Welcome to Health Education England (North West)
Senior Educator Induction

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Introduction

• These slides have generic information on HEENW, its structures, schools, processes and links – including HEE
• They are for induction of senior educators joining HEENW, including DDs, ADs, HoS, TPDs, DMEs, FPDs, etc
• Supplementary material can be added depending on recipient and role
• Updating ideas to alistair.thomson@hee.nhs.uk
Aims

- To familiarise new senior educators with HEENW structures and processes
- Aimed at
  - Deputy Deans
  - Associate Deans
  - Heads of School
  - Training Programme Directors
  - Directors of Medical Education
  - Local Foundation Programme Directors
Objectives

To understand, for HEENW
• Roles/responsibilities of Senior Educators
• Context for training programme delivery
• Operational processes
• ARCPs, problems and difficult issues
• Systems around TRES (Trainees Requiring Extra Support)
Senior Educators
Abbreviations

- Postgraduate Dean, PGD
- Deputy Dean, DD
- Associate Dean, AD
- Heads of School, HoS
- Training Programme Directors, TPD
- Directors of Medical Education, DME
- Foundation Programme Directors, FPD
- Medical Education Manager, MEM
- Trust Specialty Training Lead, TSTL
- Educational Supervisor, ES
- Clinical Supervisor, CS
- Local Faculty Group, LFG
- Specialty Trainee, Specialty Training, ST
- Trainees Requiring Extra Support (formerly Drs in Difficulty), TRES
To understand the HEENW context within which the training programme is delivered
The Postgraduate Medical and Dental section of Health Education England (North West) oversees postgraduate medical education and training for over 7,000 trainees.

Our priority is to ensure that trainees are:

- Confident in providing high quality patient care
- Supported by excellent trainers and
- Receive training underpinned by the GMC’s standards for medical education and training
HEENW

• PP3

• Regatta Place
Access

• PP3 (3 Piccadilly Plaza)
  – M1 1AN: park in NCP, Piccadilly Plaza (££)
  – Rail to Manchester Piccadilly
  – Tram or bus to Manchester Piccadilly

• Regatta
  – L3 4BL: fee parking on site or across road
  – Rail to Brunswick Station
Induction - Generic

• Educational governance
  – Organisation
  – Structures
  – Relationships
  – Accountabilities

• Website:  www.nwpgmd.nhs.uk/
Who’s Who...

- **Post Graduate Dean**
  - Professor Jane Mamelok

- **Deputy Deans**
  - Dr Roisin Haslett and Hospital
  - Dr Shirley Remington
  - Dr Paul Baker – Foundation
  - Mr Andy Watson – Quality
  - Dr Bob Kirk – GP
Useful information

• Associate Deans, HoS, TPDS, DMEs, etc:
  – www.nwpgmd.nhs.uk/hospital-medicine/medical-education-centres

• Staff directory:
  – www.nwpgmd.nhs.uk/staff-directory

• Specialty School teams
  – www.nwpgmd.nhs.uk/hospital-medicine
Policies and procedures

• Policies and procedures can be found at: www.nwpgmd.nhs.uk/policies-procedures including:
  - The Gold Guide
  - ARCP process
  - Study leave
  - LTFT training request process
  - Out Of Programme
  - Inter-Deanery Transfer request
Senior Educators Employment

- PGD, some DDs and ADs employed by HEE
- Other DDs and ADs seconded to HEENW
- HoS, TPDs seconded
- DMEs, Local FPDs employed by Trusts, remuneration through tariff
- ES 0.25 per trainee per week, through tariff
- CS 0.25 per trainee per week, through tariff – a more difficult calculation
Lead Employer

• St Helen’s & Knowsley Teaching Hospitals
  NHS Trust
  – Website: www.sthk.nhs.uk/workwithus/lead-employer-service
  - e-mail: lead.employer@sthk.nhs.uk
  - Or contact: sharedservices.sthk.nhs.uk/contact-us/
Appointment, Accountability, Appraisal

• Appointment process
  – HEENW staff/secondees responsibility of PGD
  – DMEs, FPDs, etc, appointed by Trust with input from HEENW

• Accountability:
  – TPD → HoS → School AD → DD → PGD
  – DME/FPD → Patch AD → DD(F) → PGD

• Annual educational appraisal with HEENW documentation
To understand the HEE context within which the training programme is delivered
Quality Management

• GMC
  – Is the regulator for undergraduate and postgraduate medical education in the UK
  – Sets standards to ensure that doctors are trained to an appropriate level

• HEENW
  – Is responsible for ensuring the quality management of postgraduate medical education and training to GMC standard
Essential Reading

- Promoting Excellence, GMC
- GMC’s Generic Professional Capabilities implementation guidance
- Gold Guide (7th edn Jan 2018), CoPMeD
- UK Foundation Programme guidance
- HEE NW website relevant sections
  - [www.nwpgmd.nhs.uk/](http://www.nwpgmd.nhs.uk/)
- Shape of Training Report
Promoting Excellence

• 5 Themes
• 10 Standards
• 76 Requirements
  – 22 theme 1
  – 20 theme 2
  – 16 theme 3
  – 6 theme 4
  – 12 theme 5
• Source for HEE visits
• PGMET & UGMET
• From 1/1/16
Promoting Excellence Themes

**THEME 1**
Learning environment and culture

**THEME 2**
Educational governance and leadership

**THEME 3**
Supporting learners

**THEME 4**
Supporting educators

**THEME 5**
Developing and implementing curricula and assessments
Approval and Recognition of Trainers

- GP trainers
  - Under the medical act, GMC approves and publishes a list of GP trainers

- Specialty, Foundation and UG trainers
  - GMC now have a process for recognition
  - Local process that involves deaneries, local offices and medical schools ensuring trainers meet the required criteria
Recognition of Trainers

- From August 2016 GMC required trainers in 4 secondary care roles to be recognised:
  - Named ES in postgraduate training
  - Named CS in postgraduate training
  - Lead coordinators of undergraduate training at each local education provider (LEP)
  - Doctors responsible for overseeing students’ educational progress for each medical school
GMC – ES & CS Recognition Framework

1. Safe & effective patient care
2. Learning environment
3. Teaching & learning
4. Assessment
5. Supporting & monitoring progress*
6. Guiding personal & professional development*
7. Own educational role CPD

