

How to be appraised in your educational role in Secondary Care

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Introduction

The key to developing a professional medical education workforce will be through the development of clear and personalised personal development plans, (PDPs), linked to annual appraisal. Consultants and GPs all participate in annual appraisal which considers the entire scope of practice, including clinical, educational, and managerial roles. Individual doctors with specific education roles should provide evidence that they are remaining up to date for this role at their annual appraisal. Individuals with senior education roles (e.g. Training Programme Director, [TPD], Head of School,[HoS] etc.) may also wish to undertake a specific education appraisal/review from a peer which feeds into the annual appraisal meeting.

Individuals with Named Clinical, (CS) or Educational Supervisor, (ES) roles need to provide evidence against 7 standards. These 7 standards were taken from the Academy of Medical Educators, (AoME) "*Professional Standards for medical, dental and veterinary educators*" (2014). The AoME has subsequently updated their professional standards but the original 7 standards are being used for the GMC Recognition process. This is a national mandate, and will lead to ES and CS being included on the GMC Secondary care trainers list.

An educational appraisal should prompt you to record your achievements, consider their impact, and think about your future needs and your objectives. It is designed to be practical (not prescriptive) and to facilitate a discussion with your appraiser. We have provided an example of an educational appraisal document that you may wish to use as part of your annual appraisal. This could be used to provide evidence for your educational role, although we recognise that your organisation may already have an electronic system in place for specific educational roles.

We hope this document will prove useful and help you to achieve the maximum benefit from the appraisal process. We would encourage educators from Educational supervisors, through to TPDs, HoS, DMEs, and Associate Deans to make use of the networks of educators that exist to develop PDPs and engage in educational appraisal.

Expectations of you as an East Midlands Educator

This document is aimed at medical doctors in secondary care who have a role in education. Whilst the GMC have mandated 4 roles for which individuals must be recognised, your appraisal must take into account your *entire* scope of practice. We hope that by having effective educators, delivering high quality teaching and training, with excellent feedback to trainees we can all act as ambassadors for quality in education and help to drive up standards and thus improve patient care.

We would expect that anyone undertaking a role in education should have:

1. Training to recognise the role you are undertaking, and opportunities to develop key skills in education and training.
2. An appropriate induction into your new role.
3. A clear PDP and a commitment to undertake as a minimum the required amount of CPD appropriate to your Clinical or Educational Supervisor role (if relevant).
4. A clear job plan with time set aside to allow you to deliver what is expected of you.
5. Agreed to adhere to the high professional standards expected of doctors by the GMC.
6. Agreed to act as an ambassador for training, highlighting concerns appropriately, and helping to deliver a high quality training experience for all staff.

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Expectations of the Clinical Education and Training Placement Provider

Health Education England has an agreement in place with each of the local clinical placement providers. These are called Learning and Development Agreements (LDA) and they outline what is expected from an organisation in relation to the delivery of training and education. If you are working across the East Midlands the LDA currently has the areas listed below in the schedule, and which your organisation should be adhering to.

1. Ensuring your roles are enshrined in your job plans and that you have time and support to enable you to discharge your roles and responsibilities
2. Support for you to engage in an annual appraisal process which takes account of your educational role(s)
3. Support for you to access appropriate courses to ensure that you are up to date in the educational roles you are performing.

Expectations of HEE EM

HEE EM will ensure through Quality Visits and our relationship with your organisation that you have time in your job plans, and support within your organisation to enable you to deliver your role. HEE EM will ensure that training opportunities exist for you to develop in your role, and can help you access a wider network of educators across the region.

HEE EM will also respond to any concerns from clinicians who have other educational roles, including CS and ES roles. HEE EM has a responsibility and a clear mandate to ensure that the education and training delivered is of high quality.

