

Induction/Refresher for HEENW Senior Educators

16 November 2022
(as revised April 2022)

Materials at:

<https://www.nwpgmd.nhs.uk/>

And search for Senior Educators Induction

Senior Educators

- Deputy Deans
- Associate Deans
- Heads of School
- Training Programme Directors
- Directors of Medical Education
- Local Foundation Programme Directors
- And their deputies/associates, etc

Workshop Facilitators

- Dr Alistair Thomson, Associate Dean
- Dr Roisin Haslett, Deputy Dean

Introductions

- Name, where you work and role

Welcome

- **Online HEENW TPD Induction/Refresher**
 - Previous F2F days had mixed experience audience
- **Pitched as both:**
 - Induction for recent TPD appointees, and
 - Refresher for TPDs in post for > 1 year
- **Aims:**
 - To help and support TPDs
 - To develop TPDs in their role
- **Intended participants:**
 - (Mainly) current and (some) recently appointed TPDs

Programme for Day

09.30 Dial-in and Introductions/Break-the-ice

Start of day

10.00-11.00 Session 1: Introduction to the day and Objectives

11.00-11.15 BREAK

11.15-12.15 Session 2

LUNCH

13.30-14.30 Session 3

14.30-14.45 BREAK

14.45-15.45 Session 4: Final Learning Points & Take-Home Messages

End and continue chat

Rationale for day

- Senior educator consistency and continuity
 - Schools
 - Trusts
- N.B. All slides on HEENW (nwpgmd.nhs.uk) website
 - Search ‘induction’ = Senior Educators’ Induction
 - https://www.nwpgmd.nhs.uk/sites/default/files/Induction%20for%20HEENW%20Senior%20Educators%20APJT%200919_0.pdf

Our Objectives

- Sharing of general information for TPDs
- Discussion of specific issues
- Focus on generic principles and policies

Programme outline

Topics for focus:

- Overview of HEENW structure
- What HEE and HEENW wants from you
- Interface between Trust and HEE
- Support/responsibility structures
- Support
- Trainees in serious difficulty
- Resource overview

Your Objectives

- Write down your 3 top objectives for the day
 - 2 minutes

- Discuss with group
 - 5 minutes

Topics



Health Education England

- Academic training
- ADs' Patch visits
- Appraisal for Senior Educators
- ARCPs
- Career Counselling
- Clinical incidents & Form Rs
- Communications with Trainees
- Definitions
- DMEs, TPDs and HoS interfaces
- Educational Governance
- Education vs Service
- Educators Requiring Extra Support (ERES)
- Enhancing Supervision
- Extensions to Training and Grace Period
- Finance and Tariff
- Gold Guide
- Health and Wellbeing, Mental Health
- HEENW, Schools, Colleges and Trusts
- HEENW context for training
- 'How to Get Drs to Do Stuff'
- Induction for trainees
- Inter-Deanery Transfers
- Lead Employer & Interactions with trainees
- Less Than Full Time (LTFT) Training
- Locally Employed Drs (LEDs), PAs, UGs, etc
- Medical Education Committees
- Monthly Reports on Trainees' Progress
- New Ways of Working
- Opportunities for Trainees in HEENW
- Out of Programme (OOPs) – E/T/C/R & P
- 'Phoning a Friend'
- Promoting Excellence
- Quality for Schools and Trusts
- Recognition of Trainers & AoME Domains
- Recruitment
- Redeployment of Trainees
- Revalidation of Trainees and Form Rs
- Rota management
- Rotation Management
- Self Development Time (SDT)
- Study Leave
- Succession Planning
- Supported Return to Training (SuppoRTT)
- Support for Senior Educators
- Time Management
- Trainer Reading List
- Trainer CPD
- Trainees Requiring Extra Support (TRES)
- Training, the Curriculum, Service Pressures
- Trust Specialty Training Leads (TSTLs)
- 'What I Wish I Had Known When I Started'
- Other topics as suggested

Final Objectives for Group

- E.g.
- “What I wish I had known when I started...”
- “What I Wish I Knew Now But Do Not”
- Another objective?

Welcome to Health Education England (North West)



Developing people
for health and
healthcare

www.hee.nhs.uk

Senior Educator Induction

Dr Alistair Thomson

Assoc PG Dean

Educator Development, HEENW

Introduction to Slide set

- Slides cover induction of HEENW senior educators
- They have generic information on HEENW, its structures, schools, processes and links
 - Mostly assembled from the www.nwpgmd.nhs.uk website
- Some material separately submitted
 - (See acknowledgements at end)
- Supplementary material can be added
 - Updating ideas to alistair.thomson@hee.nhs.uk

Who Are HEENW 'Senior Educators'?

- Deputy Deans
- Associate Deans
- Heads of School
- Training Programme Directors
- Directors of Medical Education
- Local Foundation Programme Directors
- And their deputies/associates, etc

Adult Learning - Principles

- Self-Directing
- Learn by doing
- Relevance
- Experience
- All of the Senses
- Practice
- Personal Development
- Involvement

Group Learning

Principles

- Learners construct their own knowledge
- Learning is an inherently social phenomenon

Practice

- Small and large group work
 - Deeper meaning and improved thinking skills
- “The knowledge is in the room”
- HEE DD and AD resource

Things I Wish I Had Known When I Started

- Reality of job description
 - Time implications of role & time use
 - How to gain essential induction
 - Expectations of role
 - What tasks can be shared/delegated
 - What are the policies/where are they kept?
 - How to construct rotations fairly
 - Optimising communications
- 
- A solid orange horizontal bar at the bottom of the slide, with a decorative white shape on the right side.

Time Management & Organisation

- How do you maximise time use?

Time Management & Organisation - 1

- ‘Make every minute count’
- ‘Across the desk once’
- Lists, calendar reminders
- Set aside time & minimise interruptions
 - Collect up tasks to be done in a session
 - Finish larger tasks in one sitting
- Prompt responses to emails
 - Reply within 48h, but not immediately

Time Management & Organisation - 2

- Re-direct trainee enquiries
 - Often enquiries should have been local
- Maximise delegation
 - To PSM if TPD/HoS (and deputy/successor)
 - Share email address with PSM
 - To PGMC staff if DME/FPD (and deputies, etc)
 - To PA/etc if ES/CS
- Get the job done, don't seek perfection

Time Management & Organisation - 3

- Use shared meetings
 - Teams, Zoom, Skype, F2F
 - Sharepoint, Office apps, Google docs
- Negotiate job plan with CD (or MD?)
 - Flexible sessions, more study leave?
- Recruit help/succession plan

Time Management & Organisation - 4

- Documentation shortcuts
 - Touch-typing
 - Hand-writing recognition programmes
 - Voice Recognition software (e.g. Dragon)
 - Dictaphone voice-memos (to text)
 - Smartphone apps (e.g. Speech-logger)
- Home/work and work/life balance

7 Habits of Highly Successful Doctors

- Be punctual
- Communicate clearly
- Establish and practise boundaries
- Make rest and recovery a priority
- Learn something from residents
- Block out time to think
- Read

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

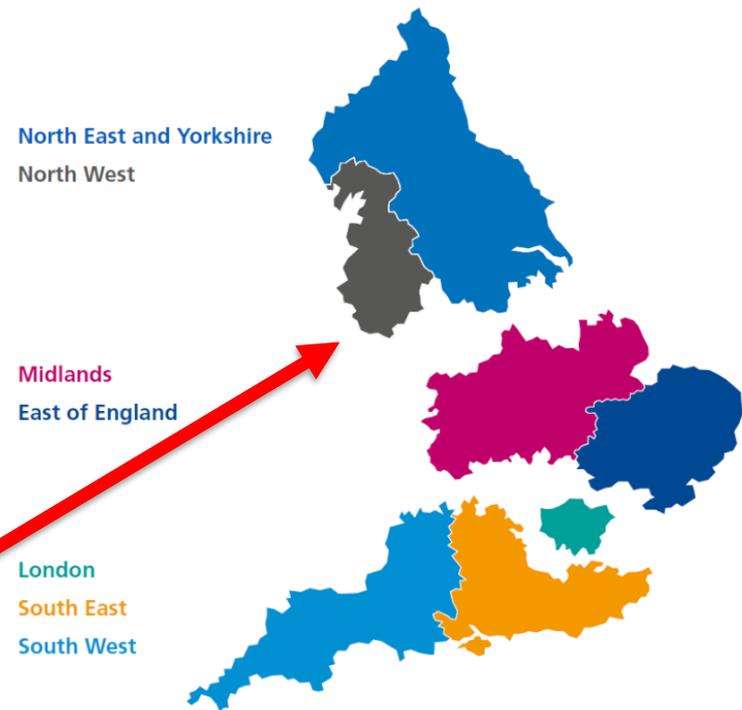
- Postgraduate Dean, PGD
- Deputy Dean, DD
- Associate Dean, AD
- Heads of School, HoS
- Training Programme Directors, TPD
- Directors of Medical Education, DME
- Foundation Programme Directors, FPD
- Medical Education Manager, MEM
- Trust Specialty Training Lead, TSTL
- Educational Supervisor, ES
- Clinical Supervisor, CS
- Local Faculty Group, LFG
- Educators Requiring Extra Support, ERES

To understand the HEENW
context within which the training
programme is delivered

HEE - 2018

Regional changes

- Move from 4 to 7 in Q1
- Regionalisation Board
 - Minimise possible upheaval and change
- Link to Operating Model
- Performance approach refresh
- HEENW stays



HEE - 2019

Regional changes

North East and Yorkshire

1. Cumbria and the North East
2. West Yorkshire and Harrogate
3. Humber, Coast and Vale
4. South Yorkshire and Bassetlaw

North West

5. Lancashire and South Cumbria
6. Greater Manchester
7. Cheshire and Merseyside

Midlands

8. Staffordshire and Stoke on Trent
9. Shropshire and Telford and Wrekin
10. Derbyshire
11. Lincolnshire
12. Nottinghamshire
13. Leicester, Leicestershire and Rutland
14. The Black Country
15. Birmingham and Solihull
16. Coventry and Warwickshire
17. Herefordshire and Worcestershire
18. Northamptonshire