All CS & ES, except * ES only
1. Ensuring safe and effective patient care through training
2. Establishing an effective learning environment
3. Teaching and facilitating learning
4. Enhancing learning through assessment
5. Supporting and monitoring progress
6. Guiding personal and professional development
7. Continuing professional development as an educator
Gold Guide 2018

- 7th Edition
- 31 January 2018
- Supersedes all previous editions
HEENW context for Training Programme Delivery

- Trainees employed by:
  - Specialty: Lead Employer (St Helens/ Knowsley)
  - Foundation training: Trusts

- Trainees’ education
  - Provided at Trusts (Local Education Provider)
  - Against GMC-approved Royal College Curricula
  - Programmes designed, monitored and assured by HEENW
HEENW-Trust Liaison

• Each Trust has a
  – Hospital ‘Patch’ Associate Dean
  – GP ‘Patch’ Associate Dean

• ADs
  – Liaise with the educators at the Trust to
  – Help support trainee development
  – Support Trainers and Training practices
  – Maintain quality standards
Education Governance Issues - 1

• Realistic curriculum content
  – Slimming down of recently approved curricula
  – Involvement of all trainers

• Achievable standards for experience
  – More recent focus on competence
  – Flexibility in recognition of experience

• Implementation of education
  – Better intra-HEENW communications
Education Governance Issues - 2

• Availability of robust evidence about trainees
  – eportfolio information
  – Early, documented identification (esp. TRES)
  – CS/Local Faculty Group to ES communications
  – Good end-of-year ES reports

• Uniform models of medical education, trainee and trainer support across Trusts
  – Stability of process and educator update events
PGD via DD

GP Office
- Patch AD
  - DME
- School AD
  - HoS
  - School TPD
  - TSTL
    - (=) College Tutor
- HEE & College Roles

GP AD
- GP ES
  - GP Trainees
  - CS
  - ES
  - ST Trainees

College
- VP T&A
  - RA
THEME 2
Educational governance and leadership

S2.1 The educational governance system continuously improves the quality and outcomes of education and training by measuring performance against the standards, demonstrating accountability, and responding when standards are not being met.

S2.2 The educational and clinical governance systems are integrated, allowing organisations to address concerns about patient safety, the standard of care, and the standard of education and training.

S2.3 The educational governance system makes sure that education and training is fair and is based on principles of equality and diversity.
Local Educational Faculty

- Director of Medical Education (& Associate)
- Local Foundation Programme Director
- Trust Specialty Training Leads (TSTL)
  - College/Specialty Tutors
- Educational Supervisors
- Clinical Supervisors
- Local GP Programme Directors
- GP trainers
Local Educational Faculty - other

- Support for Return to Training Champion
- Foundation Career Lead
- Guardian of Safe Working
- Flexible training champions
- Champion for speaking out
- Well-Being Champion
Trainee Supervision – Trust Model

PG Dean, DDs, APGDs -> DME

DME -> TSTL/College/Specialty Tutor

TSTL/College/Specialty Tutor -> Educ. Sup.

TSTL/College/Specialty Tutor -> Clin. Sup.

TSTL/College/Specialty Tutor -> Senior Nurses, etc

TSTL/College/Specialty Tutor -> etc

Trainee -> etc

Trainee -> etc

Trainee -> etc

Trainee Supervision – Trust Model

Department Faculty Group
Department
Faculty Group - Members

- Trust Specialty Training Lead
- Educational Supervisors
- Clinical Supervisors
- Supervising SASG Drs
- Advanced Nurse Practitioners
- Senior Nursing Staff
  - Wards
  - OPD, etc
- Others
Trainee Supervision – School Model

- DME
- Local Faculty Group (LFG, Specialty)
- TSTL
- ES
- CS
- Trainee

TPD
Anaesthetics DGH Ed Gov

Named Educational Supervisor (few)
And Named CS with
Acute Duties but little contact

CS
CS
CS
CS
CS
CS
CS
etc

Trainee

N = 22?
total
Enhancing Supervision

Resources for

• Medical trainees
• Trainers and
• Trusts
HEE’s Supervision Guidance provides:

- A commitment to...all forms of Supervision in the context of patient and trainee safety
- Formal recognition and valuing of Workplace Supervision, as a separate entity to Clinical and Educational Supervision
- Lightening the load for ES and CS by championing the role of Workplace Supervision
- Support for enhanced Multiprofessional Working
Four Roles in Supervision

1. Consistent over a year
2. Educational Supervisor
3. Changes with clinical placement
4. NAMED Clinical Supervisor
5. On each shift
6. Workplace Supervisor (anyone competent within multiprofessional team)
7. Clinical Supervisor (individual with overall clinical responsibility for patients on a shift (i.e. on-call consultant))

(Arrows represent flow of information/feedback about trainee)
Workplace Supervisor - 1

- Multiprofessional team member/s who supervise specific tasks
- A workplace supervisor is anyone in the multiprofessional team competent to carry out the task
- Every doctor in training needs access to some supervision while in clinical environment
- Less experience = more supervision
Workplace Supervisor - 2

- Foundation doctors need direct physical access at all times to supervision for any clinical task they need help with.
- Workplace supervisors have delegated authority from the Clinical Supervisor with overall patient responsibility (usually the on call consultant for the shift).
Workplace Supervisor – 3
e.g.1

- A prescribing pharmacist can supervise a trainee doctor writing a drug chart
- An Emergency Nurse Practitioner can supervise a trainee doctor suturing a patient’s wound
- A registrar can supervise a more junior trainee doctor managing an acutely unwell patient
Workplace Supervisor – 4

e.g.2

- A senior nurse can supervise a trainee doctor managing a patient’s catheter
- A Foundation Year 2 doctor can supervise a Foundation Year 1 doctor cannulating a patient
- A GP Out of Hours or Urgent Care Practitioner can supervise a trainee doctor consulting with a patient and referring to secondary care
Placement Supervision Group (CSG)

- Strongly encouraged for Foundation Trainees
- Foundation trainee’s Named CS can create a Placement Supervision Group (PSG)
- Minimum of 3 people - different members of the multi-disciplinary team
- PSG works closely with the Foundation trainee
  - Giving informed, constructive feedback on performance
  - Letting Named CS know of progress
Standards in Supervision
Baseline Requirements

• Each hospital trainee should have equivalent of 1 hour per week, or 4 hours per month, combined educational and clinical supervision time over the course of their placement.

