved in training and assessing trainees have received appropriate training
- To manage trainee performance issues in line with Trust policy and in conjunction with the DME
- To ensure, in conjunction with the Clinical Director, that trainees receive appropriate departmental induction and are competent to practice prior to starting clinical practice
- To represent the College/Specialty body in the workplace and vice versa

Key Result Areas

- Educational plans and timetables appropriate to individual's learning needs
- Regular meetings with Clinical Director / Lead to discuss training and workforce issues and evidence that training is valued within the directorate. Service reconfiguration and training requirements are discussed together.
- All trainees will have a named educational supervisor who understands his/her role
- 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
- Clear evidence of the delivery, uptake and effectiveness of learning for trainees in all aspects of the curriculum
- Departmental induction occurring in the specialty which is evaluated and attendance recorded
- Chairing and organising a Departmental Faculty Group – *see NACT UK guidance*
- Attendance at local and regional education meetings as appropriate
- Active involvement in recruitment, assessment and annual review processes
- Recording of information required by local, regional and national quality control processes and the provision of a report as necessary
- Counselling and Careers Advice available for all trainees

Personal Development

Develop an appropriate education PDP to be discussed and approved at annual appraisal.

Annual review of the role should take place with the DME, and independently with the CD as part of the job plan review.

JOB DESCRIPTION - Director of Medical Education

Note: The appointment of a Director of Medical Education is a matter for the service and for the individual Trust / Board. The attached job description and accompanying person specification is provided as guidance only.

The Director of Medical Education (DME) is responsible for maintaining and developing high quality medical education and training within their NHS Trust / Board. He or she:

- should develop a local strategy for medical education and training and be responsible for its provision, quality control and improvement;
- will ensure that medical education and training is fully integrated with the delivery and future requirements of the service both operationally and strategically;
- will work closely with the both postgraduate and undergraduate deans in ensuring the delivery of medical education and training to meet the standards of regulatory bodies; and
- will ensure the delivery of the Learning & Development Agreement with the LETB in England, or equivalent SLA in the other 3 UK countries.

Education and training are core NHS responsibilities and require robust governance policies and procedures. The provisions for delivering medical education and training within an NHS Trust / Board should encompass undergraduate medical students, postgraduate medical trainees, and career grade doctors. The DME should also be concerned with the processes of NHS appraisal, revalidation, and continuing professional development of all doctors - including provision of pastoral support. Therefore, in addition to postgraduate medical education and training, DME responsibilities should extend across the continuum of medical education to include undergraduate education and continuing professional development. They will also have a role in developing and supporting a wider multi-professional education agenda.

Specialty training is programme-based and designed to deliver nationally agreed standards. The size of specialty training programmes varies across specialties and, while each will have a Training Programme Director (TPD), the number of Educational Supervisors (ES) and Clinical Supervisors (CS) will relate to the numbers of trainees on the programme. Although there is flexibility, an ES would not normally expect to supervise more than four trainees.

The DME may be a consultant or general practitioner within the NHS Trust / Board and usually reports to the medical director. They will have a close professional relationship with the relevant postgraduate dean(s) to ensure quality control of training programmes as set out in the GMC Quality Management Framework. He or she may also combine the role with that of an educational and/or clinical supervisor.

General responsibilities within the Trust / Board

The DME will:

- take responsibility for ensuring that the Trust / Board can achieve the standards of postgraduate and undergraduate medical education and training, as set by the General Medical Council (GMC), in all placements within the Trust / Board including those provided in primary care;
- in association with the local postgraduate dean, provide professional leadership and vision on medical education and training issues for the Trust / Board;
- in association with the appropriate stakeholders including postgraduate and undergraduate deans, produce, implement and monitor a strategy for the provision of medical education and training at all levels;
- liaise with medical schools to ensure a smooth transition from undergraduate to post graduate training;
- align medical training and education with service objectives as defined by the Trust / Board and
- represent the Trust / Board on medical education and training issues, both externally and internally.

In order to deliver these the DME will:

- work with the LETB / Deanery and with the local university medical school to:
  - identify structure(s) for the local delivery of medical education and training, (including postgraduate foundation, specialty and sub-specialty training programmes and/or placements within such programmes) ensuring that all those involved have clear roles and responsibilities and are accountable for those educational roles; and
  - support and develop all educational and clinical supervisors and be involved in their appointment.
- manage resources and budgets devolved to support medical education and training.
- manage data collection and reporting processes necessary for both internal quality control as well as external reporting to the PG Dean for regulatory bodies such as the GMC.
- Develop system of exception reporting of incidents and complaints with the governance departments to comply with requirements of revalidation for trainees.
- liaise with other educational leaders in the development of multi-professional learning as appropriate.
- work with other DMEs to support training arrangements or programmes across the region eg Lead Employer arrangements etc

Key Result Areas

The DME will:

- provide evidence of robust systems for educational governance and quality control as required by statute for the GMC and other external bodies as required
- ensure that trainers and trainees employed by the Trust / Board are fit for purpose;
- report to the NHS Trust / Board, as appropriate to ensure awareness of the impact of changes in medical education and training on the Trust / Board; and
- in partnership with the postgraduate Foundation & Specialty schools implement, monitor and improve medical training placements within the Trust / Board.

Procedure for appointment and accountability

The appointment process will be the responsibility of the Trust / Board and the postgraduate and (where relevant) the undergraduate deans should be involved in the appointment. It is expected that the DME will be managerially accountable to the medical director.

An annual review of the role should take place with the postgraduate dean and medical director with written output to take forward into their appraisal process

To ensure professional development within this role DMEs should join NACT UK and attend regional and national meetings of an educational nature.

Requirements

The duties will normally require 3-5 Pas of protected time, which should not be in addition to full-time clinical work.

Goods & Services – mileage, laptop & mobile internet access. Administrative support (1 Grade 5 WTE) & office space.

NACT UK

Person Specification

Factor	Essential Criteria	Desirable Criteria	How obtained
Attainments	• Held a senior or significant appointment in the NHS	• GMC full registration • Hold Specialist or General Practitioner registration • Minimum of 5 years experience as a consultant or general practitioner	Application Form
Knowledge and Interests	• Knowledge of management and governance structures in medical education and training and awareness of recent changes in the delivery of medical education and training nationally and locally. • Interest and enthusiasm for improving delivery of medical education and training and of continuing professional development. • Knowledge of assessment methods.	• Evidence of relevant research and/or publications. • Evidence of experience at strategic level of national or international education organisations.	Interview
Special Aptitudes	• Evidence of ability to work in a team and to organise and manage the work of the department. • Effective leadership and communications skills, motivating and developing others, approachability, good interpersonal skills. • Evidence of delivering well evaluated teaching sessions/ tutorials. • Ability to manage change.	• Understand strategies for supporting trainees and trainers. • Understand use of IT in education. • Evidence of successful delivery of training programmes. • Evidence of working with other specialties/ professions. • Evidence of audit/research in medical education.	Interview
Physical requirements	• Health standards applicable – senior health professional in NHS • Acceptable attendance record		OH, Application form Interview Referees

Best Practice Guidance for Ongoing Clinical Supervision

Purpose: This document proposes guidance on best practice for Local Education Providers who wish to set out a policy for 'ongoing clinical supervision' of trainees.