East of England

19. Cambridgeshire and Peterborough
20. Norfolk and Waveney
21. Suffolk and North East Essex
22. Bedfordshire, Luton and Milton Keynes
23. Hertfordshire and West Essex
24. Mid and South Essex

London

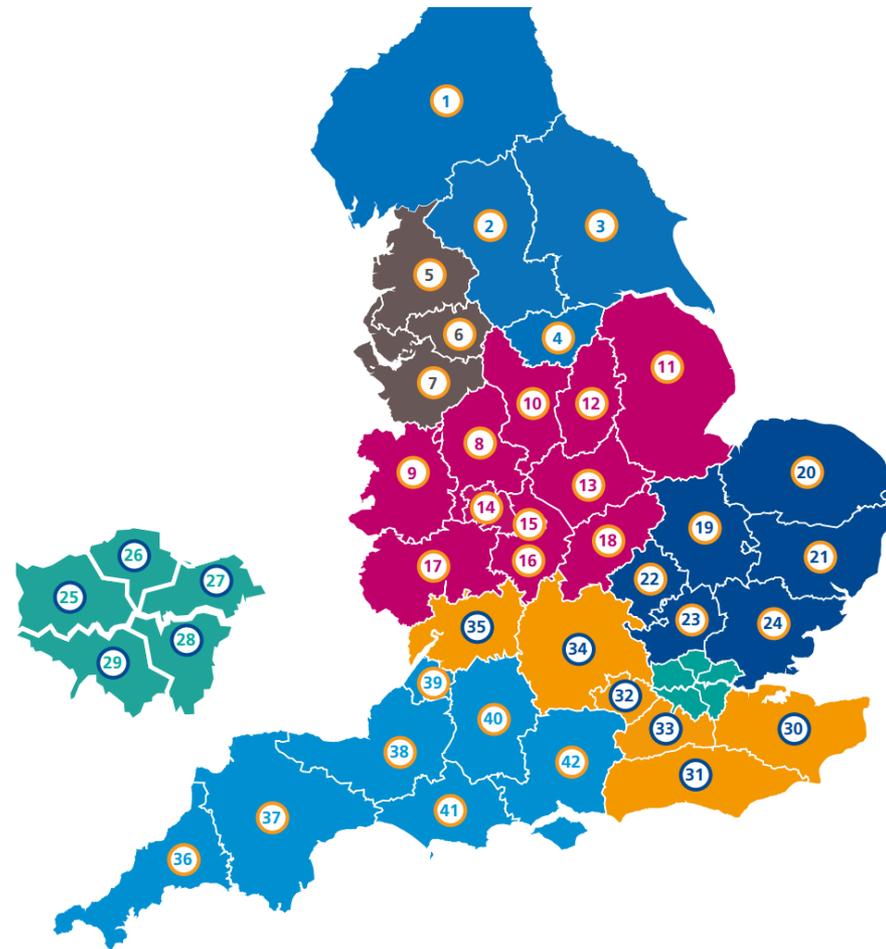
25. North West London
26. Central London
27. East London
28. South East London
29. South West London

South East

30. Kent and Medway
31. Sussex and East Surrey
32. Frimley Health and Care
33. Surrey Heartlands
34. Buckinghamshire, Oxfordshire and Berkshire West
35. Gloucestershire

South West

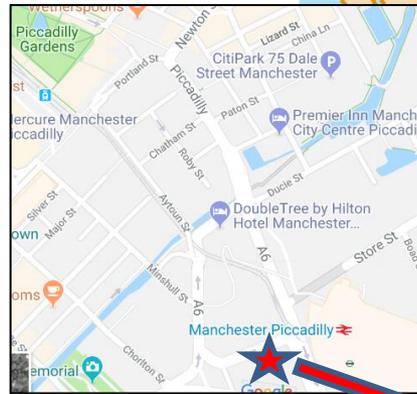
36. Cornwall and the Isles of Scilly
37. Devon
38. Somerset
39. Bristol, North Somerset and South Gloucestershire
40. Bath, Swindon and Wiltshire
41. Dorset
42. Hampshire and Isle of White



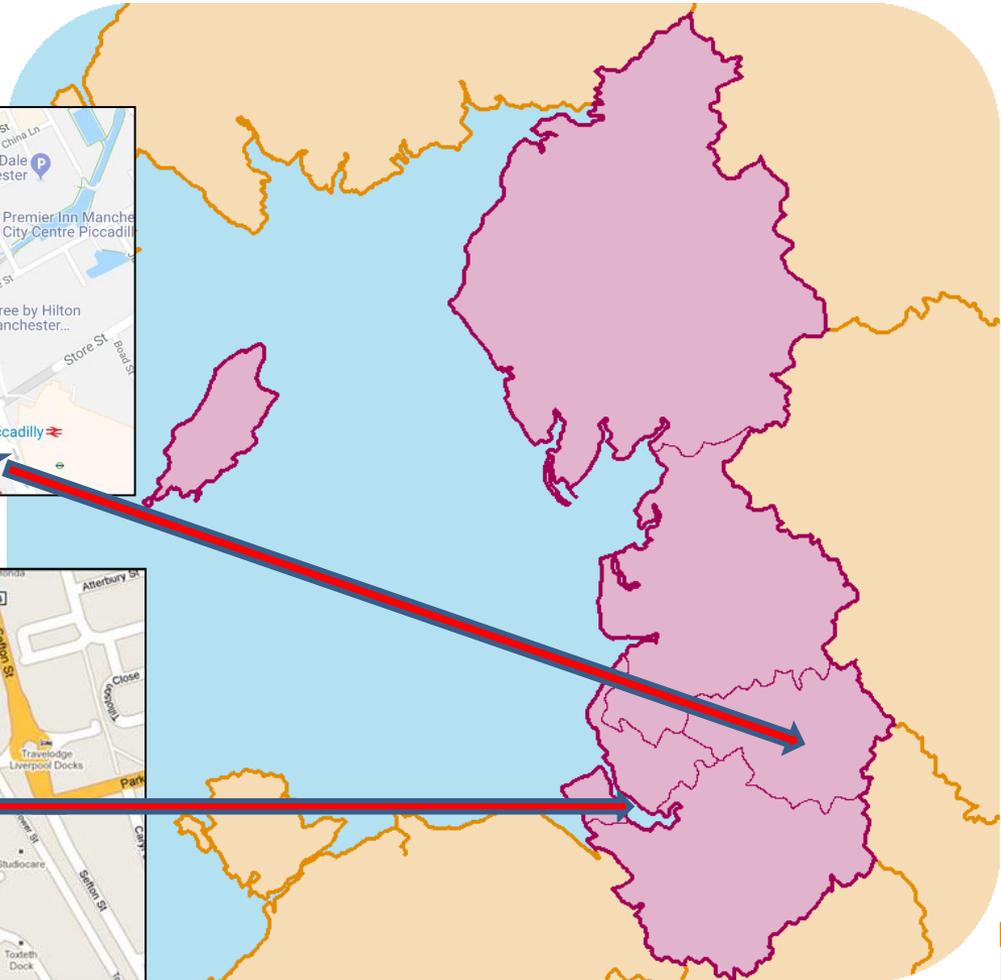
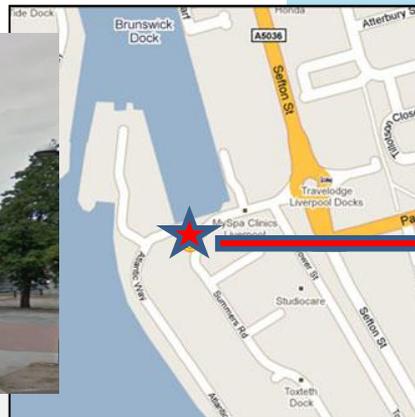
- The Postgraduate Medical and Dental section of Health Education England (North West) oversees postgraduate medical education and training for over 7,000 trainees
- Our priority is to ensure that trainees are:
 - Confident in providing high quality patient care
 - Supported by excellent trainers and
 - 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/



Health Education England - 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

Quick Links

- [Home](#)
- [HEE – latest Coronavirus information](#)
- [Training Support Network](#)
- [About Us](#)
- [Specialty Schools](#)
- [Recruitment](#)
- [Equality, Diversity & Inclusion](#)
- [Educator Development](#)
- [Quality](#)
- [Careers Advice](#)
- [Medical Leadership](#)
- [Physician Associates](#)
- [Lead Employers](#)
- [Policies & Procedures](#)
- [Staff Directory](#)
- [Less Than Full Time](#)

HEENW – 2022

Demographics

- > 7500 trainees
- > 6200 trainers (ES & CS)
- 41 Trusts with trainees
 - 30 DMEs
 - 30 FPDs

HEENW - 2022

Hospital

- 1 PGD
- 4 DDs
- 12 Hospital ADs
- 1 Foundation & 12 Specialty Schools
 - 12 HoS
 - c.130 TPDs
- > 100 managerial and admin. staff

HEENW - 2022

GP

- (1 PGD)
- 1 DD
- 11 GP ADs
- 1 HoS
- c.10 HEENW support staff

HEENW

Who's Who...

