

# Operational Guidelines for the GMC Recognition and Approval of Trainers in London and the South East



These Guidelines should be read in conjunction with the Professional Development Framework for Educators

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# Introduction

Education providers must ensure that there are enough staff members who are suitably qualified and enabled to carry out their role as educators, so that learners have appropriate clinical and educational supervision, mentorship, working patterns and workload, so that patients and users receive care that is safe and of a high standard, while creating the required learning opportunities.

The [Professional Development Framework for Educators](#) ('the Framework') provides a set of standards for practitioners to aspire to and offers guidance on how they can demonstrate their skills as educators and supervisors of healthcare learners. The Framework is intended to guide their professional development in their role(s) as educators, and is applicable to educators working in clinical practice and Higher Education Institutions (HEIs).

There are seven developmental areas which aim to enable educators to develop standards required to:

- Ensure patient safety
- Enhance quality in the provision of care
- Foster rapid acquisition of learner knowledge, skills and professional attitudes

The General Medical Council (GMC), similar to other professional regulatory bodies, stipulates the requirements and standards that those undertaking supervisory roles are required to meet.

The seven areas of this Framework align directly to the Academy of Medical Educators (AoME) framework for supervisors ([www.medicaleducators.org](http://www.medicaleducators.org)), which has been adopted by the GMC for the Recognising and Approving Trainers processes (GMC 2012).

For named educational and named clinical supervisors working in secondary care medicine, the completion of the Framework and demonstration of competencies against the seven areas are therefore mandatory as part of the GMC Recognising and Approving Trainers processes (GMC 2012).

This document provides guidelines for named educational and named clinical supervisors on the mandatory requirements for the recognition and approval of trainers and the completion of the Professional Development Framework for Educators. The processes are applicable to all named educational and all named clinical supervisors working in Trusts or providers across the London and the South East region of Health Education England (HEE).

# Using the Guidelines

The Guidelines may be used for the:

- selection and reaccreditation of named educational supervisors and named clinical supervisors of medical trainees
- design of local faculty development programmes across the healthcare professions
- selection and reaccreditation of undergraduate lead coordinators at local education providers
- selection and reaccreditation of healthcare learners with responsibility for overseeing the educational progress of students

There are seven areas in the [Professional Development Framework \(the Framework\) for Educators](#), which align to the AoME areas for the professional development of supervisors. All named educational and named clinical supervisors working in Trusts across London and the South East are required to demonstrate competencies against all seven areas of the Framework.

In detailing the qualities and competencies shown by both 'effective' and 'excellent' supervisors we wish to encourage a move away from 'courses undertaken' to a demonstration of 'competences obtained and displayed'. In doing so, we also recognise the diversity of skills, experience and prior training that supervisors from across London and the South East bring to their roles.

The Framework details types of evidence which can be used to demonstrate training. The Framework allows for flexibility and recognises that every training course will be different. We have therefore provided 'suggested resources' that are available to help demonstrate competencies against the areas. The list is not exhaustive and supervisors are required to map training undertaken to the seven areas of the Framework. Supervisors can also consult their local Postgraduate Medical Education Department at the local education provider for local training available.

In order to highlight training undertaken and demonstrate competencies against the seven areas, supervisors are encouraged to use a portfolio which can then be used in the educational review. A template for a supervisor portfolio along with guidance on completing the portfolio is provided in Appendix A.

## Scope

The Guidelines apply to all named educational and named clinical supervisors working in Trusts across London and the South East who are required to demonstrate competencies against all seven areas of the Framework. The Guidelines reflect the geographical arrangements of Health Education England (HEE) and the processes detailed in this document are applicable across London, Kent Surrey and Sussex.

The Framework can also apply to undergraduate educators and medical schools, who can therefore use it to guide the approval and recognition of lead coordinators and doctors responsible for overseeing progress of medical students, many of whom may already be accredited using this Framework on account of additional roles as postgraduate educators. Educators working with undergraduates may also need to adhere to guidelines from individual medical schools regarding their professional development.

While trainers in general practice and primary care dentistry are governed by separate regulations, the Framework can also be used to guide their professional development as educators.

The Framework and Guidelines do not seek to detail a comprehensive and generic set of attributes of educators working in the clinical setting. These are provided elsewhere, such as by the Academy of Medical Educators. Neither does the Framework constitute a job description for healthcare practitioners working within a specific institution.