• This allocation covers
  • Meetings
  • WPBAs
  • Portfolio work
  • ARCPs etc
Monitoring Progress

- Eportfolio
  - MSF
  - Recorded ES discussions with trainee
- Verbal reports from colleagues, team, etc
- Regular consultant meetings
- Minuted discussions at meetings
- Monthly feedback from LFG (NACT UK)
**Monthly Returns on Trainees by Supervising Consultants**

Month/year:

Please leave the tick or move it to the appropriate column for each doctor and e-mail/send back to me. Thanks.

College/Specialty Tutor/Local Faculty Group Lead

<table>
<thead>
<tr>
<th>Trainee name</th>
<th>Educational supervisor initials</th>
<th>Little contact</th>
<th>Above expected level*</th>
<th>At expected level</th>
<th>Mild concern**</th>
<th>Serious concern**</th>
<th>Comment (* and **)</th>
</tr>
</thead>
<tbody>
<tr>
<td>F2</td>
<td>Fred Smith</td>
<td></td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>GP ST1</td>
<td>Joan Jones</td>
<td></td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>GP ST2</td>
<td>Mohamed Ahmed</td>
<td></td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ST1</td>
<td>Ed Payne</td>
<td></td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ST2</td>
<td>Simon Ainslow</td>
<td></td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ST3</td>
<td>Lulu Nyandu</td>
<td></td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ST4</td>
<td>Lin Nguyen</td>
<td></td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ST5</td>
<td>Andrew Lawton</td>
<td></td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Comments must be entered if ticks moved to these columns: * How above expected level; **Nature of concern; suggested remedy/support

Responding Consultant/Clinical Supervisor: ___________________________ Date: ___________________________

_A H Sackey 2009 (edited by APJT 2018)_[AUCTUK]
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<td></td>
<td></td>
</tr>
<tr>
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<td>Ed Payne</td>
<td></td>
<td></td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ST2</td>
<td>Simon Ainslow</td>
<td></td>
<td></td>
<td>✓</td>
<td></td>
<td></td>
<td>Late at handovers, dishevelled, disorganised and argumentative.</td>
</tr>
<tr>
<td>ST3</td>
<td>Lulu Nwadi</td>
<td></td>
<td></td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ST4</td>
<td>Lin Nguyen</td>
<td></td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
<td>Runs handover well. Good team management.</td>
</tr>
<tr>
<td>ST5</td>
<td>Andrew Lawton</td>
<td></td>
<td></td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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Responding Consultant/Clinical Supervisor:  

Date:

A H Sackey 2009 (edited by APJT 2018)
ARCP (Annual Review of Competence Progression)

- Process from Gold Guide (7th edn 2018)
- ARCP takes place
  - At least once a year for all trainees, inc. LTFT
  - Window up to 15/12
  - To meet revalidation requirements
- ‘ARCP’ can occur more frequently, e.g.
  - If performance and progression issues or
  - To facilitate acceleration of training
  - At step points for LTFT trainees
HEENW ARCP process is in 2 parts:

• Assessment Panel (A)
  – Desktop review of evidence by panel
  – Trainee not in attendance

• Feedback Panel (B)
  – Face-to-face meetings
  – Trainee in attendance
  – For unsatisfactory outcomes (2, 3, 4) & outcome 5 if evidence not presented
ARCP

• Feedback Panel meetings allow panel to discuss trainee’s outcome in full, and provide support and direction
• ARCP process does not require that all trainees are met face-to-face
• It is recommended that TPDs (or suitable deputies) meet trainees annually
ARCP Management in action - 1

- ARCPs are for trainees’ enhanced appraisal
- If there are issues, any related evidence needs scrutiny
  - Exception reports
  - SUI or
  - Issues in educator reports
  - MSF
  - Reflections
ARCP Management in action - 2

• All information and decisions need to be recorded

• New documentation must be signed by panel chairs to confirm this
  – So if concerns, consider deferral of ARCP
  – I.e ARCP panel reaches evidence-based conclusion
ARCP Management

• Standard e-mails and documentation for ARCP are sent by the administrative staff.

• Trainees are required to submit evidence at least two weeks before Assessment Panel.
  – Failure to do so will result in an outcome 5.
  – In most cases, outcome 5 is neutral, pending evidence submission or an explanation.
  – Repeated outcome 5s should raise concern.
ARCP

• All ARCP panels provide decision aid flow chart on the day for guidance
• An experienced lead can provide support and answer questions as they arise
• N.B. Foundation ARCP differs and is described in Foundation section
Every trainee should complete and submit a form R as part of every ARCP.

Form R must include the full scope of practice including every locum (except in current department) and any activity which requires a license, e.g. private work, sport attendant, medical volunteering, etc.

(N.B. trainees covering other duties should check their indemnity cover)
Form R - 2

• The form R must make a positive declaration of health

• Also, refer to the latest COPMeD guidance [here](https://www.copmed.org.uk/images/docs/revalidation/Guidance_toEnsure_doctors_in_postgraduate_training_meet_revalidation_.pdf)
Form R - 3

• If a trainee is
  – Involved in a Never Event or complaint
  – Subject to disciplinary proceedings or
  – Charged with a criminal offence

• They must
  – Inform their Responsible Officer
  – Inform their employer and
  – Ensure that next form R documents the issue
ES duty

• If trainee needs modified duties
  – Inform RO of Lead Employer
  – Inform TPD of School
  – Inform DME
  – Inform HR/rotamaster locally
  – Inform Clinical Lead
  – Inform Consultants and others on need-to-know basis
Enhancing training and the support for learners

Health Education England’s review of competence progression for healthcare professionals

ARCP Review

Published February 2018
5 Principles

• Consistent frameworks underpinned by
  – Outcomes-based curricula
  – Support for appraisal and assessment

• How portfolios are appreciated by the wider workforce as a tool to support their progression

