The Educational Environment is complicated by different training roles being called by similar or identical names. There is some confusion between roles in primary and secondary care and across different areas of the UK.

This is the current situation and processes which have been adopted by the GP School in the West Midlands and is integrated into the GMC process of approving Foundation and GP trainers.

**Definitions:**

**Trainee**: any doctor in training whether Foundation (FY1 or FY2) or a GP Specialty Trainee (GP-ST). In some circumstances it could be another member of the multi-professional team eg Physician Associate Trainee.

**Trainer**: This is a GMC status and includes any doctor who trains junior doctors whether FY, GP or other speciality of trainees. It can also apply to a doctor who trainees any other member of multi-professional workforce.

**GP Trainer**: is a trainer who has ability to provide supervision and feedback, assist with development of a GP trainee. They have responsibility to maintain their knowledge and skills based on the GP Curriculum and Portfolio.

**Foundation Trainer**: is a trainer who has ability to provide supervision and feedback, assist with development of a Foundation trainee. They have responsibility to maintain their knowledge and skills based on the Foundation Curriculum and Portfolio

**Educational Supervisor (ES)** is a trainer who oversees the development and progress of a trainee during a training period involving several separate attachments. The trainee could be a GP trainee or a FY2 trainee. They could also be a non-medical trainee such as a physician associate, nurse practitioner, pharmacist or other role where their development or training needs additional educational supervision.

**Clinical Supervisor (CS)**: is a trainer who oversees a trainee (GP-ST or FY) or another member of the multi-professional team who is in trainee and requires clinical supervision during a period of attachment to a clinical or educational environment

**Clinical Tutor**: is a doctor who has been approved to oversee a medical, nursing or other student during either their attachment to a clinical or educational environment or for a period of their training. It is usually a term used by a university department to describe the supervisors/trainers that they approve.

**Duty or Shift Supervisor**: is usually a doctor (but could be if necessary an ANP) who is responsible to supervise doctors in training (FY or GP-ST) during a defined short period such as a shift/a day or a surgery. They should share clinical responsibility to ensure that the trainee has someone to ask or share responsibility with when managing patients.

In addition, the Duty or Shift Supervisor might also be available for other members of the Multi-professional Team to access eg non-prescribers, such as Physician Associates or Urgent Care Practitioners to discuss problems.

**Students and Trainees in the Health Environment**:

Medical students are potentially future doctors and so although they should be encouraged to begin to plan management and take on some decision making but any responsibility for clinical management must be shared with an appropriately qualified clinician acting as the Duty Supervisor.

Similarly for other trainees from other health professions eg trainee Physician Associates or Nursing Students who have not yet any professional degree should be sharing responsibility for decisions with their duty or shift supervisor.

Any student or trainee should be aware of what degree of responsibility is appropriate for their level of training and experience. If there is any doubt then the responsibility must be shared appropriately.

For instance a Pharmacist or Nurse taking on an Advanced Prescribing or Nurse Practitioner qualification would be expected to take of the responsibility to the level of their current (and not future) grade and share responsibility with supervisor for any more advanced or complex decisions.

|  |  |  |  |
| --- | --- | --- | --- |
|  | Amount of Responsibility from none to almost Independent | Duty to share responsibility | Degree of Supervision from close to when needed |
| Medical Student |  |  |  |
| Foundation Y1 |  |  |  |
| Foundation Y2 |  |  |  |
| GP-ST1 |  |  |  |
| GP-ST2 |  |  |  |
| GP-ST3 |  |  |  |

Using these definitions, then it is possible to define the approval process and the mandatory and recommended training requirements for each role.

**Approval and Re-approval Process for Trainers (GMC status)**

1. Ideally at least 2 years post CCT and established in a stable role eg permanent appointment as a salaried or long term locum GP or a GP Partner.

(not a short term locum role or a role outside GP setting)

1. Complete [**Application for a GP Trainers’ Course**](file:///C:\Users\Jaime.Hindmarsh\AppData\Local\Microsoft\Windows\INetCache\Content.Outlook\225KY915\Application%20to%20attend%20Trainer%20Course%202021.docx)
2. Attend **Trainers’ Course** (3 whole days or 4 half-days)
3. After completing the Course, contact Area Director and request an **Approval Visit**
4. Complete the **Application for Approval or Re-approval Form**, the link is found in the following cribsheet or framework [Application for Re-approval Framework.docx](file:///C:\Users\Jaime.Hindmarsh\AppData\Local\Microsoft\Windows\INetCache\Content.Outlook\225KY915\Application%20for%20Re-approval%20Framework.docx)
5. Identification of any additional learning dependent on the type of supervision that is likely to happen. This may be completing learning on **GP or Foundation Curriculum**, getting up to date with Portfolio processes or Work Place Based Assessment for the type of trainee you will be responsible for (Foundation, GP-ST, any other members of multi-professional workforce in training or needing supervision).
6. Completion of the **Approval Visit** from the Area Director to approve:
   * The new trainer
   * The educational environment.
   * Supervision process if the trainee is being placed into a non-training environment eg non-training practice for PCN based trainees or non-GP settings for innovative training attachments.