Definition: 'Ongoing clinical supervision' is supervision of the trainee throughout their clinical work, during both daytime and out-of-hours duties.
[This is by contrast with the role of the 'Named Clinical Supervisor', as defined by the GMC*.]

Rationale: To ensure patient safety, clinical work by trainees needs to be carefully supervised by experienced and competent clinical staff, who are trained for the role, and who recognise and discharge their responsibility to trainees. This should result in reduced clinical risk and raised quality of patient care.

Ongoing supervision in practice - principles:

- Trainees and trainers should work within the parameters which relate to these activities outlined in the GMC's Good Medical Practice.
- Trainers and experienced, competent clinical staff have a role in ensuring that patients are safe and treated according to best practice.
- Trainees will vary in their need for ongoing supervision depending on seniority, experience and individual circumstances.
- There is an onus on trainees to seek appropriate ongoing supervision, especially when they reach the borders of their clinical skills and competence.
- Trainees will have increasing autonomy as they advance through training, from full supervision of all practice at entry to foundation training, up to independent practice at completion of training.
- The profile of 'ongoing clinical supervision' will change from close and proximate supervision (e.g. of foundation trainees), through supervision by staff within the same hospital (e.g. for specialty trainees), to remote supervision by staff outside the Trust (e.g. consultants elsewhere, for more senior trainees).
    - For foundation trainees, supervising staff should be present in the same hospital.
    - For specialty trainees, supervision arrangements may vary from specialty to specialty. Supervising staff should be available as specified to ensure safe, timely and comprehensive management of all patients seen by trainees.

Standards:

- In each department there should be written allocation of Educational Supervisor and Named Clinical Supervisor roles for all trainees;
- In each department there should also be a clear, written agreement amongst all senior medical staff about ongoing clinical supervision of all trainees;
- In each department, there should be written statements about:
    - Who provides ongoing clinical supervision to trainees;
    - Whom trainees report to in the course of their clinical work;
    - What information should be shared about patients;
    - How trainees can access ongoing clinical supervision when they need advice or practical help;
    - An escalation policy when immediate ongoing supervision is not available;
    - How trainees can contact more experienced colleagues in an emergency;
    - Handover arrangements.
- These statements should be shared with trainees at induction;
- There should be an agreed system of feedback for trainers and trainees.

Monitoring:

- There should be a mechanism to monitor these standards.
- Lapses or failures in on-going clinical supervision should be identified and addressed promptly and clearly. Records should be kept.
- Serious incidents (SIs) need scrutiny for involvement of any trainee and whether there was a failure of clinical supervision – *see NACT UK Serious Incident Analysis*
- Monitoring of trainee performance, including adherence to the principles and practice of ongoing clinical supervision should occur (approximately) monthly. Feedback on problems should be given to trainees and trainers.
- Each Trust should monitor practice in ongoing clinical supervision of trainees year- on-year and address any issues, especially where recurrent.

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* This reads: '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 inform 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 (GMC Consultation on 'Recognising and Approving Trainers' (January 2012)'. Due to shift working in most specialties, the 'Named Clinical Supervisor' will not be present next to their named trainee at all times.

NACT UK

Managing Trainees in Difficulty

(version 3)

Practical Advice for Educational and Clinical Supervisors

October 2013

NACT UK*: *Supporting Excellence in Medical Education

Foreword and Acknowledgements

This updated version of the original document (published in January 2008) continues to outline key principles and concepts in the challenging field of managing doctors in difficulty. The main changes in this version result from the valuable contribution from BAPIO and highlight the cultural issues facing both supervisor and trainee in our diverse medical workforce. The bulk of the document remains unchanged.

Claire Mallinson, Chair NACT UK

Acknowledgements

There were numerous documents and important contributions made by many innovative groups and individuals to write the first edition. In particular, we thank:-

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- London, Northern, Wessex and West Midlands Deaneries and their Clinical Tutors
- Medical Education Team from Taunton & Somerset NHS Trust for the idea and template of the meeting record and action plan which we have amended and developed
- National co-ordination and leadership of both the National Clinical Assessment Service and the General Medical Council in supporting and promoting the development of effective frameworks for the management of doctors in difficulty
- Dr Liz Spencer, past Chair, and NACT UK Council member who formed the working group responsible for the original document

By developing robust assessment and remediation frameworks, collectively the Deaneries, NCAS and the GMC have laid the practical, conceptual foundations for the effective diagnosis, support and management of doctors in difficulty. We explore and highlight these themes in this document and offer a pragmatic diagnostic and management framework. We have tried to accurately capture the essence of their vital work whilst retaining the educational value of this document as a learning resource for clinicians.

Introduction

The diagnostic framework and suggested management options attempt to provide guidance on the identification, support and management of trainees in difficulty and to provide clinicians with a systematic approach to dealing with these challenging and often complex issues. The pre-eminence of maintaining patient safety should be paramount when managing trainees in difficulty.

Formal management guidelines and protocols from your local LETB/Deanery or NHS employing organisation supersede this guidance in all circumstances.

- The spectrum of performance problems is wide and ranges from minor, momentary aberrations of behaviour, to major misdemeanours, persistent unprofessional behaviours or even acts of gross criminality.
- Periods of transition (changing jobs, moving regions, countries/cultures, personal life events etc) can be associated with a deterioration of clinical performance, which may require additional vigilance and support.
- Serious performance issues amongst trainees are rare. This infrequency, together with the trainer's perceived lack of expertise and the increasing requirement for robust evidence, heightens anxiety and concerns amongst those who may have to deal with such matters when they do occur.

In dealing with any serious performance issue remember that there are often many dimensions to the problem.

1. A significant number of colleagues come from other countries, cultures and religions where healthcare systems and social/cultural norms are sometimes quite different. This complexity may introduce conflicting tensions and make effective management all the more challenging.
2. Confounding elements include legal aspects such as health and safety, employment, race, sexual and gender discrimination legislation. There may also be moral, ethical or confidentiality considerations.
3. HR factors such as bullying and harassment, litigation, industrial tribunals, conflict management, the need for mediation and reconciliation.
4. Challenge of effective difficult conversations. Communication can be challenging in both verbal & written form, and formal & informal contexts.
5. Issues around professional accountability and professional registration including your own.

Take advice and seek support.
Do not try to deal with complex scenarios on your own!

Escalate and engage local and regional resources at your disposal in a proportionate manner. Effective and fair management of trainees in difficulty requires an objective assessment of the circumstances. It is important to involve an experienced colleague early to assist in identifying and exploring underlying factors and to help set clear goals for improvement. Remember: early and proportionate intervention may prevent problems becoming intractable. Early intervention is essential if adverse consequences are to be avoided for patients, the doctor concerned and his/her colleagues.