GMC Recognition of Trainers Project

The GMC established a phased process for implementing arrangements for recognising trainers who have one of four formal education roles. The GMC were clear that all trainers already in the four specific roles had to be fully recognised by 31 July 2016, and that ongoing arrangements for new supervisors should be in place after this point. (<http://www.gmc-uk.org/education/10264.asp>)

The 4 roles are:

1. Named Educational Supervisors in postgraduate training.
2. Named Clinical Supervisors in postgraduate training.
3. Lead coordinators of undergraduate training at each local education provider.
4. Doctors responsible for overseeing students' educational progress for each medical school.

At the present time recognition will not be necessary for other doctors whose practice contributes to the teaching, training or supervision of students or trainee doctors.

Individuals undertaking the role of named CS and ES will need to map their evidence for appraisal for these roles onto the GMC domains for the professional development of PGME supervisors.

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7 GMC Standards

With regards to approving all trainers, the GMC will use their standards for undergraduate and postgraduate education and training in *Promoting excellence: standards for medical education and training 2016*. The GMC has also adopted the Academy of Medical Educators “Professional Standards for medical, dental and veterinary educators” (2014), as the framework for the criteria against which all trainers in recognised roles will be expected to provide evidence of their ongoing professional development. The GMC will not be changing this even though the framework has since been updated in 2016.

These areas are as follows:

1. Ensuring safe and effective patient care through training.
2. Establishing and maintaining an environment for learning.
3. Teaching and facilitating learning.
4. Enhancing learning through assessment.
5. Supporting and monitoring educational process.
6. Guiding personal and professional development.
7. Continuing professional development as an educator.



Domains 1-4 and 7 for will be required for named Clinical Supervisors.

Domains 1-7 will be required for named Educational Supervisors.

Whilst other roles, e.g. College tutor, TPD etc. are not covered by the scope of the GMC Recognition Project; we would encourage all educators to consider the 7 GMC standards when providing evidence for appraisal. College tutors are employed within trusts to lead on educational matters within a department, and we would encourage them to meet with the DMEs or DME representatives prior to appraisal to review their role and generate an appropriate PDP.

Named Clinical Supervisors

Role of the Named Clinical Supervisor, (CS)

Each trainee should have a named clinical supervisor for each placement. A CS is a trainer who is selected and appropriately trained to be responsible for overseeing a specified trainee's clinical work and providing constructive feedback during a training placement. The CS should meet the trainee at regular intervals throughout the placement. The CS is often asked to produce a CS report at the end of the placement.

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Accreditation as a Named Clinical Supervisor

Before starting as a named clinical supervisor you should:

1. Complete the clinical supervisor online training
2. Have our role as a named clinical supervisor clearly documented in your job plan, and your annual PDP should reflect this important role in the training of the future workforce.
3. Consider whether you will be supervising GP trainees as a named clinical supervisor in secondary care. If so you should also complete the online learning module The Clinical Supervisor's Report for the MRCGP.
4. Access some of the free online modules on (<http://www.efft.co.uk/>.) These include modules on the ARCP process, hospital and GP training, and trainees in difficulty. These should help you in your role as a clinical supervisor.
5. Review your equality and diversity which should be up to date and be repeated at a minimum of every 3 years.

Remaining up to date as a Named Clinical Supervisor in the East Midlands

Every 5 year Revalidation cycle you need to demonstrate that you have undertaken CPD that covers domains 1-4 and 7 of the GMC standards for trainers. We have not set a minimum amount of CPD, but you should consider what is necessary for you to remain up to date in this role. This can be done by repeating the online training, or you can access alternative equivalent training. We will ensure that the HEE EM online course is kept updated to reflect the changes within Postgraduate medical education. An individual clinical placement provider e.g. A Trust or School may provide alternative face to face clinical supervisor training.

Your role as named clinical supervisor should be discussed annually in your appraisal and should be in your job plan. There is an expectation that your role as named clinical supervisor is reflected in your PDP and CPD over the 5 year revalidation cycle.