- Post Graduate Dean
 - Professor Jane Mamelok
- Deputy Deans
 - Dr Roisin Haslett and)
 - Dr Tamsin Dunn) Hospital
 - Mr Nadeem Khwaja)
 - 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

Senior Educators Employment

- PGD, some DDs and ADs employed by HEE
- Other DDs and ADs seconded to HEENW
- HoS, TPDs seconded
- DMEs/PGCTs, Local FPDs employed by Trusts, remuneration via tariff
- ES 0.25 per trainee/wk, via tariff
- Named CS 0.25 per trainee/wk, via tariff
- CS 0.25 per trainee/wk, via tariff (varies)

Appointment, Accountability, Appraisal

- Appointment process
 - HEENW staff/secondees responsibility of PGD
 - DMEs, FPDs, etc, appointed by Trust with input from HEENW (Patch AD or DD)
- Accountability:
 - TSTL → TPD → HoS → School AD → DD → PGD
 - TSTL → DME/FPD → Patch AD → DD → PGD
- Annual Educational Appraisal with HEENW appraisal documentation (on website)

Lead Employer for trainees

- 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/

To understand the HEE
context within which the training
programme is delivered

Infrastructure and Finances to Support Training

- HEE invests £1.9 billion in postgraduate medical and dental education covering just under 50,000 commissioned posts
 - There is additional investment in our education support infrastructure (£104m)
- and
- Investment by providers in Trust-Funded Training Posts (different for each Trust)

Supervision by Trainers & Remuneration

- ES: 0.25 PA per trainee/wk, via tariff
 - Maximum 1.0 PA (i.e. no more than 4 trainees)
 - Often 'within' SPAs if 1-2 trainees
- Named CS: 0.25 PA per trainee/wk, via tariff
- CS: 0.25 PA per trainee/wk, via tariff
 - More variable by Trust and specialty
 - More difficult to calculate

Supervision, Trainer Development & Recognition

- TPDs, TSTLs and ESs must all be Trainers
 - 5/7 AoME domains for CS/ES
 - If new ES/TSTL, Royal College Courses, (etc)
- Recognition of Trainers (RoT)
 - All working with trainees must be CS at least
 - Database held by Quality Team
 - If problems, contact Quality HEENW/Trust DME
 - If still problems, contact AD i/c RoT (i.e. APJT)

Definitions – Training Post

- A training opportunity set up in accordance with the GMC, Royal College and HEENW standards
- The post is developed and remains constant whilst trainees rotate through it to achieve certain competencies

Definitions – Training Programme

- A collection of posts grouped together to provide a comprehensive exposure to the learning requirements prescribed by the Royal College curriculum
- A Programme may also include other experience gained through Out of Programme Training (OOPT), Research (OOPR) or other paths (e.g. OOPP)

Definitions – Training Placement -1

- A designated training opportunity for an individual trainee
- Each trainee will be assigned a number of placements
- These will provide the appropriate learning environment to achieve the competences required by the specialty's Royal College

Definitions – Training Placement - 2

- A placement may be a
 - HEENW approved ‘post’ or
 - Complementary opportunity external to the HEENW programme (as long as this aligns to the GMC-approved Royal College curriculum)

Definitions – Training Allocation

- The initial ‘placement’ for a trainee
- All new appointees to HEENW will be placed within a ‘post’ from which they commence their training
- All subsequent ‘placements’ are, taken together, referred to as a ‘rotation’

Definitions – Training Rotation

- A movement of a trainee from one placement to another

Definitions – National Post Number

- A unique identifier
- Used as the standard terminology when discussing a post

Finance: Placement support tariff covers - 1

- Direct teaching
 - Including 121 tutorials
- Additional time taken if teaching is delivered whilst delivering patient care compared to if they had not been present
- Supervision and checking of trainee's work

Finance: Placement support tariff covers - 2

- Costs of training required by staff to
 - Supervise or
 - Mentor trainees
- Libraries, education centres and clinical skills facilities
- Proportion of overheads that indirectly relate to training activities

Quality – HEE

- *N.B. HEE stopped all routine Education Quality activities during Covid-19*
- Focus on quality of learning environment and its impact on safety of learners and patients (see <https://www.gmc-uk.org/education/standards-guidance-and-curricula/standards-and-outcomes/promoting-excellence?msclkid=458e0c56ae0411ecb76c09cf1bdcccf1>)
- Principles, expectations and information in framework on how to raise concerns released, but under review

Quality - Framework

- Sets out the expectations for Quality within the work-based learning environment
- Multi-professional
 - To support system partners and education and placement providers by
 - Delivering a whole workforce quality perspective
- Platform exists to respond to concerns

Quality - Intent

- Local teams will work with
 - Placement providers (via Patch AD) and
 - Higher Education Institutes
- All partners will enable
 - Identification
 - Sharing and
 - Adoption of good practice

Quality - HEE documents

- **Strategy** – vision for consistent, multi-professional approach to improving quality
- **Framework** – domains, standards and expectations to demonstrate a high quality learning environment
- **Standards** - summary of the standards referred to in the strategy
- **Handbook** – systems and processes to evaluate, assess risks, manage and improve

Quality - Plan

- Incorporate
 - Education and
 - Training elementinto service commissioning processes
- Principles and guidance in
 - Impact Assessment on Educational Opportunities (document)
 - Flow chart

Quality - Monitoring **NETS Survey**

- National Education and Training Survey
- National core set of metrics
- Administered at local level
- Insight into the quality of learner placements

Quality - Intensive Support Framework

- Enables categorisation of concerns and support to address them
- Facilitates graded approach to reporting and support
- Helps regional quality teams and local offices implement Quality Framework
- Policy on suspension of PGME training if serious concerns (only via PGD)

Quality -

‘Emerging Concerns Protocol’

- Clearly defined mechanism for 7 regulators to share information about risks to users, carers, families or professionals
- 5 overarching objectives:
 - Thinking and leading
 - Analysing and influencing
 - Changing and improving
 - Delivering and implementing
 - Focusing on tomorrow

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 PGMDE and training to GMC standard

Quality for Trusts

- Triggered ‘visits’, remotely at present
- Based on exception reports, from
 - GMC Survey
 - Trust’s own reports, via Patch AD
 - School’s reports, via School AD
 - Other information
- 3-monthly review by Quality Team
 - With AD input

Quality Athena Database

- Data by Trust about risks/issues, now v.3
- Updated via Quality Team
 - Updates approx. 2-weekly
- Risk ratings 0, 1, 2, 3
 - Risk rating 1: starter (often several logged)
 - Risk rating 2, 3: escalated to HEE
 - Risk rating 4: escalated to GMC
- Access via Quality Team, read-only

Quality for Schools

- Specialty Annual Reports (SARs)
 - By TPD and HoS
 - SWOT analysis opportunity
 - To be shared with PSMs and TSTLs
 - Reviewed by School AD obo HEENW
 - Feedback to School
 - Triangulated with ARCP/GMC survey/etc
 - (Under review to maximise relevance)

Essential Reading - 1

- Promoting Excellence, GMC
 - www.gmc-uk.org/-/media/documents/promoting-excellence-standards-for-medical-education-and-training-0715_pdf-61939165.pdf
- Gold Guide (9th edⁿ Sept. 2022, CoPMeD
 - <https://www.copmed.org.uk/gold-guide-8th-edition/>
- UK Foundation Programme guidance
 - <https://www.foundationprogramme.nhs.uk/>
- Quality Assurance
 - www.gmc-uk.org/education/how-we-quality-assure

Essential Reading - 2

- HEENW website relevant sections
 - www.nwpgmd.nhs.uk/
- HEENW Policies & Procedures, inc. ARCPs
 - www.nwpgmd.nhs.uk/policies-procedures
- Trainees Requiring Extra Support (DiD)
 - www.nwpgmd.nhs.uk/doctors-dentists-difficulty
- Educator Development
 - <https://www.nwpgmd.nhs.uk/educator-development>

Other Reading

- GMC's Generic Professional Capabilities implementation guidance
 - www.gmc-uk.org/education/standards-guidance-and-curricula/standards-and-outcomes/generic-professional-capabilities-framework
- Shape of Training Report
 - www.aomrc.org.uk/wp-content/uploads/2019/07/Practical_guide_to_curriculum_development_0719.pdf
- Curriculum development & mapping
 - www.aomrc.org.uk/wp-content/uploads/2019/07/Practical_guide_to_curriculum_development_0719.pdf



Promoting excellence:

standards for medical education and training

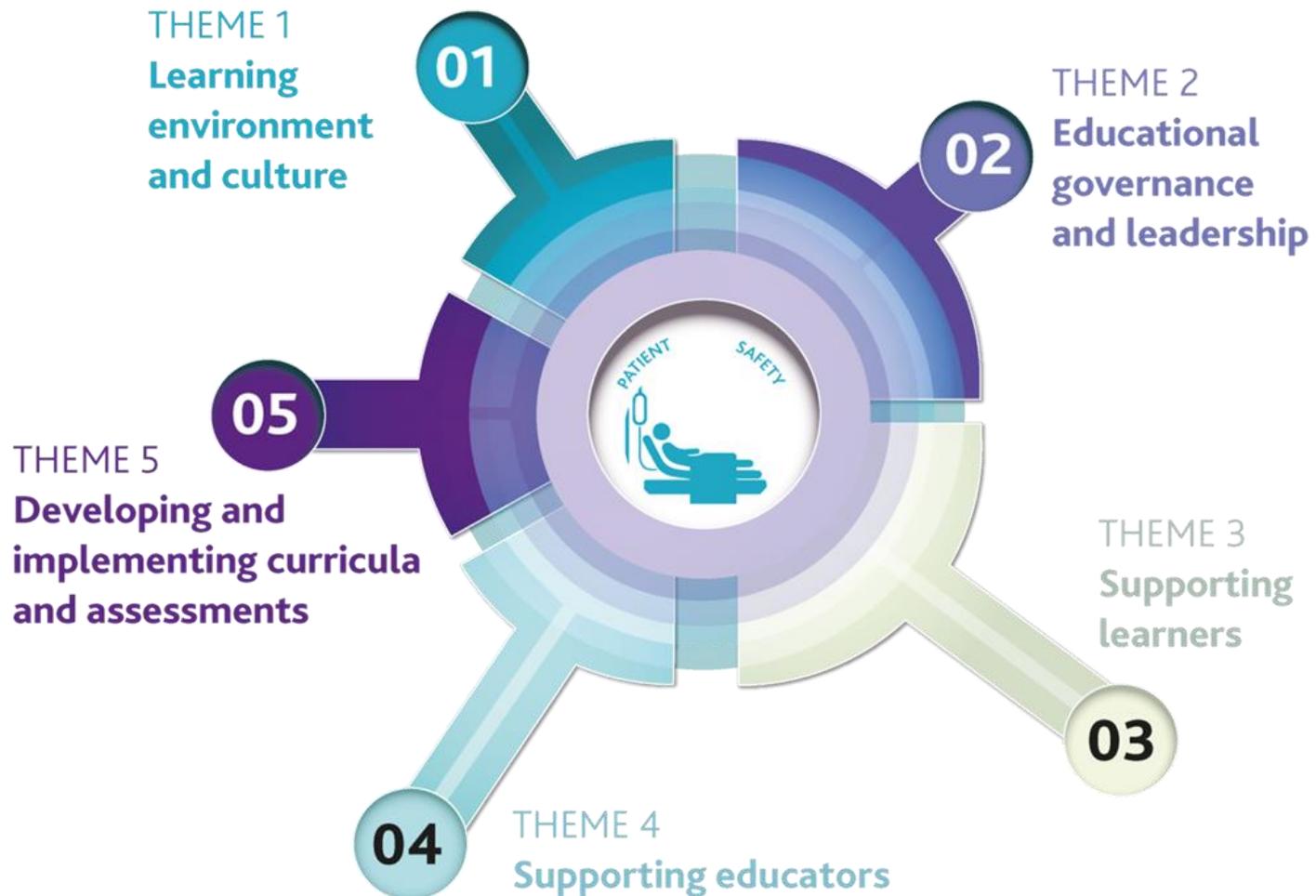
Working with doctors Working for patients