Early recognition and appropriate intervention, coupled with effective feedback and appropriate support for trainee and trainer are essential if trainees in difficulty are to be managed effectively and successfully.

Roles & Responsibilities

A **trainee**, as an employee, has a contractual relationship with their employer and is subject to local and national terms and conditions of employment. This will include clinical accountability and governance frameworks in addition to recognised disciplinary procedures. Trainees have a responsibility to fully engage with the educational process.

The Local Education Provider must ensure that employment laws are upheld and employer responsibilities implemented. They are directly responsible for the management of performance and disciplinary matters, and that issues identified are addressed in a proportionate, timely and objective way. They should have robust processes for the identification, support and management of doctors whose conduct, health or performance is giving rise for concern.

Clinical and Educational Supervisors should receive training in how to support trainees in difficulty in partnership with Training Programme Directors, Clinical and General Managers, Human Resources Departments and the Director of Medicl Education (DME) as appropriate. DMEs need to be made aware by Trust management, of any changes in local/regional disciplinary regulations and structures that would have impact on trainees.
Employing organisations have a contractual responsibility to provide counselling and pastoral care for doctors in training.

The Postgraduate Dean has responsibility for all doctors in training; and for overseeing effective systems is for managing problems that arise which prevent normal progression through the training process, for whatever reason.

The LETB / Deanery is responsible for ensuring the quality management of postgraduate medical education and should have systems in place to respond quickly to any concerns raised. They should have a process for educational governance and operational educational frameworks led by the Training Programme Directors, under the supervision and guidance of the Associate & Postgraduate Deans.

There should be robust communication between Foundation & Specialty Schools' ARCP panels and the local DME & Foundation / Specialty Tutor regarding any incumbent or arriving Trainee that has been identified as needing additional support.

Supervisors & Local Education Providers must keep the School / Deanery informed of all significant concerns about a trainee and inform the Postgraduate Dean in writing of any disciplinary action being taken against a trainee.

There is a responsibility to ensure transfer of relevant information to appropriate authorities should a trainee in difficulty move from one region to another or even across national boundaries. Ideally this would be led by the School but may need to be actioned by the local DME.

The National Clinical Assessment Service (NCAS) can offer specialist expertise in assessing complex issues of clinician performance. They can also offer management and specialist remediation advice.

The General Medical Council (GMC) should be involved in all cases when the doctor's medical registration is called into question. All doctors are bound by the terms of the GMC's 'Good Medical Practice' and this includes the responsibility to raise concerns about the fitness to practice of another doctor.

This broad, hierarchical infrastructure and accountability framework should allow for a proportionate and effective response to be implemented.

General Principles

1) Early identification of problems and intervention is essential.

It is the responsibility of the Clinical Supervisor and their team to highlight any concerns, that could constitute a threat to patient safety, to the trainee's Educational Supervisor.

Useful 'Early Warning Signs', adapted from the book 'Understanding doctors' performance', may include:

The "disappearing act": not answering bleeps; disappearing; lateness; frequent sick leave.

Low work rate: slowness in doing procedures, clerking patients, dictating letters, making decisions; arriving early, leaving late and still not achieving a reasonable workload.

Ward rage: bursts of temper; shouting matches; real or imagined slights.

Rigidity: poor tolerance of ambiguity; inability to compromise; difficulty prioritising; inappropriate 'whistle blowing'.

Bypass syndrome: junior colleagues or nurses find ways to avoid seeking the doctor's opinion or help. **Career problems:** difficulty with exams; uncertainty about career choice; disillusionment with medicine. **Insight failure:** rejection of constructive criticism; defensiveness; counter-challenge.

Lack of engagement in educational processes: fails to arrange appraisals, late with learning events/workbased assessments, reluctant to complete portfolio, little reflection

Lack of initiative/appropriate professional engagement: the trainee may come from a culture where there is a rigid hierarchical structure to medical training and trainees are not encouraged to question patient management decisions by senior colleagues, or demonstrate any other healthy assertive behaviours

Inappropriate attitudes: The cultural background may be very strongly male oriented and the trainees may not be used to working with females on an equal status basis.

2) Establish and clarify the circumstances and facts as quickly as possible. Access many different sources of information.

Most concerns can be addressed by early, effective discussions between the Supervisor and the trainee culminating in a realistic learning plan, which is regularly reviewed to monitor satisfactory progress. An open and supportive culture should be encouraged within the whole clinical team, fostering the development of the trainee's skills and providing constructive feedback on performance improvements or ongoing difficulties.

Only form a judgement once all information is collated.

Issues of patient and person safety take precedence over all other considerations.

3) Remember poor performance is a 'symptom and not a diagnosis' and it is essential to explore the underlying cause or causes. Key areas to explore are;

i) Clinical performance of the individual: *(knowledge, skills, communication)*
ii) Personal, personality and behavioural issues: *(professionalism, motivation, cultural & religious issues)*
iii) Sickness / ill health: *(personal/family stress, career frustrations, financial)*
iv) Environmental issues: *(organisational, workload, bullying and harassment)*

4) A robust and detailed 'diagnosis' can lead to effective remediation: different problems require different solutions.

A doctor with an evolving medical problem, eg. new diabetes or mental health issue, requires a different approach than an individual with poor interpersonal skills or lack of insight. The former needs engagement with occupational health and a GP, the latter perhaps supportive mentoring, close clinical supervision and feedback to change the beliefs behind the undesired behaviour.

5) Clear documentation.

All relevant discussions and interventions with the trainee should be documented contemporaneously, communicated to the trainee and key individuals in the accountability framework (Trust and/or School/ Deanery, possibly GMC) and followed up by named accountable individuals such as the Educational Supervisor, Training Programme Director or Associate Dean to ensure the process is concluded satisfactorily and managed appropriately. *See local Trust and LETB/Deanery guidelines for accountability frameworks.*

6) Misgivings must be communicated: Records must be kept: Remedies must be sought: Progression must be delayed until issues resolved.

Remember: accurate & contemporaneous documentation must be kept

A Diagnostic Framework for Poor Performance

'Events and Diagnostic Process'

Trigger event or incident

Investigate.
If serious, define the problem.
Collate evidence from as many sources as possible including from the individual concerned.
Be objective and document in detail

Decide
is this an **individual performance issue**,
an **organisational issue**
or both?

Consider the following three questions

'Does 'it' matter?'

- if no, relax!
- If yes, do something! Next ask…

'Can they normally do 'it'?'

- If **no** then it is a training or personal capability issue – resolution may be possible with training or retraining.
- They may also be 'un-trainable' and hence never be able to do 'it'. This is a 'diagnosis of exclusion' and can only be reached when a period of intensive training has proven ineffective.
- If **yes** the next question is…

'Why are they not doing 'it' now?'