The depth and complexity of that visit will depend on the level of established support already in that training environment.

1. Provisional Approval for 12 months, which will be automatically extended if there are no concerns
2. Ratification of the Provisional Trainer Status by the **Area GP Education Committee**
3. **Faculty and Programmes Team** informed of new Trainers for GP and Foundation. Local Foundation Leads may need to be made aware.
4. Every year complete **Trainer Affirmation Statement** confirming 1) maintenance of ability to train (including attending any updates 2) maintenance of good standing regarding GMC and CQC 3) confirming no other significant changes in health or the practice that could adversely affect training.
5. Every year, undertake **appropriate CPD activities** to fulfil the requirements of the relevant Schools (Medical School, Foundation School or GP School), maintain these roles within the structure of the **NHS appraisal system**
6. Every 5 years complete the **Application for Re-approval as a Trainer** as requested by the School of General Practice

**Responsibility for Placement of Trainees:**

Placement of **GP trainees** is the responsibility of the GP School and the Area Directors.

Approval of the training environment in a General Practice and the status and quality assurance of the GP Trainer is the responsibility of the GP School as it is a GMC requirement.

Placement of **Foundation (FY2) trainees** is the responsibility of the employing Trust and the Foundation School.

Approval of the training environment in a General Practice and the status and quality assurance of the Foundation Trainer is the responsibility of the GP School as it is a GMC requirement.

The Foundation School have a duty to ensure that appropriate training is available and accessible to allow Foundation Trainers to maintain their knowledge of the Foundation Curriculum and Assessments but it is the responsibility of the Foundation Trainers to ensure that as individuals their knowledge is maintained and kept up to date.

The Foundation School may devolve that responsibility to ensure appropriate training is available to the Trusts employing the Foundation Doctors and part of that responsibility is to open up the training to other Foundation Trainers at other Trusts or in General Practice.

A similar arrangement applies to Clinical Tutors/Supervisors of Medical Students where Medical Schools have responsibility to organise training events but the individual has the responsibility to attend and maintain skills and knowledge to the satisfaction of the medical school.

**Non-Trainer Duty or Shift Supervisor**

This is not a GMC status and requires a degree of experience and training to supervise trainees in the clinical environment. It does not require formal approval but just adequate experience in general practice.

Some Shift Supervisors may want to demonstrate that they have undertaken appropriate training in clinical supervision and there are several brief 1 day courses available which cover the skills and behaviours for supervision and feedback in the clinical setting.

These courses are confusingly called “Teaching the Trainers” or “Clinical Supervision” Courses but they do not qualify any attendees for the GMC standard of being a Trainer/CS/ES in the West Midlands. They may be run by Trusts, GP School, Training Hubs or Postgraduate Schools of General Practice.

**None of them will substitute for the GP Trainers Course in the West Midlands.**

**Certificate in Medical Education:**

Unlike some deaneries, there is no need for a CertMedEd to be a trainer.

In addition, having a CertMedEd does not feature at any step and so would NOT qualify a doctor to be a trainer in the West Midlands. It can be a useful additional qualification for those wishing to pursue a career in academic general practice or education.

There is a process open to all qualified trainers to obtain bursaries to help with some of the funding of University Qualifications for Medical Education.

**Movement of Trainers:**

If an established and approved trainer moves into the West Midlands from another Deanery in the UK, then the already established training status would still be acknowledged but would be dependent on an approval visit to the educational environment and the trainer.

If an established trainer moves into the West Midlands from outside the UK and so is not recognised as being a trainer by the GMC, then they should follow the process of becoming a trainer and getting on the GMC list.

**Quality Assurance of the Trainers and the Training Process:**

This is based on collated information from a number of sources including:

* GMC Training Survey
* NETS HEE survey
* CQC data from practices
* Verbal feedback from Trainees and Training Programme Directors
* Self-declaration from Trainers when practices are facing challenges

Evidence from conversations and elsewhere will be used in any investigation that is needed as a result. The degree of the investigation is determined by the level of concern raised.

**GMC Re-approval Process:**

Every year there is an Affirmation of Training form which informs the Faculty Team that there have been no concerns raised during the year regarding the ability of the trainer or the practice to provide a satisfactory educational environment. It also provides an affirmation that the trainer has maintained knowledge and skills appropriate for the training status.

Every 5 years Trainer status needs re-approval using the much longer and in depth Re-approval Form. Completion of this form will determine the re-approval status on the GMC website. This form will be circulated at First approval and then 2020/2025/2030 and so forth. All trainers in the West Midlands will need to complete this form otherwise failure to complete will be linked to a desire to cease training.

**CPD and ESR Payments:**

CPD payments will be paid to all GP trainers on the Trainers list who are still active or fallow for less than 2 years. ESR payments will be paid to all GP trainers who are acting as Educational Supervisors to GP trainees at level ST1 and ST2 for every ESR completed (max 2 per year).