Within each 5 year cycle you should assimilate and accommodate updates on Clinical Supervision into your practice. These updates may come from HEE, your DME or your Royal College. Please note if you do not update and provide this evidence to your organisation, you should not act as a named clinical supervisor. If you are out of date with your clinical supervisor training updates you should repeat the online training.



Named Educational Supervisors

The GMC definition of an Educational Supervisor is - 'A trainer who is selected and appropriately trained to be responsible for the overall supervision and management of a specified student or trainee's trajectory of learning and educational progress during a clinical training period and/or series of periods. Every student and trainee must have a named educational supervisor'.

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Accreditation as a Named Educational Supervisor

Before starting as a named educational supervisor you should:

1. Complete a course mapped against all the GMC 7 standards that will accredit you in your role as an ES. This might include the MEDWISE course, a formal Royal College approved training course, or a higher degree or education qualification. We have a list of appropriate courses available on our website. We would also consider those who have in the last 3 years completed a higher qualification in Medical Education, or those who are Members or Fellows of the Academy of Medical Educators as meeting the requirements to be accredited as an ES.
2. Have your role as educational supervisor approved by the Director of Medical Education within your organisation. Your role needs to be formally recognised by your Service Lead and will need to be considered in your Job Plan, PDP and annual appraisal. You will need to demonstrate your competence, and demonstrate how you will remain up to date. You will need to provide evidence against all of the GMC standards in your appraisal to demonstrate high quality effective supervision. HEE EM has recommended that 0.25PAs of time are needed per trainee. This will include the time needed to supervise, but also time to become involved in other educational activities, such as ARCPs, recruitment interviews, wider education projects to develop the quality of training within your organisation, and across the region.
3. You must also remain up to date with Equality and Diversity training and according to the Gold Guide this currently this needs to be repeated every 3 years.
(<http://www.copmed.org.uk/publications/the-gold-guide>)

Remaining up to date - the CPD Requirements for Named Educational Supervisors

Whilst the requirements above are important for individuals starting as educational supervisors, it is important that existing educational supervisors remain up to date with new developments in individual curriculum, training programmes, national developments, and new educational theory and methods.

We have agreed the following minimum standards for remaining up to date. These minimum standards need to be repeated every 5 year Revalidation cycle.

1. Your annual appraisal and PDP must reflect your role as an educational supervisor, and you must demonstrate how you are continuing to develop and remain up to date as an educational supervisor. Your PDP should consider evidence of GMC standards 1-7 such that over the 5 year revalidation cycle you can demonstrate learning in each domain.
2. Every 5 year Revalidation cycle you must attend relevant training courses, master-classes or education conferences and reflect on this within your appraisal. This should be a **minimum of 15 hours of CPD of high quality training every 5 years.**
3. You do not have to do an accrediting course every 5 years. However as a named Educational Supervisor you will need to provide evidence of how you are staying up to date.
4. You must also remain up to date with Equality and Diversity training; the Gold Guide currently states that this should be done every 3 years.

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If individual supervisors do not keep up to date, and do not attend relevant updates within the 5 year revalidation cycle, they should no longer act as named educational supervisors, and will need to complete the training required to start as an educational supervisor again.

Individuals with other Educator Roles, (College Tutors, TPD, Quality Leads, HoS, APDs)

All education roles should be considered within appraisal. For those individuals with PAs in their job plan to undertake various roles we would encourage you to have:

1. A clear PDP for your education role.
2. High quality evidence mapped against the 7 GMC standards, or against the newer AoME domains as set out below.
3. The inclusion of evidence from your educational employer, e.g. HEE, Royal College or University about your work in that role.

There may be information from your educational employer related to your role and responsibilities that you wish to provide evidence against.

Senior educators may wish to refer to the newer AoME *Professional Standards for medical, dental and veterinary educators October 2014* which have replaced the 7 standards developed specifically for clinical and educational supervisors. These include core values of educators, and 5 other key practice domains.