- Consider all possibilities. Is there:-
  - a clinical performance issue
  - a personality or behavioural issue
  - a cultural background or religious issue
  - a health issue
  - an environmental issue

'Thoughts'

Is it important? Does it really matter? Who do I need to talk to or discuss this with? Consider Clinical or Educational Supervisor, other Colleagues, Clinical Director, TPD, DME, HR, Deanery.

Think patient and person safety at all times! Do not jump to conclusions initially. Formulate your opinion as the investigation proceeds.

This analysis is crucial as systems failure is often overlooked and it is easy to blame the individual in isolation - try and resist this temptation! Be fair and objective.

Key areas to explore when considering poor performance ie. 'Potential Diagnoses'

i) clinical performance
ii) personal, personality and behavioural issues including impact of cultural and religious background
iii) physical and mental health issues
iv) environmental issues including systems or process factors, organisational issues including lack of resources

Interventions should be tailored to underlying 'diagnosis'.
A successful outcome is often achievable but only with appropriate intervention.

A Management Framework for 'Doctors in Difficulty'

The interventions depend upon the underlying 'diagnosis' or 'diagnoses' revealed by the diagnostic framework above. Use workplace based assessments to help document, monitor and address identified areas of deficiency or learning needs.

- **Clinical Performance**

Some trainees may be under-performing in specific aspects of their role and this should be addressed directly with focussed training or retraining to include knowledge, technical skills and non-technical, professional skills. This may require an extended period of clinical supervision or targeted task orientated training to a specific deficit.

For some trainees they are performing adequately at one level but not demonstrating their capability to advance to a higher level with more complex decision making, leadership skills and multi-tasking. This will require a period of focussed training and support which should include clear documentation of competencies achieved, as well as those not achieved, to assist with future Specialty Doctor employment if the trainee is deemed unsuitable to progress with training.

- **Personality and behavioural issues**

Close 'clinical supervision' and dedicated 'developmental mentoring' can provide a supportive environment to tackle issues of insight into behaviour. Seeking advice or involvement from senior Colleagues of similar ethnicity, cultural or religious backgrounds to a Trainee in difficulty, where such factors are relevant, can be crucial in resolution of problems relating to these factors. Feedback, possibly using video or simulation based techniques can be used to challenge unhelpful or undesired behaviour. This work is difficult, but with appropriate communication skills, progress can often be made. In more extreme cases occupational psychologists employing cognitive behavioural approaches or other performance specialists such as Deanery Performance Units may need to be engaged. Sometimes problems persist and, particularly with personality disorders or other behavioural issues, remediation may prove impossible.

Career guidance and limits to practice may be necessary but these 'high-stakes' decisions should not be taken lightly and are decisions for the local accountability framework, Trusts, Schools/Deanery or even the GMC.

- **Health Issues – physical and mental**

Doctors become ill like all other individuals. Consider physical and mental health as well as substance misuse such as drugs or alcohol.

All doctors in difficulty should be assessed by Occupational Health. "Good Medical Practice" requires doctors to seek and follow advice from a Consultant Occupational Physician if their judgement or performance might be affected by illness.

The Disability Discrimination Act (1995) covers both physical and mental impairments that affect a person's ability to carry out day-to-day tasks and requires employers to make reasonable adjustments to work pattern, content, and environment.

Ensure adequate support is available eg. mentor, Staff Counselling services etc.

Consider national services such as 'Doctor Support Network' or 'Doctors for Doctors' run by the British Medical Association.

- **Environmental issues**

The National Clinical Assessment Service (NCAS) has identified that organisational issues, including systems or process failures are often under acknowledged in the investigation of poorly performing individuals.

"Failures include lack of resources, such as poorly maintained equipment, inadequate secretarial support, computer equipment etc, unrealistic work demands, poor clinical management, poor support and substandard working environments."

All can prove to be confounding variables when other problems arise and can often precipitate a dramatic deterioration in performance.

Additional References / Resources

1. Local Employing Trust / Employer Guidelines and Policies

2. LETB / Deanery Guidelines for Dealing with Doctors in Difficulty

3. Understanding Doctors' Performance. Ed J Cox, J King, A Hutchinson, P McAvoy. Radcliffe Publishing, Oxford 2006. An excellent overview with many expert opinions and strategies.

4. Paice E, Orton V. Managing the Trainee Doctor in Difficulty. In Postgraduate Medical Education and Training, eds Hastie A, Hastie I, Jackson N. Radcliffe 2005

5. Paice E, Orton V. Early signs of the trainee in difficulty. Hosp Med. 2004;65:238-40.

6. National Clinical Assessment Service http://www.ncas.nhs.uk/
   Useful Reports:
   - How to conduct a local performance investigation 2010
   - Handling concerns about a practitioner's behaviour and conduct June 2012
   - Handling concerns about a practitioner's health 2011

7. Handling concerns about a practitioner's Support4Doctors is a Royal Medical Benevolent Fund project to help doctors deal with commonly met challenges faced by doctors such as:- getting the work/life balance right, handling pressure, dealing with career, health and financial issues. http://www.support4doctors.org/

8. BMA website has a section on "Supporting doctors in difficulty" and a remedial training question and answer web resource for doctors who are experiencing difficulties with their performance at work who wish to know what happens when the need for extra (remedial) training or support is identified.

9. The Doctors' Support Network (DSN) is a warm, friendly self-help group for doctors with mental health concerns. http://www.dsn.org.uk

10. DoctorsSupportLine is staffed by volunteer doctors to provide peer support for doctors and medical students in the UK. http://www.doctorssupportline.org

11. Sick Doctors Trust is an independent and confidential organisation to provide early intervention and treatment for doctors suffering from addiction to alcohol or other drugs. 24 hour helpline. Happy to deal with anonymous enquiries. http://www.sick-doctors-trust.co.uk

12. The Psychiatrists Support Service, Royal College of Psychiatrists at psychiatristssupportservice@rcpsych.ac.uk offer confidential support and advice for member psychiatrists in difficulty.

NACT UK

Meeting record

Always act fairly, equitably, supportively and confidentially within the training accountability framework

Name: Grade: Date:

Clinical Supervisor: Educational Supervisor:

Programme: Training Programme Director:

Persons Present:

Meeting led by: Notes taken by:

Concerns

Discussion

Consider

Are they safe to practice?

YES / NO

If no inform Clinical / Medical Director and HR

Have they got a GP?

What are the issues

Clinical Performance

YES / NO

Personality / Behavioural

YES / NO

Physical illness

YES / NO

Mental illness

YES / NO

Environmental issue

YES / NO

- support

- workload

In all circumstances where there are fitness to practice issues the postgraduate dean must be involved.

Action Plan

Define Learning Need	**Create Learning Objectives**	**How will I address them** (action & resources)	Date set to achieve goal	Date actually completed

Document agreed SMART goals and objectives ie. Specific, Measurable, Achievable Relevant Timeframed

Use work based assessments as appropriate

Agree clear timeframe

Identify date for review

Has the trainee got adequate support?