Where a clinical role extends beyond supervision in the workplace, e.g. training programme director or university lecturer, such individuals are encouraged to seek accreditation through appropriate bodies e.g. Higher Education Academy, the Academy of Medical Educators. Accreditation through these bodies will constitute significant evidence that the standards within the relevant sections of the Framework have been met.

## Relationship with other standards

The seven areas of this Framework align directly to the Academy of Medical Educators (AoME) framework for supervisors ([www.medicaleducators.org](http://www.medicaleducators.org)), which has been adopted by the GMC for the Recognising and Approving Trainers processes (GMC 2012).

In addition, the areas can be mapped to [The Good Medical Practice Framework for Appraisal and Revalidation](#) (GMC 2013).

Information on how each area maps to other healthcare professional regulatory standards for education and training can be found in the [Framework for Educators document](#).

## Definitions

The precise roles of supervisors vary from site to site and specialty to specialty. However, as educational activities, clinical and educational supervision are quite distinct (Kilminster et al. 2007, Launer 2010), here they are considered alongside the current definitions proposed by the GMC (GMC 2012).

**Clinical supervision** relates to day-to-day oversight of learners in the workplace and is an activity that involves all clinicians who come into contact with learners. Clinical supervision involves being available, looking over the shoulder of the learner, teaching on the job with developmental conversations, providing regular feedback and a rapid response to issues as they arise. All learners should have access to supervision at all times, with the degree of supervision tailored to their competence, confidence and experience. Within a given training placement, and for each learner, such arrangements may be the responsibility of a nominated 'clinical supervisor'.

GMC (2012) defines a named clinical supervisor as '...a trainer who is responsible for overseeing a specified learner'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 learner should progress to the next stage of their training at the end of that placement and/or series of placements'.

Some training schemes appoint an educational supervisor for each placement. The roles of clinical and educational supervisor may then be merged.

**Educational supervision** relates to the oversight of a learner's progress over time. Educational supervisors are responsible for ensuring that learners are making the necessary clinical and educational progress. Educational supervisors will need all the skills of clinical supervision, plus an appreciation of supporting educational theory, the ability to undertake appraisal, work with portfolios and provide careers advice. Managing the learner in difficulty will also, inevitably, involve the educational supervisor with support from training structures.

GMC (2012) defines a named educational supervisor as 'a trainer who is selected and appropriately trained to be responsible for the overall supervision and management of a learner's trajectory of learning and educational progress during a placement and/or series of placements. Every learner must have a named educational supervisor. The educational supervisor's role is to help the learner to plan their training and achieve agreed learning outcomes. He or she is responsible for the educational agreement and for bringing together all relevant evidence to form a summative judgement at the end of the placement and/or series of placements.'

Note that in both instances the GMC requires the supervisor to be 'selected and appropriately trained'. Supervisors (and Trusts) should be clear about which of these activities they are engaged in and communicate this clearly to learners for whom they are responsible.

It is expected that both named educational and named clinical supervisors hold consultant status within the Trust, although it may be appropriate at certain stages of training (e.g. during Foundation) for staff and associate specialists and other non-consultant career grades to act in a supervisory capacity.

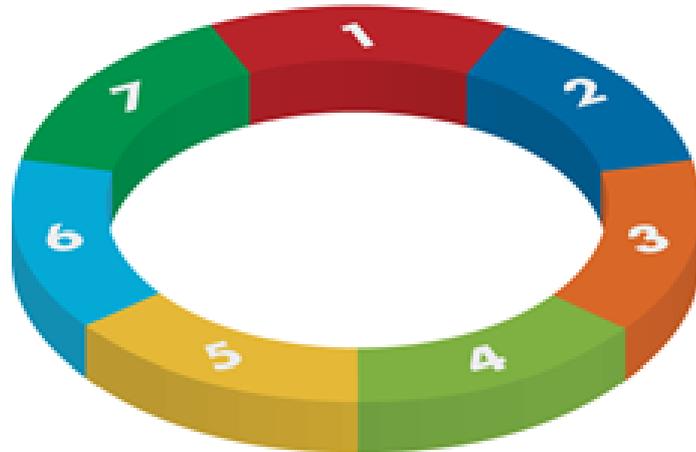
# Framework Areas

The Framework is designed around seven key areas of activity, all of which relate to the role of an educator and supervisor across healthcare learning environments.

Each section of the Framework contains:

- description of the area
- expectations of an effective educator and supervisor
- hallmarks of excellence
- examples of evidence that may be provided for the purposes of accreditation.
- suggested resources available to help meet each of the seven areas.