• Crucial role of trained and supported ES, CS and mentors

• Consistent assessment processes to ensure patient safety

• Supporting employers and professionals future
Key Themes of ARCP Review

- Delivery of educational supervision
- Consistency of ARCP panels
- Professional and personal support for trainees
- Standardisation of QA and QM processes
- Defining and communicating purpose and responsibilities within the ARCP process
- Promoting Flexibility in Postgraduate Training
- Utilising the ARCP model for developing and supporting SAS Grade and Trust Grade Doctors
- Applying principles to the wider workforce
Continual process of compiling their e-portfolio of evidence including: Professional examinations, courses and educational activities linked to attainment of the curriculum, work-place based assessments, self-reflective learning logs, skills logs, QI projects/audits, publications and research

Trainees (T):

- T & ES review curriculum requirements & plan activities to achieve successful ARCP outcome
- T & ES meet to review trainee’s progress in collating e-portfolio & outstanding ARCP needs
- T & ES meet, review trainee’s e-portfolio, discuss outstanding ARCP needs and likely outcome
- ARCP panel meet, review trainee’s e-portfolio (inc. ES reports), and issue outcome using decision aids
- T & ES meet to discuss trainee progress, ARCP outcome, & plan next year’s education activities

Start of training year
Mid-way through training year
1 month prior to ARCP date
At ARCP panel
Before the end of the training year

Clarify ARCP requirements
Induction meeting
Induction meeting
Mid-point review
Panels receive standardised training
T submits revalidation paperwork – Form R
ES completes & submits Trainer’s report
Panel provides ARCP result with feedback
T completes any outstanding activities
ES completes End of Placement report

End of training year

Educational Supervisor (ES):

Supervision activity includes collation of evidence on trainee performance from the clinical supervisor and others informally involved with supervising the trainee; the ES should also provide regular formative appraisal and career guidance through the course of the training year, sign-posting educational needs for the future

- Where a trainee’s placement is < 1 year, an induction, mid-point and end of placement review should be conducted for each placement
HEENW Perspective

Standard

• Every trainee and ES should be able to accurately predict their ARCP outcome when the ES report is submitted to the panel
Perspective on Panels

• ARCP processes transparent, objective, fair
  – Occasional exceptions acted on by ADs
  – Processes are reasonable with information they can review in the e-portfolio

• ES reports
  – Problem with quality
  – If completed well, ARCP panel works well
  – Work improving these underway
  – Aim to develop ES faculty
Some curriculae imprecise
  - Expectations of competency progression unclear
  - Criteria for failing to progress unclear

Some ESs misunderstand
  - Contribution of ESR to ARCP decision
  - Timing of decision
  - Professional role in assessing these standards
Perspective on ARCP Feedback

- Inconsistent approaches
  - Timing
  - Who: panel, HoS, TPD or ES?
  - Objective setting and PDP

- Trainees may perceive that
  - They are attending the ARCP Panel
  - They can influence the outcome
HEENW

ARCP Development Strategy

HEE NW to concentrate on:

• Developing ES faculty
• Be consistent with feedback from ARCP
• Encourage use of decision aids
• Ensuring curriculae consistent in standards
  – HEE & GMC task
  – New round of simplification underway
Revalidation

• For trainees revalidation is through ARCP
• Postgraduate Dean is the RO for all trainees, including those who are OOP and on statutory leave
• Completed ARCPs – even 2 or 3 - usually result in a recommendation for revalidation
• Deferral of revalidation sometimes happens and it is not detrimental
Additional Opportunities - 1

- Trainees in HEE (North West) have additional opportunities throughout their training
Additional Opportunities - 2

Medical leadership:  
[link](www.nwpgmd.nhs.uk/medical-leadership)

including

- Medical leadership fellowships
- Postgraduate module in medical leadership
- Medical leadership night schools
- Medical leadership short courses
Additional Opportunities - 3

Educator development:

www.nwpgmd.nhs.uk/educator-development-north-western-deanery-0

including

- PG Certificate in workplace based postgraduate medical education
- Medical education fellowships
- Short courses
Additional support

• More information on how we can support trainees can be found here:
  – www.nwpgmd.nhs.uk

• Careers advice:
  – www.nwpgmd.nhs.uk/careers_advice/careers
Senior Educators – Training
Mandatory

• Equality and diversity
• Information governance
• Recruitment and retention

Maintain awareness of:
• Human factors
• Unconscious bias
Senior Educators – HEENW Trainers

• HEENW Trainer Recognition standards:
  www.nwpgmd.nhs.uk/educator-development/standards-guidance
  www.nwpgmd.nhs.uk/sites/default/files/Information%20for%20Trainers%20and%20evidence%20required%20October%202018%20website_0.pdf
  www.nwpgmd.nhs.uk/sites/default/files/HEENW%20Objectives%20for%20Educational%20Leaders%20Appraisal%202017.pdf

• HEENW Newsletters with specific guidance:
  sddwww.nwpgmd.nhs.uk/sites/default/files/HEE_NW%20 Trainer%20Standards%20Update%20Autumn%202016.pdf
  www.nwpgmd.nhs.uk/sites/default/files/HEE_NW%20 Trainer%20Standards%20Update%202017.pdf
Senior Educators – External Training

• Most Colleges run their own HoS, TPD, College Tutor and ES/CS courses

• RCP London runs a number of generic senior educator courses at RCPL and RCP North in Liverpool:

  www.rcplondon.ac.uk/education-practice/courses/

• RCPL also runs a generic Top-Up Training for Educational (and Clinical) Supervisor course

  www.rcplondon.ac.uk/education-practice/courses/top-training-educational-supervisors
Senior Educators – Academic Meetings

• Academy of Medical Educators (AoME)
  – www.medicaleducators.org/

• ASME (UK)
  – www.asme.org.uk/

• AMEE (Europe)
  – https://amee.org/home

• DEMEC (alt. yearly)
  – www.demec.org.uk/
Senior Educators –
External Training

• National Association of Clinical Tutors UK:
  – “…a members’ organisation supporting & representing local leaders who deliver medical & dental education in the UK.”
  – www.nact.org.uk

• Introductory course for NACT UK members:
  – www.nact.org.uk/educational-meetings/corblime/
Welcome to NACT UK

MEMBERS' BLOG

NACT UK is a members’ organisation supporting & representing local leaders who deliver medical & dental education in the four countries of the UK.