General
Medical
Council

Promoting Excellence 2015

- 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



Approval and Recognition of Trainers

- GP trainers
 - Under the Medical Act, GMC approves and publishes a list of GP trainers
- Hospital 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

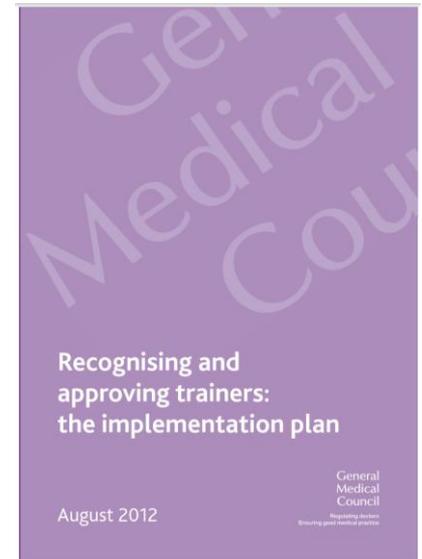
- From August 2016 GMC required trainers in 4 secondary care roles to be recognised:
 - Named ES in postgraduate training
 - Named CS in postgraduate training
 - Lead coordinators of undergraduate training at each local education provider (LEP)
 - Doctors responsible for overseeing students' educational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



AoME
Framework

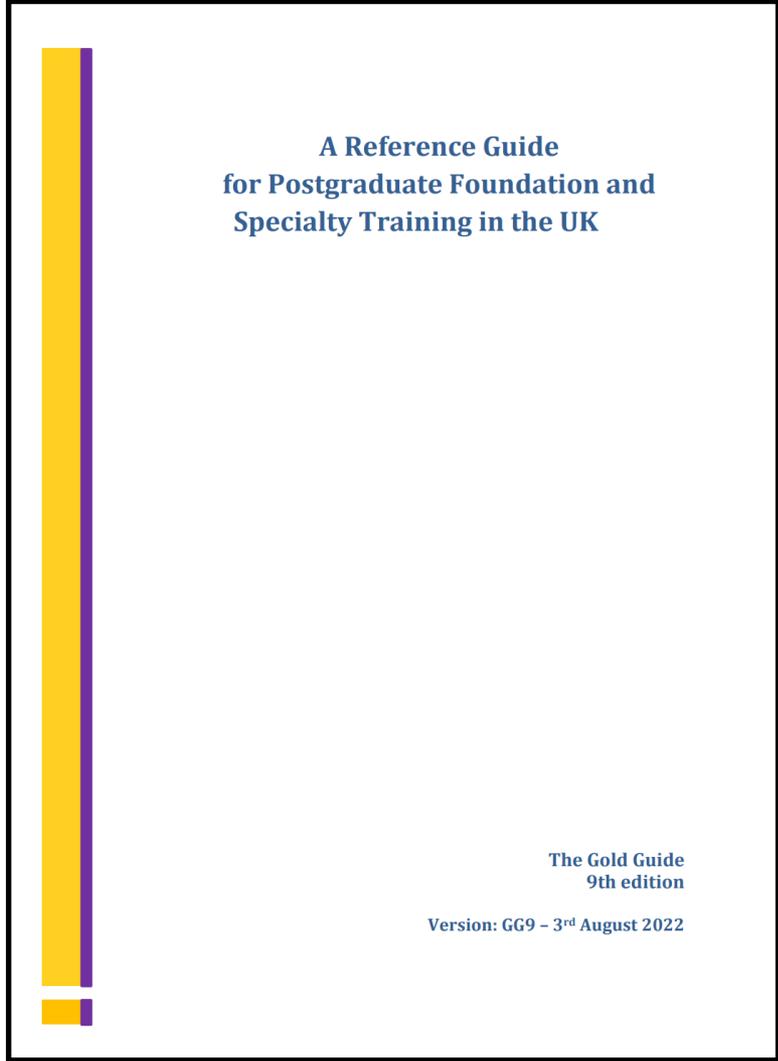
GMC – ES & CS Recognition Framework

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



Gold Guide 2022

- 9th Edition
- September 2022
 - 1 August 2022 for F1/2
- Supersedes all previous editions



A Reference Guide
for Postgraduate Foundation and
Specialty Training in the UK

The Gold Guide
9th edition

Version: GG9 - 3rd August 2022

HEENW context for Training Programme Delivery

- Trainees employed by:
 - Specialty: Lead Employer (St Helens/ Knowsley)
 - Foundation training: Trusts
- Trainees' education programmes
 - Against GMC-approved Royal College Curricula
 - Designed, monitored and assured by HEENW
 - Provided at Local Education Provider (i.e. Trusts)

HEENW-Trust Liaison

- Each Trust has a
 - Hospital ‘Patch’ Associate Dean
 - GP ‘Patch’ Associate Dean
- Patch ADs
 - Liaise with educators at the Trust, via DME to
 - Help support Trainee Development
 - Support Trainers and Training practices
 - Maintain Quality standards
 - Report to HEENW

HEENW-Trust Liaison procedures

- Need-to-know: usually School and DME
- Schools (i.e. HoS, TPD, School AD) should
 - Inform Patch AD, DME & Trust TSTL if trainee needs support
 - Only meet Trust trainee groups with HEENW present, i.e. Patch AD (maybe DME)
- DMEs should inform Patch AD and TPD if
 - Trainee needs support
 - Trust trainee groups need/seek support

Education

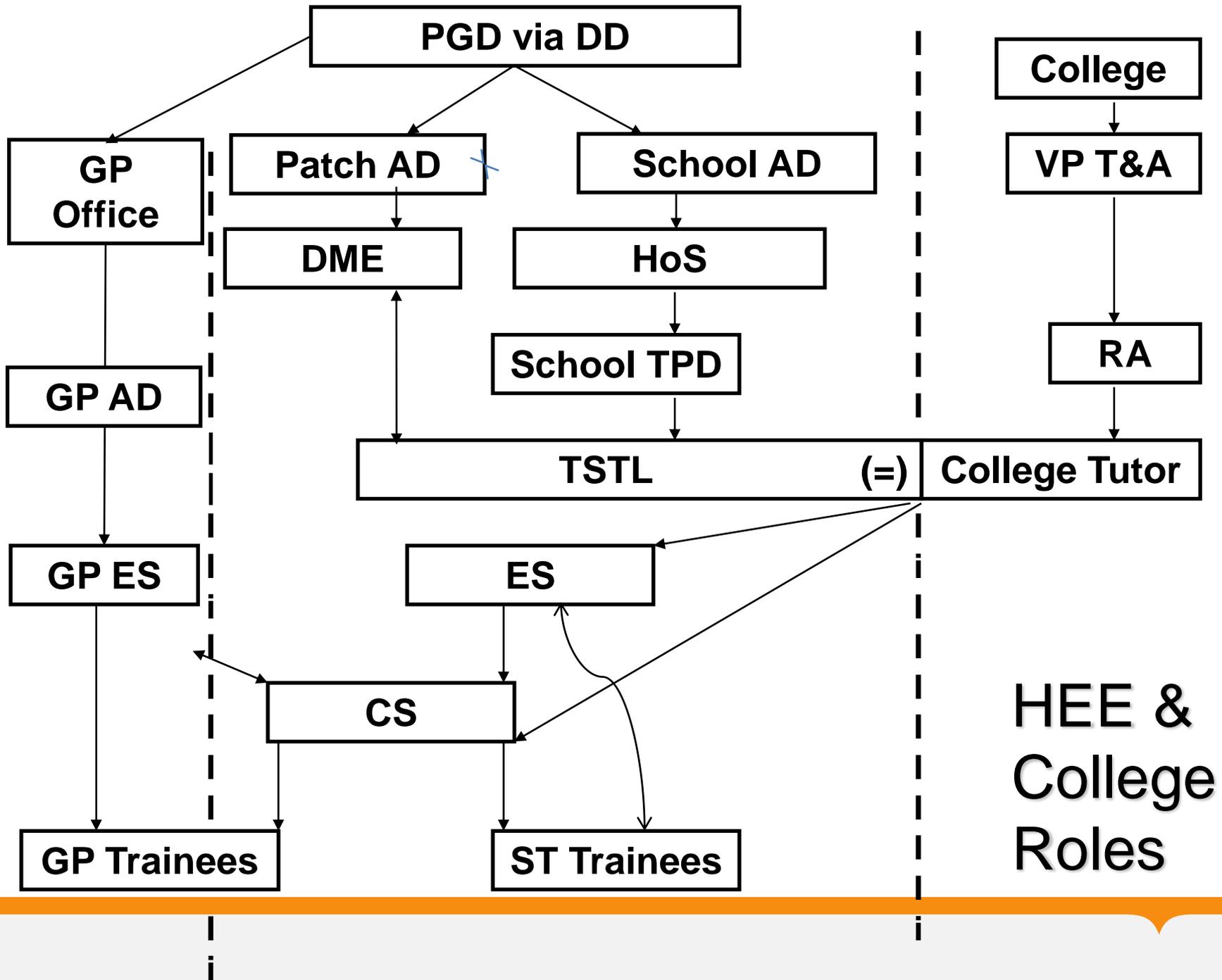
Governance Issues - 1

- Realistic curriculum content
 - Recently approved curricula slimmed down
- 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)
 - Local Faculty Group/CS/ES communications
 - Good quality end-of-year ES reports (ESRs)
- PGME, trainee & trainer support at Trusts
 - Stability of process and
 - Educator update events