For full details on each of the Framework area domains please see the [Framework for Educators document](#).



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

## Selection and accreditation of educators

All education providers and organisations are expected to implement initial training and a developmental system of three-yearly appraisal and review of all named educational and clinical supervisors against the Framework.

As of 31 July 2016, all existing named supervisors (as defined above) are expected to be selected for their role, participate in a three-yearly educational review process and demonstrate that they have undertaken training in the appropriate areas of the Framework. New named

educational or clinical supervisors are expected to have undertaken training and demonstrated competencies against all seven areas of the Framework, before being selected for their role.

## **Suggested training for supervisors**

It is recognised that supervisors will choose to access training from a variety of sources, such as through Royal Colleges and Faculties, taught programmes, e-learning and undergraduate staff development programmes. Regardless of how or when training was undertaken, it is expected that the areas covered should be those listed on page 16.

Once undertaken, it is not necessary to repeat this training, although named educational and named clinical supervisors are expected to demonstrate an on-going commitment to their development as a medical educator through participation in a three-yearly cycle of review.

The GMC (2012) states that 'Doctors can be a named educational supervisor or named clinical supervisor without actively performing those roles all of the time. They must, though, maintain their skills by continuing to reflect on those roles – for example, through continuing professional development. This will need to be confirmed through their appraisal.' This is the position which has been adopted across London and the South East.

All named educational and clinical supervisors are required to refresh their training in equal opportunities and diversity every three years, and those involved in the recruitment process should be trained in interview and/or selection skills.

# Content of suggested training

The areas defined in the Framework are to guide the professional development of all supervisors and to provide a structure for education providers to plan and design their interprofessional faculty development programmes. A recommended outline curriculum for training is mapped below to the seven Framework areas. Training undertaken and faculty development programmes should cover these topics.

<b>1. Ensuring safe and effective patient care through training</b>
<ul style="list-style-type: none"><li>• Balancing the needs of service delivery with education</li><li>• Allowing learners, when suitably competent, to take responsibility for care, appropriate to the needs of the patient</li><li>• Developing appropriate induction</li></ul>
<b>2. Establishing and maintaining an environment for learning</b>
<ul style="list-style-type: none"><li>• Creating a learning environment</li><li>• Identifying and planning learning opportunities</li><li>• Dealing with diversity and providing equality of opportunity (educators should seek specific advice from their relevant regulatory body on updates to be undertaken)</li></ul>
<b>3. Teaching and facilitating learning</b>
<ul style="list-style-type: none"><li>• Assessing learning needs</li><li>• Using a variety of methods to deliver the curriculum</li><li>• Skills teaching</li><li>• Developmental conversational skills, e.g. supervision, mentoring, coaching</li></ul>
<b>4. Enhancing learning through assessment</b>
<ul style="list-style-type: none"><li>• Principles of workplace-based assessment</li><li>• Use of commonly used tools, e.g. workplace-based assessment tools, Objective Structured Clinical Examinations, multi-source feedback</li><li>• Giving effective feedback</li></ul>
<b>5. Supporting and monitoring educational progress</b>
<ul style="list-style-type: none"><li>• Setting and reviewing learning objectives</li><li>• Purpose and processes of portfolios</li><li>• Annual review of competence progression</li><li>• Identification, diagnosis and management of the learner in difficulty</li></ul>
<b>6. Guiding personal and professional development</b>
<ul style="list-style-type: none"><li>• Personal development planning</li><li>• Career guidance and advice</li></ul>
<b>7. Continuing professional development as an educator</b>
<ul style="list-style-type: none"><li>• Discipline-specific requirements</li></ul>

# Mapping of e-Learning to the Framework areas

The seven areas of the Framework map to e-Learning modules developed by Multi-professional Faculty Development ([www.faculty.londondeanery.ac.uk](http://www.faculty.londondeanery.ac.uk)) and e-training for trainers (etft) [www.etft.co.uk](http://www.etft.co.uk). Full details can be found in the [Framework for Educators document](#).

The modules can be accessed via [e-Learning for Healthcare](#). Trust administrators will be able to request reports on completion of modules per trainer. Further details will be sent to Trusts directly on how to access this facility.

# Requirements on Trusts and other local education providers

All named clinical and educational supervisors must be selected and accredited for their role against the Framework areas on a regular three-yearly cycle of review.