Date of next Review:

Refer to Occupational Health YES / NO Involve *(circle if appropriate)* Clinical Director / Director of Medical Education / School / other

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Signed……
Educational supervisor

Signed…….
Consultant Colleague (Specialty Tutor or representative)

Signed……
Trainee

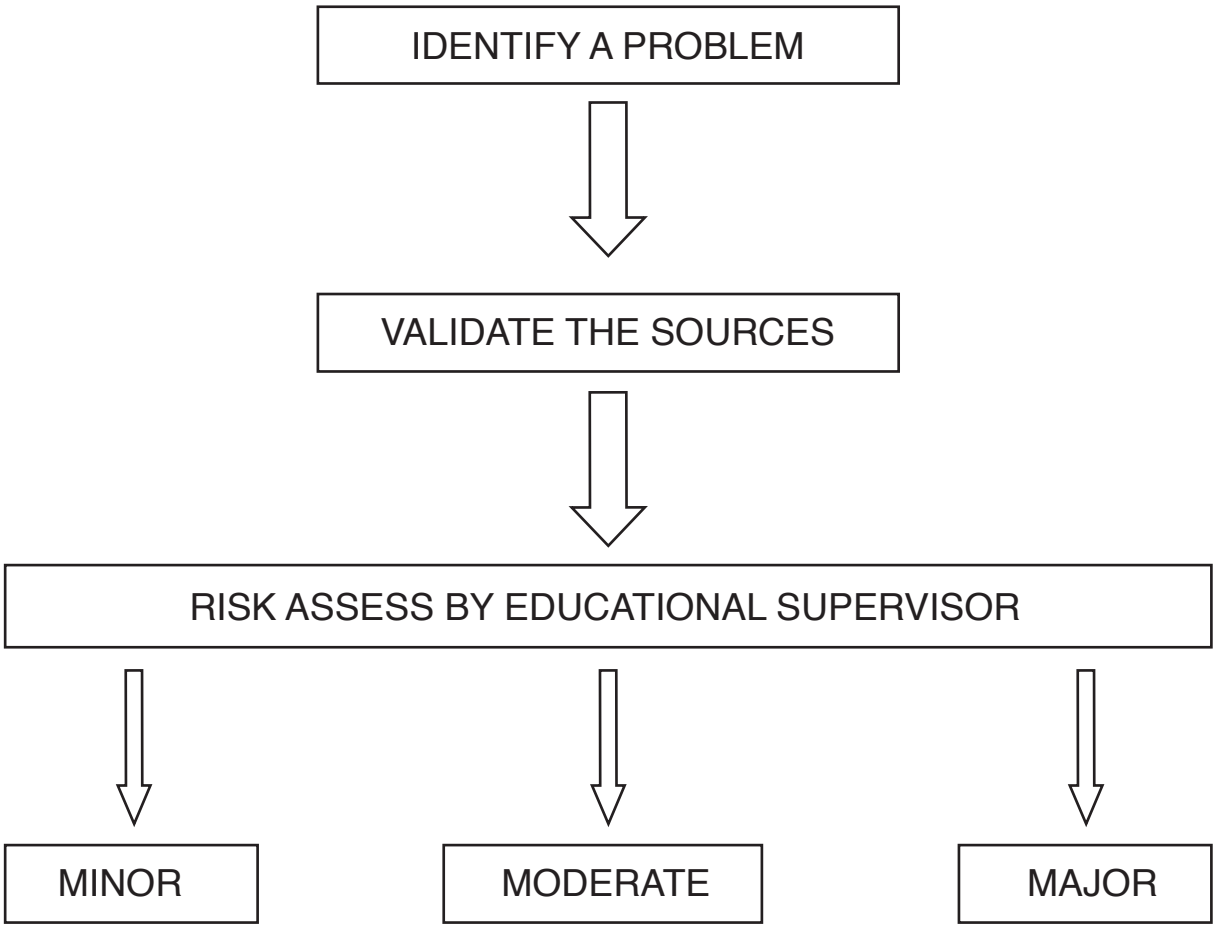
Date……..