HEE &
College
Roles

THEME 2

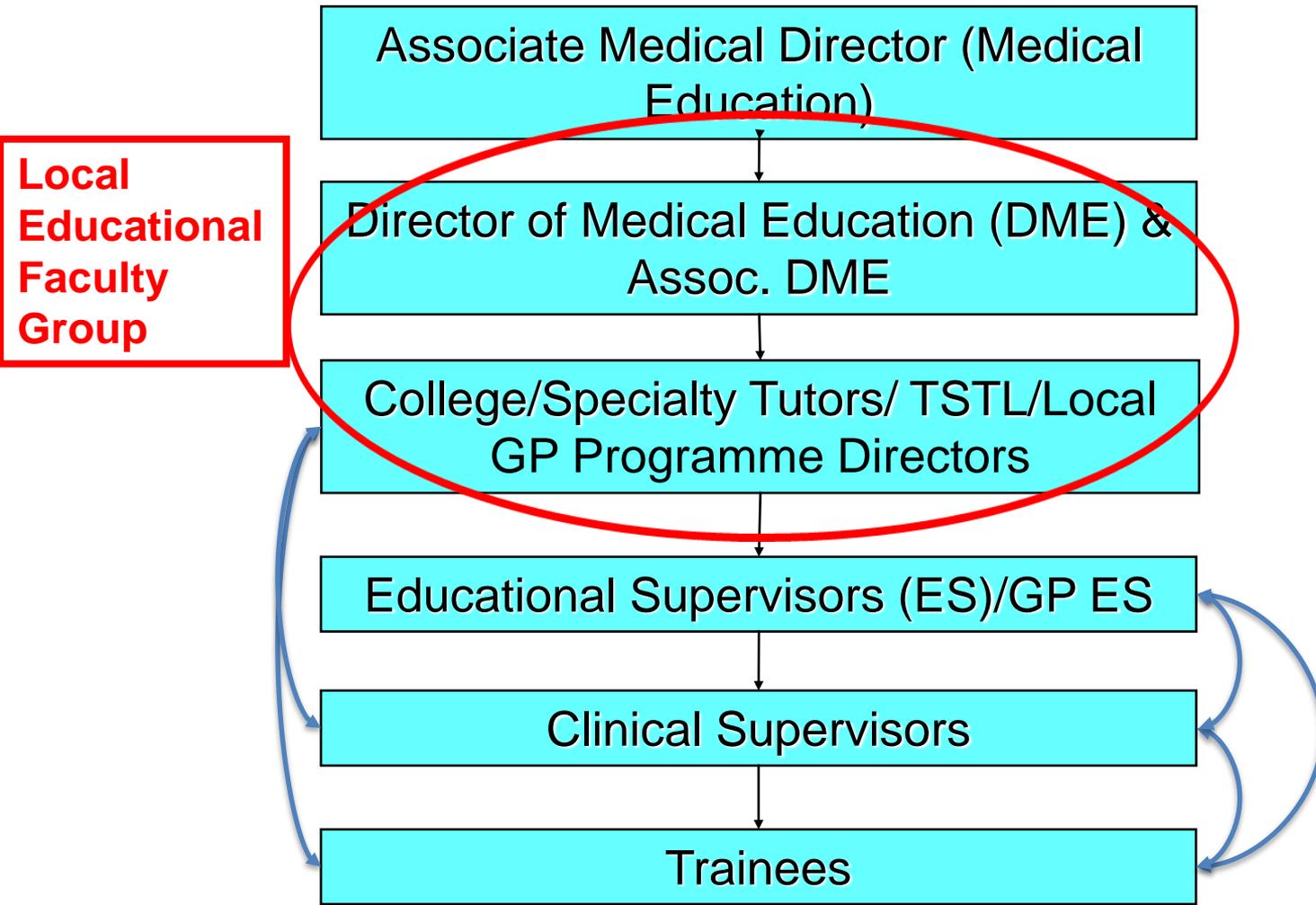
Educational governance and leadership



02

- 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.

Medical Education Model



Local Educational Faculty Group

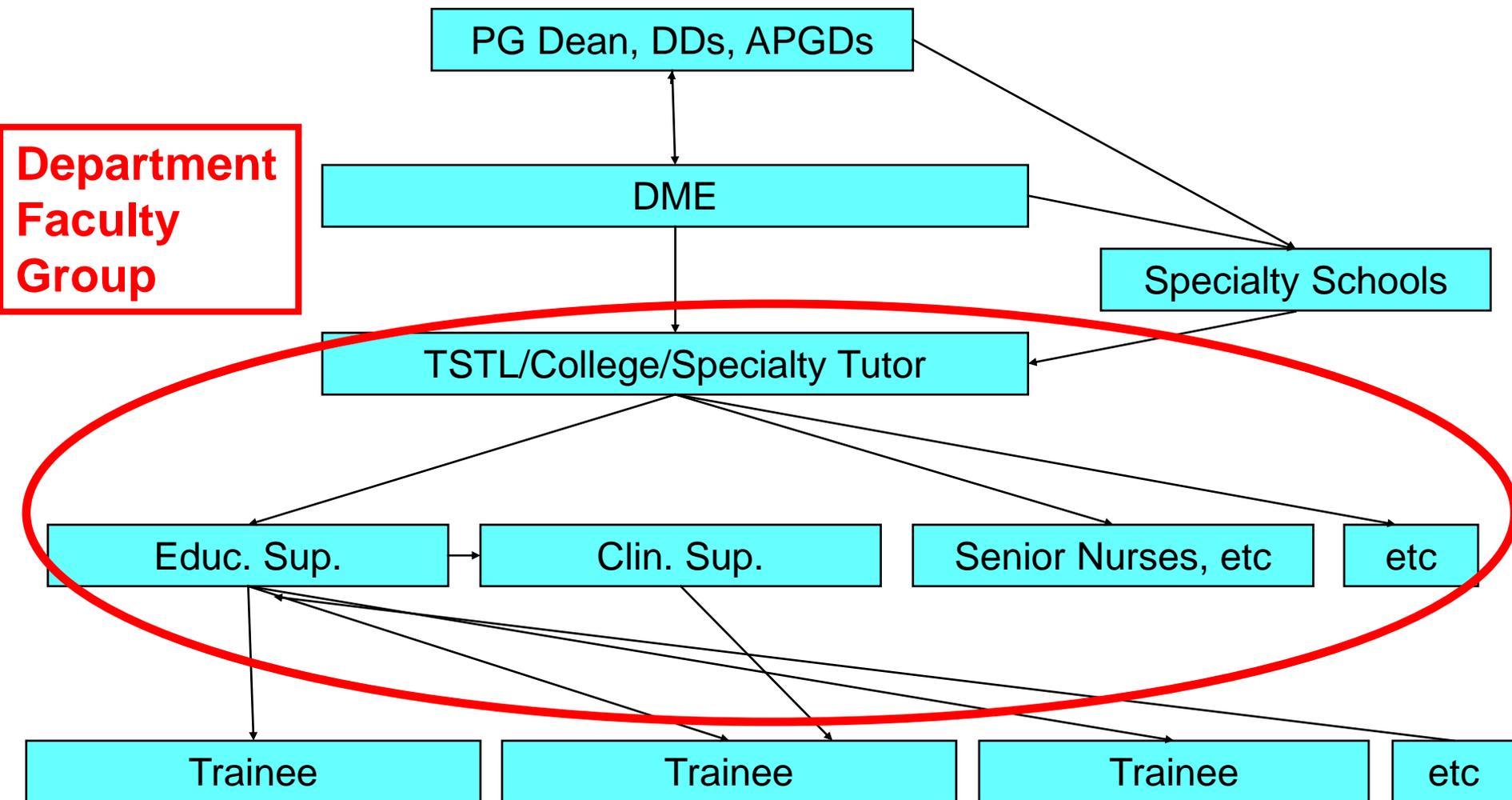
- Director of Medical Education (& Deputy)
 - Deputy Director of Medical Education
- Local Foundation Programme Director
 - Deputy Foundation Programme Director
- Trust Specialty Training Leads (TSTL)
 - i.e. College/Specialty Tutors
- Local GP Programme Directors

Local

Educational Faculty - other

- Less-Than-Full-Time (LTFT) Champion
- Guardian of Safe Working (GOSW)
- Support-for-Return-to-Training (SuppoRTT) Champion
- Foundation Career Lead Champion
- Speaking-Out Champion
- Well-Being Champion