There is no 'one size fits all', but the outcomes of local processes are expected to be that:

1. A database of all nominated clinical and educational supervisors is established and maintained by the Trust or local education provider. This must include a record of training undertaken, accreditation date and recommendations made with regards to future development.
2. Annual and if requested more frequent reporting to HEE takes place on all named supervisors within the Trusts; to include their training and accreditation status, GMC numbers and email addresses.
3. A process of portfolio-based accreditation for named supervisors is established with a rolling three-yearly cycle of review.
4. The accreditation/reaccreditation process is carried out against the Framework.
5. The process must be linked to a review of results from the GMC National Training Survey or equivalent where available.
6. The process must be developmental, i.e. it must incorporate identification of needs for further development as an educator in the form of a personal development plan.
7. The review should also result in a formal statement of accreditation from the Director of Medical Education (or nominated deputy or equivalent), including a recommendation in relation to the supervisor's educational workload in accordance with the requirements detailed in the Framework. This recommendation should be in such a form that it can be carried forward as a basis for negotiation in the annual consultant job planning process.
8. A clear and transparent selection process is established for all new named clinical and educational supervisors. Named supervisors should submit an evidenced portfolio to the Director of Medical Education (or nominated deputy or equivalent) before taking on their role.
9. Trusts and other local education providers must provide an on-going programme of faculty development in accordance with the identified development needs of all educators within the Trust or provider and should encourage supervisors to engage with and attend Local Faculty Groups.

Provided the above outcomes are achieved, Trusts may develop their own administrative processes. A sample portfolio is provided at the end of this document together with suggestions for implementation.

Trusts and other local education providers will be required to demonstrate that they are meeting the requirements of the Professional Development Framework for Educators as an integral part of HEE London and the South East's routine quality management processes.

# Quality Management of the recognition and approval process

## Collection of trainer accreditation data

Health Education England is required to keep a list of accredited trainers and provide the GMC with an update of this list at least once a year. As such HEE will periodically be in contact with Trusts or providers in order to verify that the data that is held is still correct. This list will be updated in January/February each year in order that the data collected can also feed into the GMC National Trainer Survey which is conducted alongside the GMC National Trainee Survey each year.

## How we ensure trainers' portfolios are complete

It is necessary to conduct some quality management to ensure that trainers' portfolios meet the required standards and that all named educational and named clinical supervisors have undertaken the necessary training to meet all seven areas of the Framework. To ensure compliance, sampling of trainers' portfolios across all Trusts in London and the South East will be conducted.

## How the sampling will work

Each Trust will be required to provide a very small sample of trainer portfolios per year; these will be selected at random by the Quality and Regulation Team. Requests for the sampled trainer portfolios to be reviewed will be sent to the Medical Education Departments. When these portfolios are provided they should include the following:

- A description of the educator role
- Details of all courses/activities linked to each trainer's educator role and how these map to the seven framework areas
- Evidence of other activities and good practice being used to demonstrate compliance with any of the framework areas, e.g. surveys/feedback
- Evidence of completion of the Equalities and Diversity training course within the last three years.
- Evidence of interview/selection skills training if the trainer is involved in recruitment processes

Please note, an example supervisor portfolio document, which corresponds to the above data requirements, can be found in 'Appendix B' of the [Framework for Educators](#) document.

## If a trainer's portfolio is not compliant

The Quality and Regulation Team will contact each Trust to inform them whether the trainers' portfolios that were selected for random sampling adhere to the required standards and regulations. Should a trainer's portfolio be deemed 'non-compliant', or where there is insufficient evidence of compliance against the framework area(s), the trainer (and Trust) will be formally contacted in writing to inform them that they will be suspended as a trainer until such time that they can demonstrate compliance across all framework areas (the process for suspending trainers will be finalised shortly and a link to the document will be included in a later version of this document).

In the event that a number of trainers within a Trust are found to be non-compliant, this may result in a larger sample of trainer portfolios being requested.

# Reporting requirements for named clinical and named educational supervisors

Trusts are required to submit data on all named supervisors (see above) and the minimum data set is provided below. Trusts will be provided with a report template to complete.