The “premier place” for practical educational ideas & advice. Learn & share across specialties, regions and countries.

Who can join?

Anyone with a role in medical & dental education in any setting, whether undergraduate, postgraduate or CPD, is welcome. This includes:

1. Leaders e.g. Deans, Directors, Tutors, Faculty Leads etc.
2. Trainers e.g. Supervisors, trainers, teachers, skills/simulation trainers etc.
3. Managers e.g. Medical Education & Programme Managers, Deanery / LETB staff etc.
4. Support Services e.g. careers, support units, coaching & mentoring etc.

What do we offer?

1. Professional development opportunities for our members to enhance their teaching, organisational and leadership skills in the expanding field of medical & dental education.
2. Opportunities for members to share resources, challenges & experiences between regions & countries to maintain consistency & ensure shared strategic visions.

Latest News

Fri, 15th March 2019
Finance Day

Thu, 14th March 2019
Developing Excellence in Medical Education Conference (DEMEC)

Thu, 14th March 2019
Update on the reflective practitioner work

Tue, 26th February 2019
NHS Staff and Learners' Mental Wellbeing Commission

Fri, 15th February 2019
Vascular Society and the Rouleaux Club

Thu, 7th February 2019
NACT UK support for Clinical Excellence Award Applications

Wed, 6th February 2019
GMC Conference 2019
NACT (Members’)
Documents

• Supporting Trainees
  – i.e. Trainees Requiring Extra Support

and

• Serious Incident Analysis (A Practical Guide for DMEs)

• Supporting Trainers
  – i.e. Educators In Difficulty
Problems with Trainees/Trainer/Etc - 1

• Allegations should be
  – Specific and
  – Supported by documentation/evidence

• Further information will usually be needed

• Full investigation may be required

• HEENW’s focus should be on fair treatment for trainees and trainers
Problems with Trainees/Trainer/Etc - 2

• Depending on detail others to involve may include:
  – School/HEENW/DME/MD/LE/OH/etc

• Early adherence to process may need:
  – Reference to relevant documents/policies
  – Discussion with those immediately responsible for trainee
    • E.g. ES & TSTL and Clinical Lead & DME locally
    • TPD, School/Patch AD at HEENW
Problems with Trainees/Trainer/Etc - 3

• Rarely, problems escalate into grievances, complaints or litigation

• Successful defence will rely on
  – Comprehensive documentation
  – Reference to sources and precedent
  – An outline of reasoning used
  – A clear account of the decision(s) made
Clinical Incidents (CIs)/Significant Events (SEs)

• Trusts need systems to identify trainees involved in CIs and Ses/SUls
• Trainees may need feedback and support in both
  – SUls, complaints, Coroner’s Reports: report writing and professional support (ES, DME, etc)
Targeted Information

• The next sections are more specific to different groups of senior educators
Aims - DDs

- Induction for Senior Educators
  - Deputy Deans
  - Associate Deans
  - Heads of School
  - Training Programme Directors
  - Directors of Medical Education
  - Local Foundation Programme Directors
  - (And their deputies/associates)
Deputy Deans
Roles

- Foundation
- Hospital
- GP
- Quality
- Academic leadership
Induction - DDs

- Deputising for PGD
- High-level problem-solving
- Conflict resolution
  - Arbitration and mediation
- Evidence of HEENW activities
  - Correlation with national/external bodies
- Politics
DD role
Aims - 1

• Provide independent, objective and experienced advice on PGME matters at Trust, School, HEENW +/- national level

• To ensure
  – Patient safety within PGME in HEENW
  – Consistent practice within Schools, training programmes and Local Education Providers

• To promote high-quality PGME practice
DD role
Aims - 2

• Complement and support other staff
• Innovate
• Contribute to scholarship and research
• Implement statutory and non-statutory PGME portfolios
• Minimise risk of incidents
• Assist PGD in dealing with adverse events
• Lead in Careers, LTFT, SuppoRTT, PSU
Aims - ADs

• Induction for Senior Educators
  – Deputy Deans
  – **Associate Deans**
  – Heads of School
  – Training Programme Directors
  – Directors of Medical Education
  – Local Foundation Programme Directors
  – (And their deputies/associates)
AD role
Aims - 1

• Provide independent, objective and experienced advice on PGME matters at Trust, School, HEENW +/- national level
• To ensure
  – Patient safety within PGME in HEENW
  – Consistent practice within Schools, training programmes and Local Education Providers
• To promote high-quality PGME practice
AD role
Aims - 2

• Complement and support other staff
• Innovate
• Contribute to scholarship and research
• Implement statutory and non-statutory PGME portfolios
• Minimise risk of incidents
• Assist PGD in dealing with adverse events
AD roles
Summary

Roles

• Patch AD
  – Geographically-based
• Specialty School
  – See also HoS and TPD sections
• Personal Portfolio
• External: Colleges, GMC, HEE, national
AD role
Patch AD

Visits to Trusts to support:

• DME (and deputies)
• FPD (and deputies) (with Foundation School)
• MD/AMD in educational function
• Other educators
AD role
Patch Visits
To understand Trust’s:
• Educational environment (structure/function/management/educational approach)
• Education-management liaison
• Quality assurance and response to QA
• Educational SWOT and HEENW support
• Processes: Foundation, TRES, Trainer Recognition, Educational Appraisal, etc
AD role
Patch Visits
To inform Trust of:
• Relevant HEENW agenda
• HEENW mandate
• HEENW role
AD role
Patch Visits to Trusts
Educational and Managerial processes - 1
• Working with leads in the Trust – DME, AMD (Med Ed), FPD, (CEO and HR)
• Link with GP AD
• Check Careers Lead
Guardian of Safe Working
LTFT Lead
Champion for Speaking Out
AD role
Patch Visits to Trusts
Educational and Managerial processes - 2
• Promote GMC Trainee and Trainer surveys
• Aim for AD attendance at/input to
  – Education Board meetings
  – Foundation Board
  – Pre-Quality monitoring visit
  – Any HEENW visit (+/- GMC)
AD role
Patch Visits to Trusts
Regular person-to-person meetings
• 1-to-1 contact with DME or AMD (Med Ed) every 4-6 weeks (email may be sufficient)
• 3 monthly visit to meet DME (and MEM)
  – Matters of moment discussion
  – Update Athena database
• Annual appraisal with DME
AD role
Patch Visits to Trusts
DME Induction
• Guiding new DMEs/FPDs/senior educators
• HEENW induction
• MD/DME meetings
• NACT UK CoreBLIME and MoreBLIME
• HEENW Spring Educators Conference
• HEENW Leadership Conference
• National: NACT UK, ASME, AoME, AMEE, etc
AD role
Patch Visits to Trusts
Trainees Requiring Extra Support (TRES) - 1