A. The core values of educators:

1. Promotes quality and safety of care
2. Demonstrates professional identity & integrity
3. Is committed to scholarship and reflection in medical education
4. Demonstrates respect for others

B. 5 practice domains:

1. Teaching and facilitating learning
2. Assessment of learning
3. Education research and scholarship
4. Education Management and Leadership
5. Designing and Planning learning

Further information can be found at

http://www.medicaleducators.org/write/MediaManager/AOME_Professional_Standards_2014.pdf

These domains may better meet the appraisal needs of senior educators.

Expectations of Appraisal

Each consultant or GP will have an annual appraisal that covers their entire scope of practice, including all educational roles. All providers of medical clinical placements should have mechanisms in place to ensure that named clinical and educational supervisors are accredited

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and remain up to date in these roles. We have included in Appendix 1 paperwork for appraisal that could be used by all individuals in education roles that will allow appraisals to provide evidence against the 7 standards. Appraisal should be robust and thought provoking and should help to continually develop our skills across a range of standards.

Example

Dr X is accredited as a named educational supervisor in 2016. Dr X is due for revalidation in 2020. Dr X engages in an annual appraisal and completes the paperwork in appendix 1 of this document each year. Over the course of the 4 years from 2016 to Revalidation in 2020, Dr X maps their CPD activities across all 7 standards and completes 12 hours of CPD, (the usual requirement is 15 hours for ES over a 5 year Revalidation cycle). Dr X also remains up to date with Equality and Diversity through his/her organisation's mandatory training. Dr X has met the requirements to remain up to date and is accredited in 2020 as an ES for the next 5 year Revalidation cycle.

While named ES and CS have to demonstrate specific requirements to be accredited by the GMC, those with other educational roles may wish to undergo a specific appraisal in their role as TPD, HoS, APD from a peer senior educator, which can then be taken to their single annual appraisal in their organisation for their entire scope of practice to be appraised. Some individuals may find themselves working across 2 or more organisations, each with their own appraisal and review mechanisms, and we would like to encourage minimal duplication. We would encourage individuals to have a single annual appraisal, and for review meetings to take place in the other organisations, using whatever mechanism is felt appropriate between employer and employee, that can then feed into the single annual appraisal.



Evidence to provide for your Appraisal

In the table below we have tried to provide some advice as to what evidence you may wish to provide at your appraisal. This will be very different depending on the roles that you undertake. Whilst it will be important to include certificates of attendance at courses/conferences and training opportunities, these in themselves are not sufficient to demonstrate learning for revalidation, and we would hope that appraisal will be robust enough to challenge this. It is important that you reflect on the learning that you have undertaken, what you have learnt from the opportunity, and what, if anything, you will do differently as a result.

It is also important to think about data/outcome measures you can include for the educational roles you undertake. This might include any feedback you have received on your ES reports, any data from Multi Source Feedback, or data from the GMC national trainee survey which can be broken down by department.

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GMC Standards	Examples of Evidence Provided
1.Ensuring safe and effective patient care through training	<ul style="list-style-type: none"> • Feedback from patients about their experiences of trainees • Any evidence where you have had to intervene to safeguard patient care. Evidence of putting patients first in what we do as clinicians. • Evidence of patient involvement in the training and learning you may be involved in • Reflections on SUIs/Patient safety concerns etc. involving trainees you supervise • Evidence of high quality education and training you deliver
2. Establishing and maintaining an environment for learning	<ul style="list-style-type: none"> • Anonymous feedback from trainees and undergraduates about your performance • Attendance at training sessions, e.g. how to give feedback effectively • Evidence of your departmental GMC National trainee survey results, with some reflections on this, and any action plans as to how you and the department are looking to improve quality
3.Teaching and facilitating learning	<ul style="list-style-type: none"> • Evidence of lesson plans/lectures etc. with feedback, and reflection on how you have acted on that feedback to improve learning • Feedback from learners about your teaching
4.Enhancing learning through assessment	<ul style="list-style-type: none"> • Evidence of involvement in work place based assessments • Training in assessment methods for undergraduate or postgraduate trainees • Involvement in college examinations • Examining at an undergraduate level • Supporting local Membership mock examinations
5.Supporting and monitoring educational process	<ul style="list-style-type: none"> • Evidence of your activity as an educational supervisor, including feedback on your ES reports • Attendance and reflection on Annual Review of Competency Panels • Evidence (anonymised) as to how you have supported trainees who are having difficulties, evidence that the intervention you have offered has been successful