1. GMC reference number
2. Name
3. Surname
4. Email
5. Trust name
6. HEE local team
7. Supervisor role
8. Primary specialty in which supervision is provided
9. Postgraduate training provided for
10. Involved in training of medical students (y/n?)
11. Lead coordinator name at LEP
12. Name of medical school, if applicable
13. Additional education roles undertaken
14. Confirmation of training undertaken in equality and diversity
15. Confirmation of compliance against each area of the Framework.
16. Date of last educational review
17. Date of next educational review
18. Number of programmed activity sessions

# Educational tariff guidance

*This guidance should be read in conjunction with the definitions provided earlier.*

Postgraduate medical education has changed dramatically in the past few years, and in line with increasing accountability found across the public sector there are greater expectations than ever on consultant trainers. It is therefore now an expectation, as laid out in the educational contract with Trusts, that appropriate time for training is allocated within an individual consultant's job plan. This will be monitored as part of the relevant HEE Local Team routine quality and contract monitoring processes.

## Named educational supervisor

0.25 PA per week per trainee

### Comment

This would usually be planned as part of supporting programmed activity (SPA) time. However, a consultant's workload might be such that additional programmed activities (PAs) are required or extra time is found within clinical activities. In the interests of clarity, the Director of Medical Education (or nominated deputy or equivalent) within each Trust will make a formal recommendation for consultants to take forward to the job planning process based on the tariff above. This will be subject to, and an outcome of, successful participation in the educational review process. Please note that this is not a guarantee that additional PAs will be made available – ultimately this is a matter for negotiation between employee and employer – but our view is that these are reasonable expectations that meet national requirements.

## Named clinical supervisor

0.25 PA per week (maximum) independent of number of trainees

### Comment

Participation in the three-yearly review process is now a requirement for named clinical supervisors. The Professional Development [Framework for Educators](#) should be used to guide faculty development programmes for this group of trainers. Trainers with a named clinical or named educational supervision role will be expected to demonstrate their competence through participation in the three-yearly cycle of educational review described in the 'Requirements on Trusts' section of this document.

## Training programme director

1 PA per week (minimum) per 40 trainees

### Comment

The role of the training programme director is defined in the 'Gold Guide' (Department of Health 2010) paragraphs 4.12–4.14. The GMC requires that training programmes are led by programme directors who have responsibility for the management of both trainees and their programmes. Sample job descriptions for training programme directors are available on the faculty development website: [www.faculty.londondeanery.ac.uk](http://www.faculty.londondeanery.ac.uk). Funding for training programme directors is sent directly to Trusts or via lead providers from the HEE Local Teams. Programme directors overseeing certain groups of trainees may attract a higher rate of remuneration.

## **Foundation programme director**

1 PA per week (minimum) per 30 trainees

### **Comment**

The foundation training programme director is responsible for the overall management and quality control of a Foundation Programme that consists of 20–40 placements designed for foundation training across the local health economy. Funding for the support of foundation training is sent directly to Trusts from the relevant HEE Local Team on a per trainee basis and may be used flexibly by Trusts.

## **College or specialty tutor**

### **Comment**

Currently no formal requirements are in place for the job planning requirements of College or specialty tutors as their role and level of involvement in local education varies from Trust to Trust and across specialties. Increasingly though, tutors may find themselves playing an important part in the selection and reaccreditation of named clinical and educational supervisors and will normally be accountable to the Director of Medical Education.

## **Director of Medical Education/Clinical Tutor**

3–5 PAs per week

### **Comment**

Directors of Medical Education and Clinical Tutors will hold a Trust job description and time for the role will be allocated within the agreed job plan. A generic job description is available from the National Association of Clinical Tutors. Also a sample job description for Directors of Medical Education is available on the faculty development website: [www.faculty.londondeanery.ac.uk](http://www.faculty.londondeanery.ac.uk)

## **Other educational tasks**

### **Comment**

From time to time educators will be asked to participate in other educational activities such as attendance at specialty training or School committee meetings, participation in recruitment episodes and other Trust-based educational activities such as teaching or facilitation in simulation centres. It is not possible to provide blanket guidance on these many and diverse educational responsibilities and these elements of an individual's role should be allocated time in the job plan by individual negotiation.

# Appendix A. Checklist for appraisers of named clinical and named educational supervisors

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## Guidance on reviewing educational roles at appraisal

The following checklist is only intended as a helpful suggested guide for appraisers to follow:

- Educational activities and demonstration of preparation for specific role, such as attendance at courses and conferences, familiarity with relevant curriculum/a, local guidance and attendance at relevant meetings
- Evidence of CPD of educational skills completed
- Reflection on educational activities, such as preparation of educational supervisor reports and managing a learner in difficulty
- Up to date equality and diversity training.

Supervisors should collect and demonstrate skills obtained along with evidence in a portfolio. Please see Appendix B for an example of an educational portfolio.