• Meet DME/FPD re TRES
  – Update on local issues/educational plan/other support
  – (Maybe) meet trainee or
  – (Occasionally) meet trainer
  – Liaise with School AD if specific issues need addressing
  – (Add to any DDRG documentation)
AD role
Patch Visits to Trusts
Trainees Requiring Extra Support (TRES) - 2

• References
• HEENW Doctors in Difficulty guidance
AD role
Patch Visits to Trusts
Trainees Requiring Extra Support (TRES) - 3

• Definition of ‘TRES’ has low threshold for sharing info; local teams do not go it alone
• School AD or Patch AD (or both), not PGD, is first point of contact, but
• The reporting system should give PGD relevant RO info, to deal with cases properly and defensibly
AD role

Patch Visits to Trusts

Trainees Requiring Extra Support (TRES) - 4

- Copy Prof Paul Baker, Foundation DD, into any Foundation TRES correspondence
- N.B.1 A verbal discussion with an AD is not ‘informing the Deanery’. The process in the TRES document should be followed
- N.B.2 Avoid Patch AD conflict of interest if trainee/trainer TRES is in Patch AD’s School
AD role
Patch Visits to Trusts
Obtain relevant updates about:
- Simulation facilities
- Training
- Accessibility and uptake
- Technology Enhanced Learning (TEL) facilities (ditto)
AD role

Patch Visits to Trusts

Educator days

• Encourage 3 per year at each Trust:
• Topics to include can be drawn from ADs’ resources list on nwpgmd website
• Advise on and approve content/suggest speakers/etc
• Contribute to (at least?) 1 per year
AD role

Patch Visits to Trusts

Foundation ARCPs

• Ensure external representation at FARCP
• (May be 2 days at each Trust)
• (So can get two Trusts to work jointly and act as external for each other)
AD role
Patch Visits to Trusts
Other liaison and ad hoc contact
• Meet MD once, then for specific issues
• Sit on appointments committee of DME, FPD
• Other?

• Commitment of half a day per month per Trust on site but may be more during the Foundation ARCPs
AD role
Patch - Summary
• Each APGD has two to four ‘Patch’ Trusts
  – Loosely geographically co-located
• Liaison with DME, FPD, MD
• Contact 3-monthly minimum
  – Quality monitoring using Athena database
• Attend local committees as needed
• Contribute to senior educator appointments
• DME appraisal
AD role
School

• Each Specialty School has a designated AD
• Ensure practice as 7th Gold Guide, 2018
• Consistent practice
  – Within Schools
  – Between training programmes and
  – Between Local Education Providers
• AD attends Board, ARCPs, STECs, etc
AD role
Portfolios - 1

• Statutory roles
  – Trainer Recognition
  – Revalidation and
  – Educator Appraisal
AD role
Portfolios - 2

- Training and rotation of specialty posts
- TRES process
- Scholarship and research
- Simulation Support and Technology Enhanced Learning (TEL)
- Leadership
- Sustainability
- Global health
AD role
Portfolios -3

• Developing Faculty
• Clinical Decision Support Training
• Fellows
  – Medical Education
  – Medical Leadership
• Research and Educational Scholarship
• SAS and International Doctors
• Values and Behaviours
Aims - HoS

- Induction for Senior Educators
  - Deputy Deans
  - Associate Deans
  - Heads of School
  - Training Programme Directors
  - Directors of Medical Education
  - Local Foundation Programme Directors
  - (And their deputies/associates)
HoS - Role

- To lead their Specialty School, liaising with
  - School AD (and so DD and PGD)
  - TPD
  - ES & CS for specialties
  - Trainees
  and
  - DMEs/FPDs
  - National bodies
• Schools all currently have funding for:
  – TPDs
  – Manager
  – Support for Return To Training Champion
    (policy and video available - via Amanda)
Aims - TPDs

• Induction for Senior Educators
  – Deputy Deans
  – Associate Deans
  – Heads of School
  – Training Programme Directors
  – Directors of Medical Education
  – Local Foundation Programme Directors
  – (And their deputies/associates)
Objectives - TPDs

- To understand the role and responsibilities of the TPD within a School
- To understand the HEE context within which the training programme is delivered
- Gain an understanding of operational processes
- Induction, OOPs, ARCP, TRES, etc
TPDs – Purpose and Commitment

• GMC requires that training programmes are led by Training Programme Directors (TPDs) (or their equivalent) (GG2.47)
TPD – Appointment and Accountability

• Appointment process is PGD’s responsibility
• Specification for TPD includes: Educational Supervisor; on GMC specialist/GP register; in active clinical practice; engaging in revalidation
• Job plans should have adequate time to undertake responsibilities
• TPD managerially accountable through the HoS and School/Patch AD to PGD
• Annual appraisal by HoS (or School AD)
TPD - Responsibilities: 1

- Induction into specialty
- Programme management
- Curriculum delivery
- Rotation management
- Trainee management
- Career management
- Study leave
- SuppoRTT
- ARCPs
- LTFT trainees
- Advise on Out-of-Programme access
- Transfers
- TRES
- Educator support
- Recognition of Trainers
TPD -
Induction into specialty

• Ensure induction into specialty at ST1

• Ensure trainees re-inducted if moving level  
  – i.e. junior to middle grade

• Ensure trainees supported at Trust level  
  – Liaise with TSTL and DME
TPD role – Programme Management

• Support, advise and manage specialty training programme(s) within region by:
  – Participation in Specialty School meetings
  – Chair/participate in Specialty Training Education Committees (STECs)
  – Preparing and participation in ARCP meetings