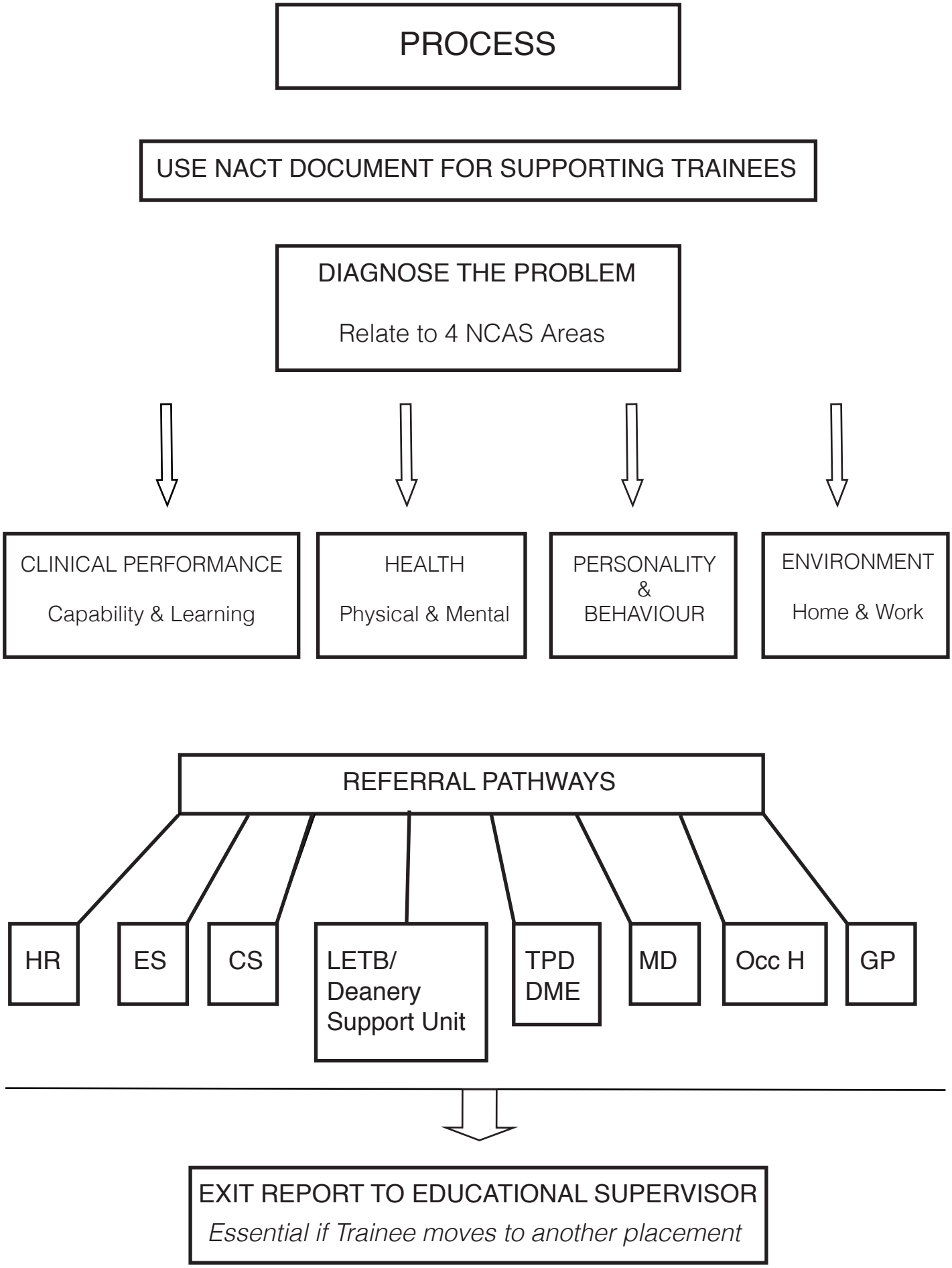
REMEDIATION PATHWAYS FOR TRAINEES

NACT UK Document
Designed by NACT UK membership

DEFINITION: Remediation is a process by which a trainee doctor is supported in achieving the GMC standards of Good Medical Practice that had not previously been achieved.

It is NOT revalidation.




PROCESS
USE NACT DOCUMENT FOR SUPPORTING TRAINEES
DIAGNOSE THE PROBLEM
Relate to 4 NCAS Areas
CLINICAL PERFORMANCE
Capability & Learning
HEALTH
Physical & Mental
PERSONALITY
&
BEHAVIOUR
ENVIRONMENT
Home & Work
REFERRAL PATHWAYS
HR
ES
CS
LETB/
Deanery
Support Unit
TPD
DME
MD
Occ H
GP
EXIT REPORT TO EDUCATIONAL SUPERVISOR
Essential if Trainee moves to another placement

RESOURCES FOR REMEDIATION

TRAINEE SUPPORT UNIT AT PGME UNIT

HUMAN RESOURCE DEPARTMENT Involve EARLY so correct legal employment processes are followed. Document all sick leave.

CASE MANAGER
Appoint a clinician with expertise in managing performance issues.

LETB or DEANERY

Resources for the remediation process need to be available.

ACCOUNTABILITY

ALL INVOLVED IN THE PROCESS BUT ULTIMATELY THE EMPLOYER AND MEDICAL DIRECTOR

BEST PRACTICE IDEAS:

1. Hold monthly Educational Governance Meetings consisting of panel of DME, HR, ES, MD to discuss all cases in the trust.

2. Appoint Specialty Tutors who mentor as a pastoral role separate from formal ES role.

3. Appoint Clinician with expertise in Performance Mangement to manage a number of cases.

TRAINEE EDUCATIONAL PLAN & EXIT REPORT

TRAINEE: _____

EDUCATIONAL SUPERVISOR: _____

DATE: _____

WHO HAS BEEN CONTACTED: _____

_____

_____

DIAGNOSIS: _____

_____

PLAN:

SPECIFIC: _____

MEASURE: _____

ACHIEVE: _____

RELEVANCE: _____

TIME LIMIT: _____

SIGNED BY TRAINEE: _____

SIGNED BY TRAINER: _____

Department Faculty Group

A Faculty Group needs to be developed in each department to take responsibility for the learning environment, and undergraduate & postgraduate training. This Group should meet regularly with Service Lead and Manager to ensure postgraduate training, workforce and service issues are discussed together. This is essential to ensure on-going quality patient care particularly at present with reducing trainee numbers and service reconfigurations.

Membership

- Specialty / College Tutor - Chair
- Educational Supervisors
- Undergraduate Lead
- Trainee Representative
- Department Simulation Trainer (if appropriate)
- Administrative Staff
- Finance Representative as indicated by agenda
- Programme Tutors eg Foundation, GP, ACCS as necessary
- Human Resources (medical staffing) as indicated by agenda

Terms of Reference

- To ensure that Educational and Clinical Supervisors understand their role, attend appropriate developmental programmes and that their job plan reflects their educational involvement (See NACT UK Roles and Job Descriptions of Supervisors).
- To assist in maintaining, monitoring and developing the quality of training, both clinical and educational supervision and demonstrate that national training standards are met.
- To ensure that posts are delivering the curriculum, careers' advice is being given, workplace based assessments are being carried out and portfolios are being maintained.
- To provide an opportunity to raise concerns and to share good practice
- To devise appropriate Induction programmes for all those new to the department and to monitor this to help the department achieve CNST compliance targets
- To discuss & share trainee & student placement feedback (local & GMC Surveys), identify placement / department's strengths and weaknesses and provide suggestions for improvement for Annual Report.
- To give updates on developments by the specialty School and the Royal College
- To review and assess outcomes in the Training Programmes
- To ensure that there are appropriate arrangements in place to enable the support to trainees and trainers
- To identify and resolve any identified weak areas for action prior to inspection by the GMC / LETB / Deanery and/or the School
- To provide a forum for feedback from trainees

- To provide a forum for discussion and documentation of trainees in difficulty (see NACT UK document on Managing Trainees in Difficulty)
- To identify and report on Serious Incidents (SIs) where trainees have been involved. (see NACT UK document on Serious Incident Analysis)
- To identify and oversee the collection of data to ensure fit for purpose quality control of the Training Programmes
- To present and review reports before onward submission to the LETB / Deanery and the various Specialty Training Committees

Serious Incident Analysis

A Practical Guide for Directors, PGME

A COMPANION PUBLICATION TO THE NACTUK GUIDE FOR MANAGING TRAINEES IN DIFFICULTY

This guidance is written primarily for Directors of PGME who are responsible for the oversight and management of trainees involved in serious incidents. It suggests ways of managing and learning from such events and shares experiences from around the UK provided by NACT UK members. NACT UK considers the DMEs to be the key individuals to ensure that information is captured and appropriate outcomes achieved.

DMEs should also be able to access LETB/Deanery and Trust/Board guidance.

Background

All Trusts have a policy for the Definition and Investigation of Serious Incidents (Sis) and in addition, are required to report such events externally to the commissioners. These investigations may involve working with the Coroner or the Police and may be used by other external bodies like the GMC. DMEs should be familiar with local policies and LETB/Deanery guidelines. Within each Trust it is useful for DMEs to have in place a system which captures all information about the involvement of trainees in incidents, to provide background data on where errors are occurring, and to be formally notified of any SI investigation when a trainee is involved.

In many cases where a SI has occurred the practice of the trainee is not at fault. Nevertheless the trainee is expected to declare the incident in their e--portfolio and show appropriate reflection and learning form the event. In addition, involvement in such cases may prove challenging and distressing and trainees may require additional support and pastoral care. DMEs need to be assured that trainees who need this extra support are receiving it.

Collecting Information

NACTUK recommends that DMEs have in place a system which provides them with on--going information of all incidents involving trainees reported within their organisation, to provide background information about types of incidents, grade of staff and when these incidents occur. With increasing use of IT to report and collate information this should be possible to achieve. This data can then inform Induction and local teaching.