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6.Guiding personal and professional development	<ul style="list-style-type: none">• Reflection on support you have offered trainees at an undergraduate and postgraduate level• Anonymous trainee PDPs/ES plans where you are mentoring and supporting a trainee's development• Evidence that your input has helped trainees, perhaps evidence that a trainee has completed a research project or Quality Improvement project with your input
7.Continuing professional development as an educator	<ul style="list-style-type: none">• An up to date PDP and evidence of engagement in annual appraisal• Evidence of reflection on your educational CPD

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Appendix 1: Educator Appraisal Template

Profile	
Name	
Main Educator Role	
Other Educator Roles	
Date of Last Appraisal	
Name of Appraiser	
Date of this Appraisal	
Date of Accreditation as ES or CS	
Revalidation Date	

Review of Events Since Your Last Appraisal
<p>Outline your educational role since your last appraisal, including provision of CPD, participation in trainee assessment and selection, on-line learning, attendance at educational meetings and update days.</p> <p>What do you consider were the highlights, the challenges and the disappointments?</p>

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	Supporting Evidence	
GMC Standard	Documentation	Reflections and Comments
1. Ensuring safe and effective patient care through training		
2. Establishing and maintaining an environment for learning		
3. Teaching and facilitating learning		
4. Enhancing learning through assessment		
5. Supporting and monitoring educational process		
6. Guiding personal and professional development		
7. Continuing professional development as an educator		

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Review of last Personal Development Plan	
Agreed PDP Objective	Reflections and Comments

Review of Personal Objectives Set at Last Appraisal	
Agreed personal objective	Was this achieved? Reflections and comments. What were the challenges and/or disappointments?

Personal Development Plan for Next Year		
What is your objective or development need?	How do you plan to achieve this?	Date by which you aim to do this

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Summary of Educator Appraisal Discussion

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Signed by Appraisee:

.....

Date:

.....

Signed by Appraiser:

.....

Date:

.....

Appendix 2: Issues to consider in Educational Appraisal

Good educational governance should underpin all sections. Identify best practice and any red flags.

WORKING RELATIONSHIPS

- With educational colleagues e.g. faculty development, support of assigned trainers, appraisal, mentorship, working with College / Faculty representatives, working with Trusts.

EDUCATIONAL PROVISION

- Teaching, examination and assessment, developing the Postgraduate schools, appropriate strategic planning.
- Quality control through the school and in programme.
- Compliance with regulatory frameworks.

ORGANISATIONAL

- Recruitment and selection processes, training placements, delivery of ARCP, support of trainees in difficulty, career management, LTFT, IDT, OOPE, study leave.
- What organisational / resource / job plan issues affect your ability to deliver your role?
- Administrative support issues.
- Budgetary responsibility and business planning, evaluation of service need.

PROBITY / CLINICAL GOVERNANCE

- Evidence that you have acted appropriately in educational matters.
- Equality and diversity training, equitable allocation of training placements, LTFT, study leave, dealings with educational supervisors / tutors etc.
- Any complaints and critical incidents, risk management.

BENEFITS TO THE WIDER NHS

- Systematic reviews of literature, editorial work, writing and reviewing journal articles, working for ethics committees, professional witness, expert witness, writing reports, working for or on behalf of grant giving bodies, clinical guideline development, secondment to the DH.
- Improving patient care through innovation or service development.

CPD ACTIVITIES

- Courses / meetings / qualifications / training, college activities appropriate to role.
- Reflection on development.