• Review operational processes
TPD role - Curriculum Delivery

• Enable all trainees to gain relevant competences, knowledge, skills, attitudes and experience

• Ensure training programmes and posts deliver the specialty curriculum

• Liaise/work with Specialty Advisory Committees (SACs) and College/Faculty representatives
TPD role - Rotation Management

- Fair, unbiased and transparent decisions
- Balance needs of individual vs all trainees
- Coordinate rotational arrangements
- Manage rotations
  - Maximise trainee choice within rotations
  - Allocate trainees to appropriate placements
  - Minimise and fairly distribute gaps
  - Publish rotations > 14 weeks before start
TPD role - Trainee Management

- Ensure trainees met yearly
- Match trainees to programmes (and v/v)
- Negotiate realistic aspirations
- Set clear targets for trainees
TPD role – Career Management

• Be familiar with the HEENW policy for careers management and counselling
• Have career management skills (or be able to signpost to them)
• Play a part in marketing the specialty, e.g. taster sessions during Foundation training, career fair representation, or liaison with Specialty Leads & Royal Colleges/Faculties
TPD role – Study leave: 1

- Study leave changed August 2019
- Study leave policy needs
  - To be understood
  - Support for trainees to understand guidance and local application process
- Work within budgets; money is finite
  - There is no in-year limit for an individual but there will be across the whole programme
TPD role – Study leave: 2

• Manage study leave
  – In conjunction with “service” (colleagues/units)
  – Agree top-slices, e.g. PGCert module 1
  – Up to 30 days per annum
  – Arbitrate problems

• Fully assess each application’s educational need and relevance

• Discretion to approve any application
TPD role –
Study leave: 3

• Trainee’s responsibility with TPD and ES to
  – Plan training programme and
  – Plan use of study leave appropriately

• Study leave enhances clinical education
  with activities planned in advance

• Financial considerations and budget?
TPD role – Study leave: 4

• If TPD is on prolonged absence signing of forms for the trainees needs to be delegated to some one else

• Similarly if the administrator they work with is off for a protracted period alternative arrangements need to be put in place

• Detail required of TPDs on the forms has increased (due to the new guidance)
TPD role – ARCPs

• ARCP process
  – Coordinate
  – Plan and prepare
  – Participate
  – Ensure SMART objectives set for ARCP2/3
  – Ensure counselling offered if ARCP4
  – Plan timing of feedback panels around availability of HoS or School AD (who chair these higher stakes ARCPs)
TPD role
ARCPs

• At least 6/12 in advance, agree dates for panels A and B with administrator
• Secure externality for ARCP / PYA
• Ensure up-to-date Equality & Diversity training
• Consider booking face-to-face meetings with trainees receiving ARCP1s
ARCP & Face-to Face Meetings

• ARCP does not require face-to-face for all
  – But ARCP panel must specify target setting for trainees with unsatisfactory outcomes (2, 3, 4)
  – (i.e. Panel, TPD, ES)

• Good practice for TPDs to meet all trainees annually

• Educational review meetings separate to the ARCP process
TPD Actions - ARCP

• Before ARCP, review ES Reports on trainees
• Note reports where
  – Progress not satisfactory or
  – Concerns raised (potential for unsatisfactory outcome)
  – Provide feedback on this to ARCP panel
• The panel administrator will
  – Take notes of discussion on outcomes
  – Record outcomes on e-portfolio during, or directly following desktop review
ARCP Review - Policies and Procedures

• Overview of ARCP process to Appeal
• Education Supervisor Quality report
• Less than full-time trainees
• Visit e-Portfolio and align with
  – Decision aid and
  – ARCPs
TPD role – LTFTs

- Work with DD/AD and School AD
- Support Less-Than-Full-Time trainees
- Promote LTFT Champion cover in specialty at Trust level
- Ensure TSTL aware of all returning trainees
- Assisting TSTL in design of Return-To-Training programmes
TPD role – OOPs

- Types (Gold Guide 2018 & GMC)
  - OOPT – training
  - OOPR – research
  - OOPE – experience
  - OOPC – career break

- To be approved by PGD

- Consider sound educational reasons vs effect on other trainees
TPD role – Transfers

• Manage transfers
  – Intra-Deanery (i.e. Mersey/NW)
  – Inter-Deanery Transfers (IDT)

• Refer to and contribute to policy
TPD role - TRES (formerly DiD)

• Help PGD Dean manage TRES by
  – Supporting ES in their assessments
  – Invoking and leading TRES processes
  – Participation in TRES meetings
  – Identifying remedial placements if required
  – Leading ARCP feedback panels (with TPD and AD)
TPD role – Educator support

• Ensure
  – ES reports based on evidence from CS
  – Robust documentation especially for TRES

• With DMEs, support ES & CS in programme
  – Ensure trainers treated fairly

• Convey feedback to trainers

• Ensure LEP programmes deliver curricula
TPD role – Internal and external duties

• Attend Specialty Advisory Committee (SAC) meetings
• Work with College/Faculty representatives (Tutors, Regional Advisors, etc) and SAC to ensure programmes deliver curriculum
• External PYA assessor for specialty
• External assessor for other HEE Offices
TPD – Management Role 1

• Collaboration with
  – PGD (via School AD and DDs/ADs)
  – TSTLs, ESs, CSs
  – School staff (via HEENW managers)

• Meet organisational standards for responsiveness, timeliness, etc

• Attend HEENW Schools Board and other meetings and conferences
TPD – Management Role 2

• Act on GMC trainee/trainer specialty survey

• Contribute to annual QA processes
  – Annual Training Programme report to HEENW
  – HEENW Quality Management Framework and
  – GMC quality assurance process
  – Support Annual HEENW Report to GMC
  – Other external bodies as required
TPD – Management Role 3

• Formulate and follow through action plans to address concerns if a training programme does not meet the GMC’s standards

• Encourage trainees to complete annual GMC National Training Survey

• Encourage trainers to complete annual GMC National Trainers Survey
Recruitment – Trainee and Trainer

• Trainee
  – CMT Interviews
  – Specialty

• Trainer
  – Encourage CS
  – Recruit ES
  – Monitor Trainer Recognition (liaise with AD)
TPD role - Summary