Serious Incidents

Each organisation will have a policy for recognising and investigating these events. DMEs should ensure their local policy includes a requirement for DMEs to be informed immediately should a trainee be involved. DMEs should be involved in the writing and regular review of this policy to ensure it meets the needs of trainee doctors and their circumstances.

DMEs will then need to assure themselves that an assessment is made of the trainee, a clear decision made about what support is needed and who is going to provide it and the level of clinical supervision required. (*Ref NACTUK Managing Trainees in Difficulty*)

Coroner's Investigations

Most trainees will not have been involved with the Coroner and should be provided with support in preparing statements. They should access their own defence organisations for independent advice but can benefit from generic support from PGME, clarifying the role and responsibilities of the coroner and how to write clear statements. Access to clinical notes should be provided. A single comprehensive and clear statement suitable for all possible investigations is essential. Preparing multiple different statements is not appropriate.

If trainees are required to attend the Coroner's court as a witness they should be offered support to do this. In some cases Defence Societies advise that they do not need to attend but trainees should be offered support and this may include sending a member of staff with the trainee. Some Trusts offer all staff attending a briefing by the Trust solicitor, which is basically a run through of how such proceedings are conducted. This is extremely beneficial.

Police Investigations

When a criminal investigation is initiated all other investigations are suspended until these are complete and a decision is reached about prosecution or otherwise. This may take 9--12 months and trainees may be left in "limbo" until such time as a decision is made. Early involvement of the Postgraduate Dean is essential as trainees may be unable to move to another Trust or clinical post until this has been resolved. It is also necessary to ensure appropriate on--going clinical supervision, possible restriction of duties and pastoral care during this time. All decisions will need to be made in collaboration with the Medical Director, TPD and the Postgraduate Dean.

NCAS advice is that trainees should not be excluded from the place of work unless patient safety cannot be guaranteed or the presence of the trainee would prejudice the integrity of an on--going investigation. For trainees it should be possible to meet these requirements without exclusion. This may mean a revised or restricted timetable, possibly no on call or out of hour's duties, supervision by consultants only or transfer to another placement, depending on circumstances.

This does not preclude very distressed trainees being offered some leave of absence and reduced clinical duties on compassionate grounds.

Assume everything will be reviewed by external bodies and ensure all documentation is thorough and contemporaneous. Remember to include all emails in your documentation. In a recent case both the Crown Prosecution service, Coroner and GMC required full copies of a trainee's portfolio in addition to supplementary information about training programmes, GMC survey data and internal policies and written evidence of on--going supervision and management of the trainee. All police investigations include referral to the GMC.

Factors the GMC might consider in deciding what to do would include a range of aggravating or mitigating issues:--

- -- A genuine expression of regret/ apology
- -- Previous good history
- -- Whether the incident was isolated or whether there has been any repetition
- -- Any indication as to the likelihood of the concerns being repeated
- -- Any rehabilitative/corrective steps taken
- -- Relevant and appropriate references and testimonials

Trust SI Report

Most Trusts will produce a formal report about declared SIs with recommendations for changes in practice. Where trainees are involved DMEs should see draft reports before they are finalised and ensure appropriate senior clinical review. These reports should be shared with trainees but may not become available for some months as they are not finalised until any police or coroner requirements are completed. This may mean that trainees have moved on and do not have the opportunity to see the report. DMEs should try to ensure they can send on such reports to trainees and their Educational Supervisors as they become available. A recent survey of trainees in one training programme revealed 55% had been involved in a serious incident but only 17% had received a copy of the formal trust report.

Collated information should be shared at School and LETB/Deanery level to inform training programmes.

Individual roles and responsibilities

Clinical Supervisor: ensures trainee remains supported in their day to day clinical work, and provides extra supervision as necessary.

Educational Supervisor: ensures trainee has extra support during the process and has reflected on the incident and is aware of their own role and responsibility. Supports trainee during on--going investigations and ensures they are aware of other agencies e.g. Occupational Health, Counselling, MPS/MDU etc. The Educational Supervisor will need to comment on the SI in the form of a formal report. The Educational Supervise should ensure they seek advice and keep all appropriate parties fully informed.

Specialty / College Tutor: responsible for ensuring that a trainee involved in a SI has appropriate clinical supervision and an Educational Supervisor with the knowledge and skills to provide good support.

Director of Medical Education: Supports primarily trainers during on--going investigations and ensures they are aware of other agencies e.g. Occupational Health, Counselling, MPS/MDU etc. with Educational Supervisor. Ensures lessons are rolled out more widely in the organisation and liaises with Medical Director, Clinical Director, Head of School, Dean and other external agencies as required. Reports outcomes to Dean/ School. Ensures final report reaches trainee.

Medical Education Manager: key role in facilitating communication between all parties and providing ad hoc pastoral care. Maintain confidential records.

Training Programme Director: supports trainee if issues reflect on their performance which might be relevant to overall progress through training and ensures that placements of trainee are suitable and on--going support is provided as required.

Medical Director: ensures that DME is informed of all incidents involving trainees at a very early stage and that the final SI report is sent to the DME.

Postgraduate Dean: ensures that DMEs report trainees involved in SIs to LETB/Deanery/ School and that mechanisms are in place to support trainees, identify patterns of incidents and that learning is shared across schools and specialties.

Educational Governance Groups

Many Trusts and Deaneries have now set up Educational Governance Groups to monitor issues around Doctors with difficulties using a multi--disciplinary approach. Membership at Trust level might consist of

- Director Medical Education
- Medical Director
- Occupational Health Physician
- HR Representative
- Foundation Programme Director
- Medical Education Manager
- Foundation Programme Administrator

Other parties by invitation.

At LETB/Deanery level this would include Dean or Deputy, Associate Postgraduate Dean and specialized support such as a Psychologist. Trainees involved in SIs should automatically be reviewed by the group.

Specialized Support

Trainees are sometimes extremely traumatized by their involvement in SIs even when they themselves may not have been the key participant. It is very important to be able to support them with high quality pastoral care, sometimes for months or years after the event. DMEs should make sure they have access to the services of counselling, career guidance and Educational Psychologists.

Conclusion

Ensuring that lessons are learnt and disseminated at local, LETB/Deanery and national level is essential. DMEs are encouraged to ensure that the learning outcomes from all such events are shared.

Serious Incident – Reflective Activity to Support Learning
Please describe the experience and how you were involved
What went well and why? What should have been better and why?
How you may wish to change the way you respond to similar events in the future. How will you change the way you respond in future?
Explanation, including references to other literature
How will this be presented in your Personal Development Plan?