Trainee Supervision – Trust Model



Department

Faculty Group – Members

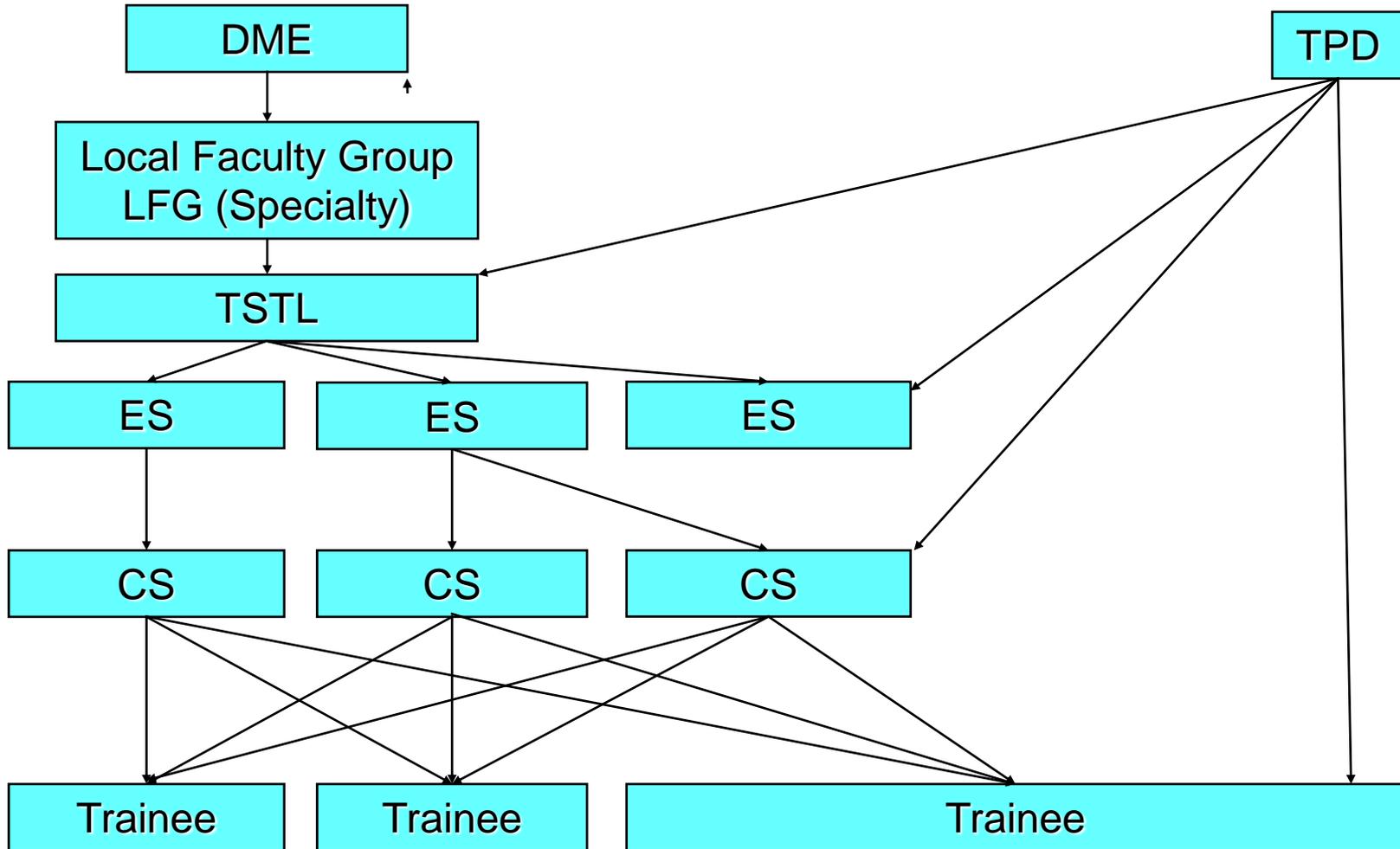
- Trust Specialty Training Lead
 - i.e. RC Tutors/Specialty Tutors
- Educational Supervisors
- Clinical Supervisors
- etc

Department

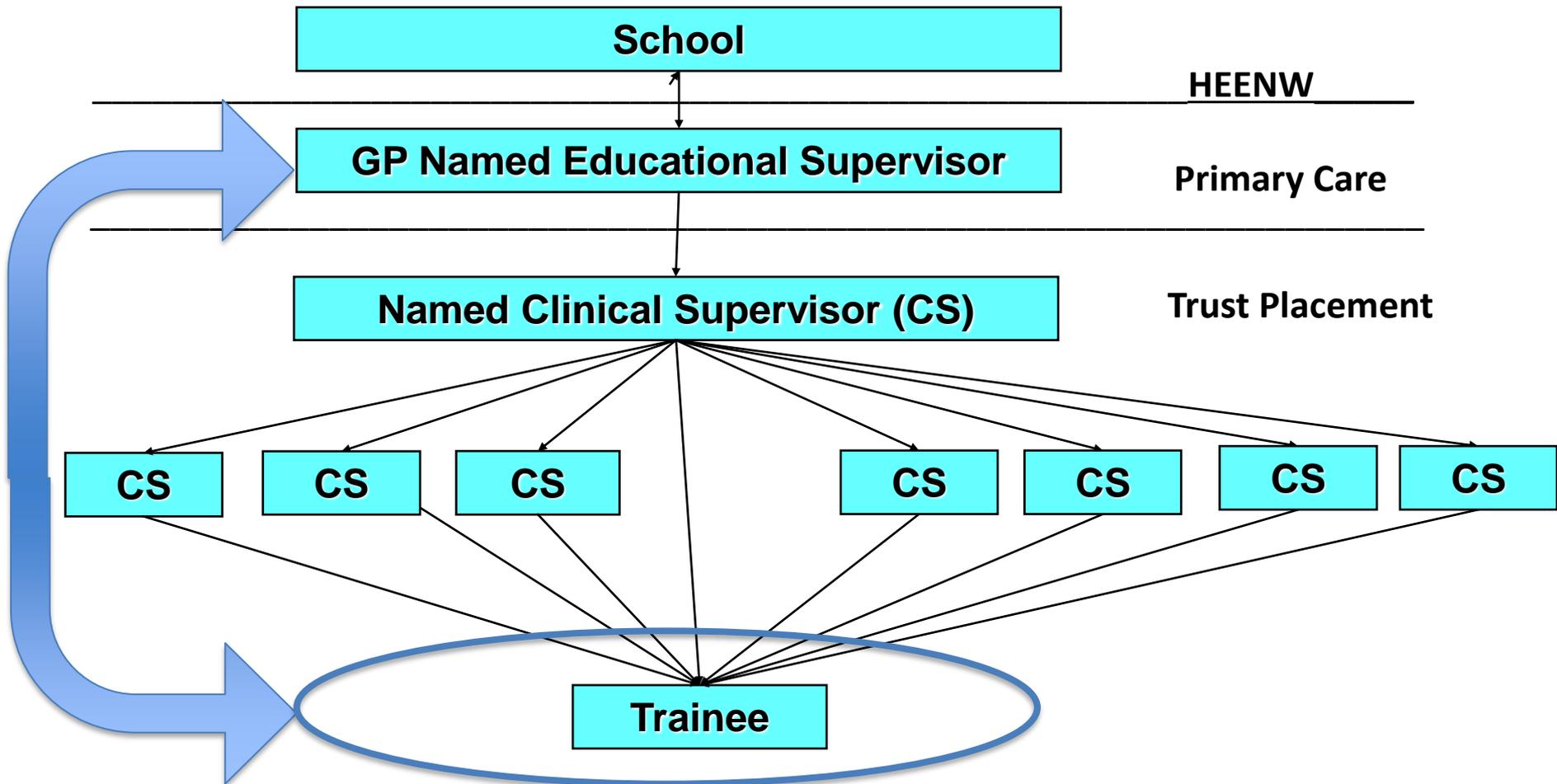
Faculty Group – Members expanded

- Trust Specialty Training Lead
- Educational Supervisors
- Clinical Supervisors
- Workplace Supervisors (i.e. others with daily contact with trainees) e.g.
 - Ward Sisters, OPD Sisters
 - Pharmacists
 - Advanced nurse practitioners
 - Physicians Associates, Supervising SASG Drs
- Others

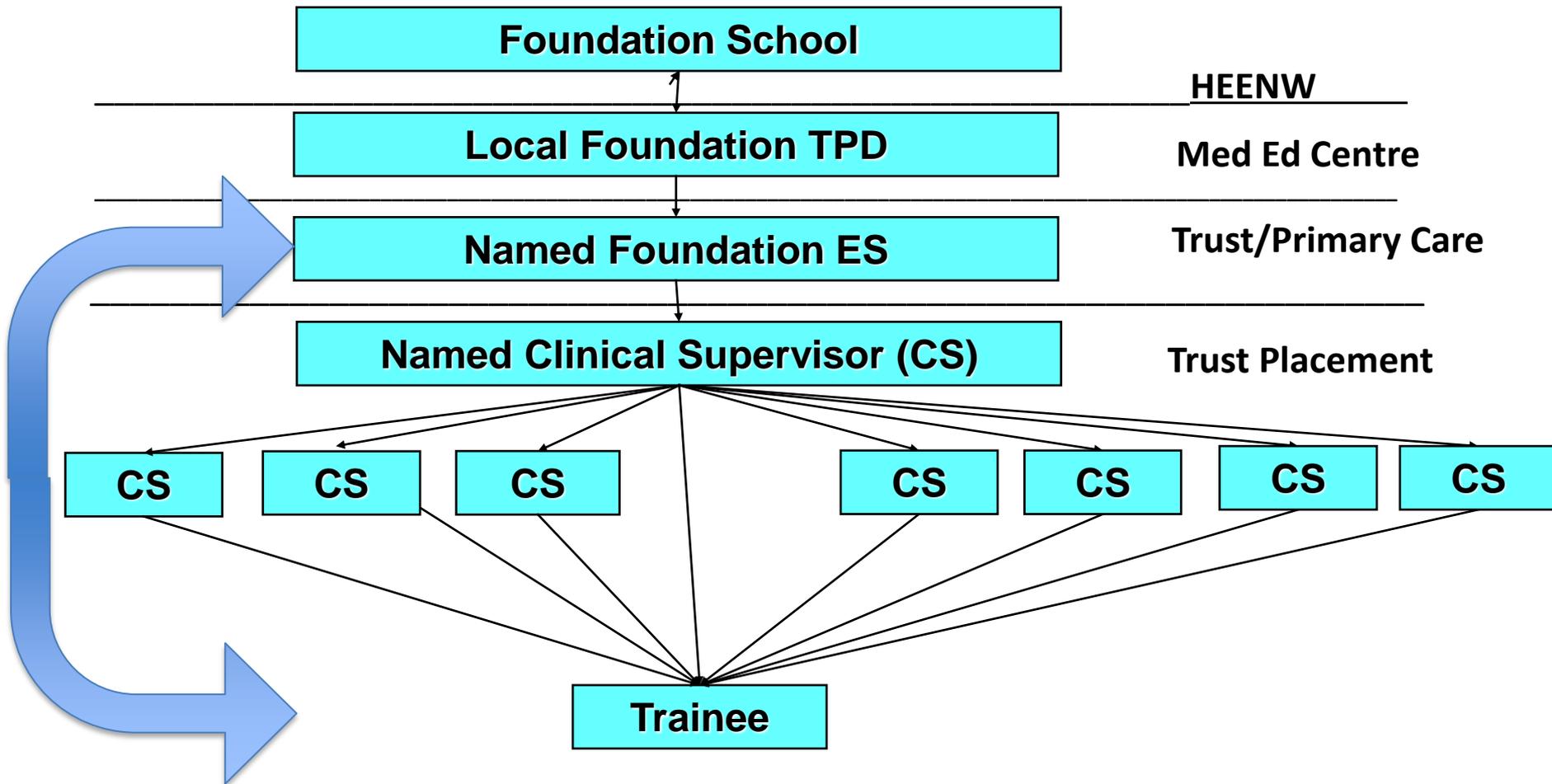
Trainee Supervision – School Model



GP Education Governance



Foundation Education Governance



Anaesthetics DGH Ed Gov

School

HEENW

Named Educational Supervisor (few)