• Leading/coordinating specialty training

• Ensure national standards (College/Faculty) and regional (HEENW) are met

• Work with PGD and HEENW team to ensure doctors and dentists aim for highest standards of patient centred care and commit to a lifetime of CPD
Aims and Objectives

• Induction for Senior Educators
  – Deputy Deans
  – Associate Deans
  – Heads of School
  – Training Programme Directors
  – Directors of Medical Education
  – Local Foundation Programme Directors
  – (And their deputies/associates)
Induction – Directors of Medical Education

• DMEs should all be members of NACT UK
  – See: www.nact.org.uk/
  – Membership subscription is covered by postgraduate budget

• Numerous meetings
  – See: www.nact.org.uk/educational-meetings/
  – Many useful and relevant
  – Spring Meeting has Annual General Meeting of the Association
Induction – Directors of Medical Education

• Numerous relevant documents
  – National
  – NACT UK (members only)

• See: www.nact.org.uk/documents/
DME role Personnel

- Involved in appointment of all PGME faculty
  - Inc. FPD, College/Specialty Tutors, ES & CS
- DME
  - Is accountable to Board
- DME should
  - Establish clear roles and responsibilities
  - Liaise with GOSW
  - Address educational exception reports
DME role
Governance

• Communication between LEP and HEENW
  – Involving Trust Executive Board
• Formal annual reports
• Evidence for quality assurance visits
• Data on exit outcomes for trainees
  – ARCP outcomes
  – Exception reporting
  – Revalidation issues on form Rs
DME Duties

- Responsible for the delivery of all specialty (and FY1/2) training programmes at LEP
- Ensures that specialty training meets requirements of each programme
- Support College/Specialty Tutors and Supervisors, Faculty and SAS Leads
- Ensure sharing of good practice
- Advises/manages TRES
Educational Supervisor

- The named practitioner who is overseeing the educational requirements, achievements and personal & professional development of an individual trainee during a post/ placement/ programme.
- They are responsible for performing relevant appraisals.
- Require protected time clearly identified in their job plan, usually as SPA time.
Clinical Supervisor

• The named clinician responsible for overseeing the clinical performance of an individual trainee within a clinical placement

• They are responsible for observing practice, performing work-based assessments and providing feedback

• They require time within their clinical workload for these tasks
DME and GP training

- GP experience in Foundation Programme
- Vocational Training Scheme (VTS)
  - 1 ES, a GP Trainer, for 3 year programme
  - Named CS for each hospital-based placement
- Communication needed between GPs Trainers, DME, Local Programme Organiser, GP AD, etc
  - Liaison with CSs to update their roles
DMEs and TRES - 1

• Trainees Requiring Extra Support
  – (Previously DiD)
• Identified through local processes
• Manage according to policy/guidance
• Should be made known to the DME
• DME may drive educational, pastoral & career planning needs of TRES and
• DME will support educators in their role
DMEs and TRES - 2

- Success requires collaborative approach
  - DME
  - Specialty Tutors, ES & CS
  - Medical Director
  - Lead Employer/HR
  - Associate Dean
  - TPD, HoS (who can involve PGD/RO)
  - (Possibly) Royal College input
  - Complex issues all need documentation
DME and Faculty

- DME, GP Tutor and FPD collaboration on
  - Faculty Development
  - Peer Appraisal
  - Educational leadership
  - Educational management
  - Mentor schemes
  - Educational CPD activities
Aims and Objectives

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Induction - Local Foundation Programme Directors

• FPDs should all be members of NACT UK
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  – Membership subscription is covered by postgraduate budget

• Numerous meetings
  – See: www.nact.org.uk/educational-meetings/
  – Many useful and relevant
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Induction - Local Foundation Programme Directors

• Numerous relevant documents
  – National
  – NACT UK (members only)

• See: www.nact.org.uk/documents
Local Foundation Programmes

• Foundation Programmes have
  – 6 x 4m posts over 2 years
  – Often have placements in Primary Care, Mental Health, or an adjacent hospital

• Foundation Committee
  – Is responsible for local management, development and quality control
  – Should ideally contain FY1/2 trainees
Local Foundation Programme Directors

• FPDs
  – Are accountable to the DME
  – Also liaise with School and its Director
  – Attend Foundation School meetings
  – Feeding back locally via Foundation Committee
Local FPDs
Duties

• FPDs organise
  – Education programme
  – Educational and clinical supervision
  – Career advice for F1/2s
  – Horus eportfolio reviews
  – Monitoring of supervisions and progress
  – ARCP/end of year sign-off
UK Foundation Programme
• Reference Guide

• Website
  – http://www.foundationprogramme.nhs.uk/
Foundation ARCP

• F ARCP reviews eportfolio evidence of achievement over year of training
• ARCP Panel reviews and validates ES’s recommended outcome
• Foundation doctor must meet minimum expected performance in all 20 foundation professional capabilities
  
  – [http://www.foundationprogramme.nhs.uk/content/arcp](http://www.foundationprogramme.nhs.uk/content/arcp)
Career Support - 1

• All trainees need help with career management and planning
• FY1/2 need particular assistance
  – Appraisal with CS and ES
  – FY1/2 teaching sessions
  – Local FPD and DME support
• All Trusts should have identified foundation careers lead
Career Support - 2

• Referral to HEENW is available and should be offered to all trainees
  – Leaving or considering leaving the profession
  – Being exited from programme
• Local & HEE careers documents online
• Many national resources exist
• Workshops on career management are offered at HEENW for trainee/trainers groups
Aims and Objectives

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  – (And their deputies/associates)
SAS Leads

- Involved in education and CPD of Associate Specialists, Staff and Specialist/Career/Trust post doctors
- Annual appraisal should identify development opportunities
- SAS doctors should have a mentor
- SAS Drs aiming for CESR via Article 14 should be supported with a named ES
Locally Employed Doctors Tutors

- For juniors who are not in a HEENW programme, but intend to enter training
Induction –
DME/FPD Deputies and Team
• See under DME & FPD sections
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Health Education North West: Postgraduate Medicine and Dentistry

Our Vision

Everyone associated with health care in the North West:

• will strive for ever-increasing standards of patient centred care
• will be committed to a lifetime of professional development
• will be proud of the care they provide
• will support and challenge one another