Serious Incident – Analysis
Trainee Issues
Recommendation
Organisational Issues
Recommendation
Educational Issues
Recommendation

Review Framework for Educational Roles

APPENDIX 8

Name: **Date:**

GENERAL INFORMATION

List educational role (s)

Type of role / activity	Start date	Time /week	In job plan? Y/N

Document your Educational activities *or provide spreadsheet of activities*

Activity	*Brief description of YOUR achievements this year. Any challenges / issues?*
Teaching (formal & informal)	
Assessment / Observation	
Appraisal / Coaching	
Organising / Managing training	
Evaluation of education / training	
Programme / Course review & development	

SUPPORTING INFORMATION

KEEPING UP TO DATE

What CPD for your educational role have you done in the previous 12 months?

.....

.....

REVIEW OF YOUR PRACTICE

Evaluating the quality of your educational work including incidents, complaints & compliments

.....

.....

FEEDBACK ON YOUR PRACTICE

What feedback have you received from trainees, colleagues etc?

.....

.....

Personal Development Plan – please carry this forward onto your final PDP eg section 19 of the MAG form *As an educational supervisor you should have something educational on your PDP*

Learning / development needs?	*How will you go about addressing them?*	*By when?*	*How will you show it is met*

Sign off. Form to be copied & forwarded to specialty tutor for ST / local Foundation Administrator for FP.

Signed by consultant Signed & Name of Appraiser

Exact model / process to be determined locally

Review framework for educational roles - Explanation for Appraisers

This review framework allows the trainer to reflect on the multiple aspects of being a trainer and provides a structure for a discussion about the role at appraisal.

Educational & Clinical Supervisors

The GMC has identified two groups of postgraduate trainer – the named Educational Supervisor and the named Clinical Supervisor. Training programmes / packages have been developed in all regions to provide baseline training for these Trainers. These identified Trainers are required to demonstrate that they are working to the Standards of Trainers as described by the GMC (see fig 1). Standards 1-5 apply to Clinical Supervisors. Standards 1-7 apply to Educational Supervisors.

Figure 1:
Standards for Trainers
GMC August 2012

1. Ensuring safe & effective patient care through training
2. Establishing & maintaining an environment for learning
3. Enhance learning through assessment
4. Teaching & facilitated learning
5. Continued professional development as an educator
6. Supporting & monitoring educational progress
7. Guiding personal & professional development

Who should do this?

Strengthened Medical Appraisal covers the "whole scope of work" of the doctor and so all educational roles must be included and considered. NACT UK suggests that the most practical solution for the present is for ***Named Educational & Clinical Supervisors to have their educational role reviewed within their Annual NHS Appraisal*** and those with more significant educational roles have an annual review with their line manager.
Appraisers should inquire from the Educational/Clinical Supervisor how they comply with the GMC Standards for Trainers and use their professional judgement as to whether the answers / information provided demonstrates that the Trainer is "fit to practice" as a trainer. In a similar way the Appraiser uses their professional judgment to ensure that the doctor is complying with "Good Medical Practice".

However it is acknowledged that in some areas / specialties significant work is already underway for these educational roles to be reviewed by a more senior member of the educational team eg. the Specialty Tutor (or Patch Tutor) who has overview of the learning environment. In this case the review meeting should be documented and included in the doctor's portfolio.

Leaders in Medical Education – Tutors & Directors

Specialty/College/Patch/Clinical Tutors & Training Programme Directors/ Heads of Schools require an annual review meeting of their role with their line manager. The output of this review meeting should be placed within their portfolio for their NHS Appraisal.

Questions for Appraisers

1. How has your CPD developed your knowledge & skills in educational roles (s)
2. What impact has this learning had on quality of training & patient care / patient safety
3. What has changed in your behaviour / practice
4. What further learning needs do you have

Supporting Information

It is NOT suggested that supporting information is provided / mapped against the seven headings of the Standards for Trainers. Standards are set nationally to ensure consistent practice across the UK and to provide a reference point for trainers to be clear about the national expectations of them in their role.
Suggestions for supporting information are overleaf.

Supporting information should be considered under the 4 headings as determined by the GMC: General Information, Keeping up to date, Review of your practice, Feedback on your practice

Additional information can be provided in Section 14 of MAG
Trainers can include any issues that they wish to be discussed under section 17 of MAG

Exact model / process to be determined locally

Ideas for discussion / documentation under GMP headings & documented on the MAG form

List your educational roles – Section 4

Educational Supervisor for named trainee
Clinical Supervisor for named trainee
Formal & Informal Teacher for trainees / other HCPs
Provide Clinical Supervision of trainees & students - *observe, teach, assess, give feedback*
College / Specialty Tutor
Training Programme Director – Foundation / Specialty
Director of Medical Education / PG Organiser
Clinical Skills Lead / Simulation Lead Associate
Postgraduate Dean

Knowledge Skills & performance

Job Description of Educational Role
Recent meeting with senior – *reviewing performance, programme, professional development*
Attendance at meetings for wider CPD – *train the trainers, leadership, NACT*
Progress on previous PDP & sharing learning with others
Personal Reading - *of journals, updates from GMC, HEE, College, CfWI etc*
Feedback – *Personal/Dept/Trust Performance Feedback from colleagues / trainees / team / LETB or deanery / postgrad team – formal (360) and informal*

Safety & Quality

From patient safety / patient care perspective
Dept collating & discussing complaint/ serious incidents involving trainees
System to collect trainee concerns about patient safety
Learning environment where concerns shared – no-blame culture

From trainee safety / improving training perspective
Trainers all trained, have job description & role discussed at appraisal
Medical Education Audit / Service Improvement – what initiatives have you established to improve training / experience of trainees
Supporting trainers in dept - dept educational group (Faculty Group)
Educational Learning environment – involves whole MDT, Placement Support Group
Dept report from GMC surveys with action plan
Internal quality metrics – exam pass, ARCP progress, job success, popularity/competition rates, trainee feedback, end-of-placement forms
Engagement with external quality visits

Communication, Partnership & Team-working

Contribution to educational operational meetings
Communication strategy – from LETB/Deanery – hospital - dept.
Educating others – *faculty development programmes, one-to-one meetings, mentoring new trainers*
Feedback – *360, Trainee surveys*
Constructive feedback – *following complaints / incidents*
Faculty Group – *culture, effectiveness, support network*
Supporting colleagues with trainees in difficulties
Working with Trust Board, Governance, Finance, Workforce
MultiProfessional Education Committee - *Integrated with Nurse, AHP and Training departments*
Junior Doctors Forum

Maintaining Trust *With colleagues, trainees, postgrad staff, administrators, deanery, & patients.*
Working in partnership with trainees – *not hierarchical*
Trainee support – *mentors, buddy scheme, Junior doctor forum*
Managing doctors in difficulty with objectivity & integrity
Being Consistent
Informed Consent from patients to be involved in training
Patients Feedback – *patients confident trainees adequately supervised, do appropriate tasks & make appropriate "supported" decisions*
Patient Satisfaction questionnaires

Exact model / process to be determined locally

NACT UK
Norfolk House East
499 Silbury Boulevard
Central Milton Keynes
MK9 2AH

Tel: 01908 488033
Fax: 01296 715255