Trust Placement

And Named CS with
Acute Duties but little contact

CS

CS

CS

CS

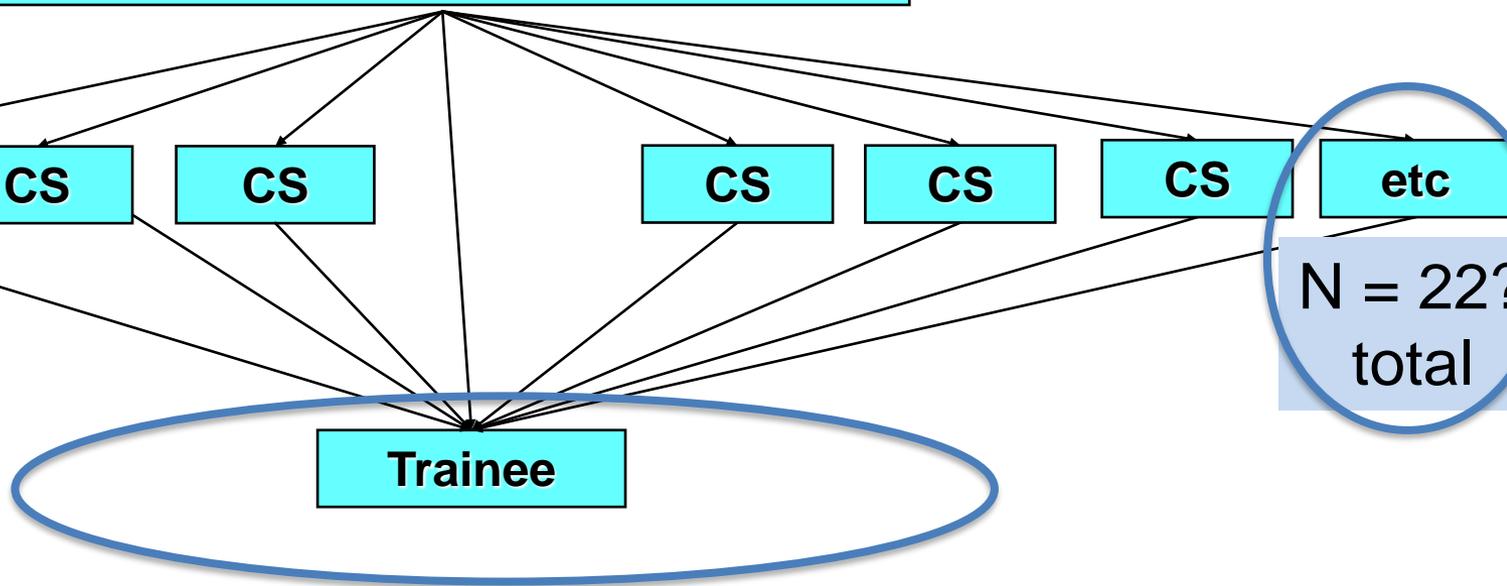
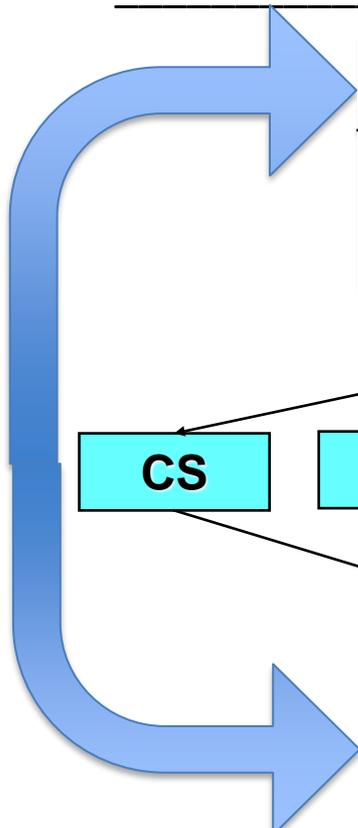
CS

CS

etc

N = 22?
total

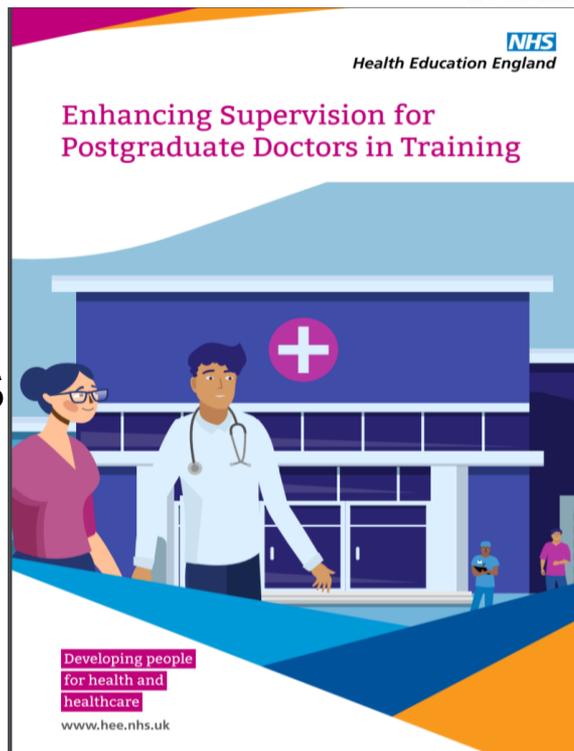
Trainee



Enhancing Supervision

Resources for

- Medical trainees
- Trainers and
- Trusts



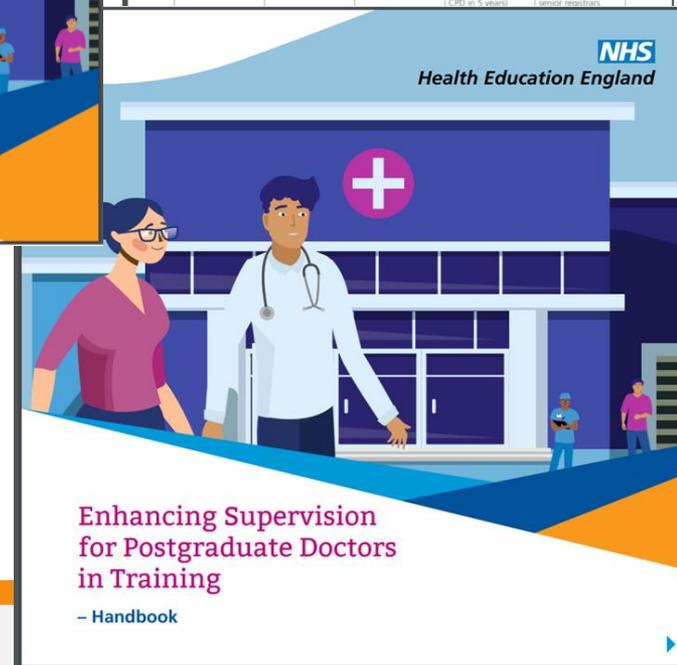
Standards

Standards in Supervision

This tool has been created for internal use by organisations and departments, to benchmark their supervision against national standards (HEE, GMC and NACT standards have been incorporated here).

This tool does not map to CQC ratings and is a guide for Trusts.

	Below expected standard	Baseline	Good	Excellent
First contact with Educational supervisor	First meeting takes place more than 6 weeks after starting post	First educational supervisor meeting within 6 weeks of starting post	First educational supervisor meeting within 2 weeks of starting post	Supervisor makes personal contact with supervisee before start of post
Frequency of Educational Supervisor meetings	No evidence of meetings at start and/or end of post	Documented meetings only at start and end of post	Documented meetings at start, middle and end of post	Additional meetings as per trainee needs / request
Supervisor training	No evidence of having engaged with formal training in supervision	Evidence of all supervisors within department attending an externally accredited Educational Supervision course	Additional / ongoing training and evidence of CPD in supervision for all supervisors (1 piece of CPD in one year; 3 different types of CPD in 5 years)	Actively providing developmental opportunities for senior registrars or GP specialty trainees in providing supervision. For senior registrars



HEE's Supervision

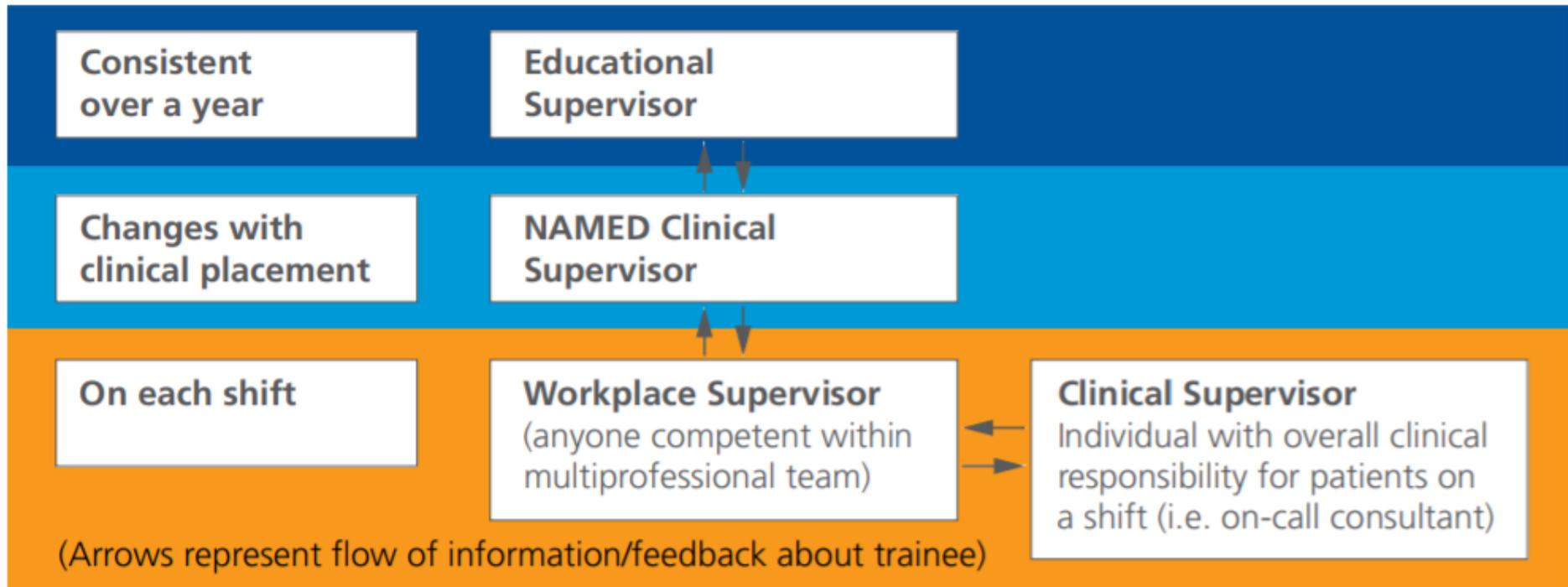


Health Education England

Guidance aims to provide:

- A commitment to...all forms of Supervision
 - In the context of patient and trainee safety
- Recognition/valuing of Workplace Supervision
 - Separate to Clinical & Educational Supervision
- Lightening the load for ES and CS by
 - Championing the role of Workplace Supervision
- Support for enhanced multi-professional working

Four Roles in Supervision



Workplace

Supervisor - 1

- Multi-professional team member(s) supervising specific tasks
- Workplace supervisor is
 - Anyone in multi-professional team competent to carry out the task
- Every Dr 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 wound
- A registrar can supervise a more junior trainee Dr 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 FY2 doctor can supervise a FY1 Dr cannulating a patient
- A GP Out of Hours or Urgent Care Practitioner can supervise a trainee Dr assessing a patient and referring to 2^o care

Placement

Supervision Group (PSG) - 1

- Now required for Foundation Trainees
- Foundation trainee's Named CS can create a Placement Supervision Group (PSG)
 - Informed by working closely with FY Dr
- Minimum of 3 people
 - Ideally different MDT members
- Give constructive feedback on performance
- Named CS knows of progress *via* eportfolio

Placement

Supervision Group (PSG) - 2

- Aim and responsibilities of PSG
 - To help CS form balanced judgement of doctor's performance
 - Based on observation in workplace and engagement in educational process
- Fairer assessment
- Prevents only one individual having responsibility for a Dr's progression

Placement

Supervision Group (PSG) - 3

- ES/Named CS nominates members of PSG
- ES (or named CS) will seek information from senior healthcare professionals who work with other Drs during a placement
- PSG will comment on whether the Dr's clinical and professional practice is expected to meet minimum levels performance required for sign off

Placement

Supervision Group (PSG) - 4

- PSG varies depending on placement
- Likely to include:
 - Drs at least 2 years senior to trainee
 - Senior nurses (band 5 or above)
 - Ward pharmacists
 - Allied health professionals
- PSG feedback inform CS's end of placement report

Placement

Supervision Group (PSG) - 5

- Not all placements have/can have a PSG
- PSG ideal in ward-based specialties
- If Dr works with only 1 or 2 Drs
 - Should be more trainee/trainer interactions

Placement

Supervision Group (PSG) - 6

- PSG responsible for:
 - Observing Dr's practice in workplace
 - Undertaking SLEs
 - Providing contemporaneous feedback
 - Providing structured feedback to CS
 - Raising concerns of unsatisfactory performance
- PSG indicates whether Dr's professional & clinical practice meets minimum requirement

Monitoring Trainee Progress

- Eportfolio
 - MSF
 - Recorded ES discussions with trainee
- N.B. Only documented material counts
 - Regular, recorded consultant meetings
 - Minuted discussions at meetings
 - Documented reports from colleagues, team, etc
- Monthly feedback from PSG (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

	Trainee name	Educational supervisor initials	Little contact	Above expected level*	At expected level	Mild concern**	Serious concern**	Comment (* and **)
					✓			
F2	Fred Smith				✓			
GP ST1	Joan Jones				✓			
GP ST2	Mohamed Ahmed				✓			
ST1	Ed Payne				✓			
ST2	Simon Ainslow				✓			
ST3	Lulu Nyandi				✓			
ST4	Lin Nguyen				✓			
ST5	Andrew Lawton				✓			

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:

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

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					✓			
F2	Fred Smith				✓			
GP ST1	Joan Jones				✓			
GP ST2	Mohamed Ahmed				✓			
ST1	Ed Payne				✓			
ST2	Simon Ainslow						✓	Late at handovers, dishevelled, disorganised and argumentative.
ST3	Lulu Nyandi				✓			
ST4	Lin Nguyen			✓				Runs handover well. Good team management.
ST5	Andrew Lawton				✓			

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:

Monthly feedback from PSG (NACT UK)

- Trainees informed of process at induction
 - All keen on feedback
- TSTL circulates to PSG on 1st of month
 - PSG = Consultants, senior staff
- Ticks moved, comments added
- Sent as 'Reply to all'
- Immediate problems addressed by CS/ES
- Feedback discussed at Mid-point/End

Standards in Supervision

Baseline Requirements

Recommendations

- 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

Self-development

Time: Foundation - 1

- All Foundation doctors in England
- Non-clinical activities related to curriculum/career
- Similar to the SPA time in consultant contracts
- Rolled out in
 - August 2020 for FY2s to support health and wellbeing
 - August 2021 for all FY1s and FY2s
- Minimum of 2 hrs/wk on average, scheduled as
 - 2 hours each week
 - 4 hours per fortnight
 - 1 day every 4 weeks

Self-development

Time: Foundation - 2

- For non-clinical activities related to
 - Curriculum essential for ARCP sign-off
 - Developing future career plans
- E.g.
 - Meeting with supervisors
 - Work on ePortfolio
 - Quality Improvement work
 - Formally reflecting on clinical practice
 - Exploring career opportunities
- (Fuller descriptions: 'Intended Uses of SDT Time')

Self-development

Time: Foundation - 3

- Deliver as a block?
- Coordinated to match availability of supervisors?
- FY2s
 - Includes time for preparing for specialty application
 - Developing skills in QI, teaching and leadership
- Use of time should be discussed with ES
- Record outcome in eportfolio

Self-development

Time: Foundation - 4

Activities not 'self-development time'

- Departmental or trust-delivered teaching
- Routine attendance at meetings, e.g. audit, QI, morbidity & mortality or governance
- Study leave
- Taster days / sessions to explore career options
- Induction programmes for trusts or departments
- Trust mandatory training

Self-development

Time: Specialty

- Being rolled out in 2022
 - Different Colleges at different speeds and ways
 - Informed by previous progress in education
- Similar to the SPA time in consultant contracts
- Non-clinical activities related to curriculum/career
- Specialty trainees' SDT similar to FY trainees'?
 - Minimum of 2 hrs/wk on average
- College websites will inform

ARCP (Annual Review of Competence Progression)

- Process from Gold Guide (9th edⁿ 2022)
- 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

ARCP – 1

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 present at Panel A
 - SMART Objectives to be agreed and recorded

ARCP – 2

- 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, but
- It is recommended that TPDs (or suitable deputies) meet trainees annually

ARCP & Covid-19

Outcomes – 10.1

- **Trainee making progress, but delay in acquisition of competences/capabilities due to COVID-19**
- At different stages in a training programme or at end of core training, if safe for trainee to progress
- May:
 - Progress to higher training programme – if recruitment into higher training facilitates this
 - Leave programme and acquire missing capabilities outside of training
 - Stay in core programme with additional training time to acquire the missing capabilities

ARCP & Covid-19

Outcome 10.2 - 1

If at critical progression points, and any of:

- 1. Patient Safety** – not safe for patients that trainee moves to next stage of training without a specific examination, placement or course
- 2. Trainee Health and Wellbeing** – would place an intolerable/unreasonable burden of assessments/examinations on trainee if they were to progress and put their mental/physical health at risk
- 3. Essential for Certification** - trainee unable to obtain CCT because no essential examinations, mandatory courses or defined capabilities

ARCP & Covid-19

Outcomes 10.2 - 2

- i.e. Trainee making progress, but delay in acquisition of competencies/capabilities due to COVID-19
- So additional training time is required
- For trainees approaching certification, trainees may be able to act up as a consultant (AUC) and acquire their missing capabilities during their additional training time where this facility exists in the curriculum

ARCP

Management in action - 1

- ARCPs are for trainees' enhanced appraisal
- If there are issues, any related evidence needs scrutiny
 - Exception reports
 - SUI(s)
 - Issues in educator reports
 - MSF
 - Reflections

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

Management in action - 3

- 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

Management in action - 4

- All ARCP panels provide decision aid flow chart on the day for guidance
- An experienced lead (DD or AD) can provide support and answer questions as they arise
- N.B. Foundation ARCP differs and is described in Foundation section

Form R - 1

- Every trainee should complete and submit a form R as part of every ARCP
- Form R must include full scope of practice
 - Every locum (except in current department)
 - Any activity which requires a license, e.g. private work, sports 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
- Latest COPMeD guidance:
https://www.copmed.org.uk/images/docs/revalidation/Guidance_to_ensure_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, immediately
 - Inform their Responsible Officer
 - Inform their employer and
 - Ensure that next form R documents the issue

Form R and ES actions

- If trainee needs modified duties
 - Inform TSTL
 - Inform Clinical Lead
 - Inform DME
 - Inform TPD of School
 - Inform RO of Lead Employer & Trust MD
 - Inform HR/rotamaster locally
 - Inform Consultants and
 - Others on need-to-know basis



Health Education England



Health Education England

Enhancing training and the support for learners

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



ARCP Review

Published
February
2018

Developing people
for health and
healthcare

www.hee.nhs.uk



ARCP Review

5 Principles

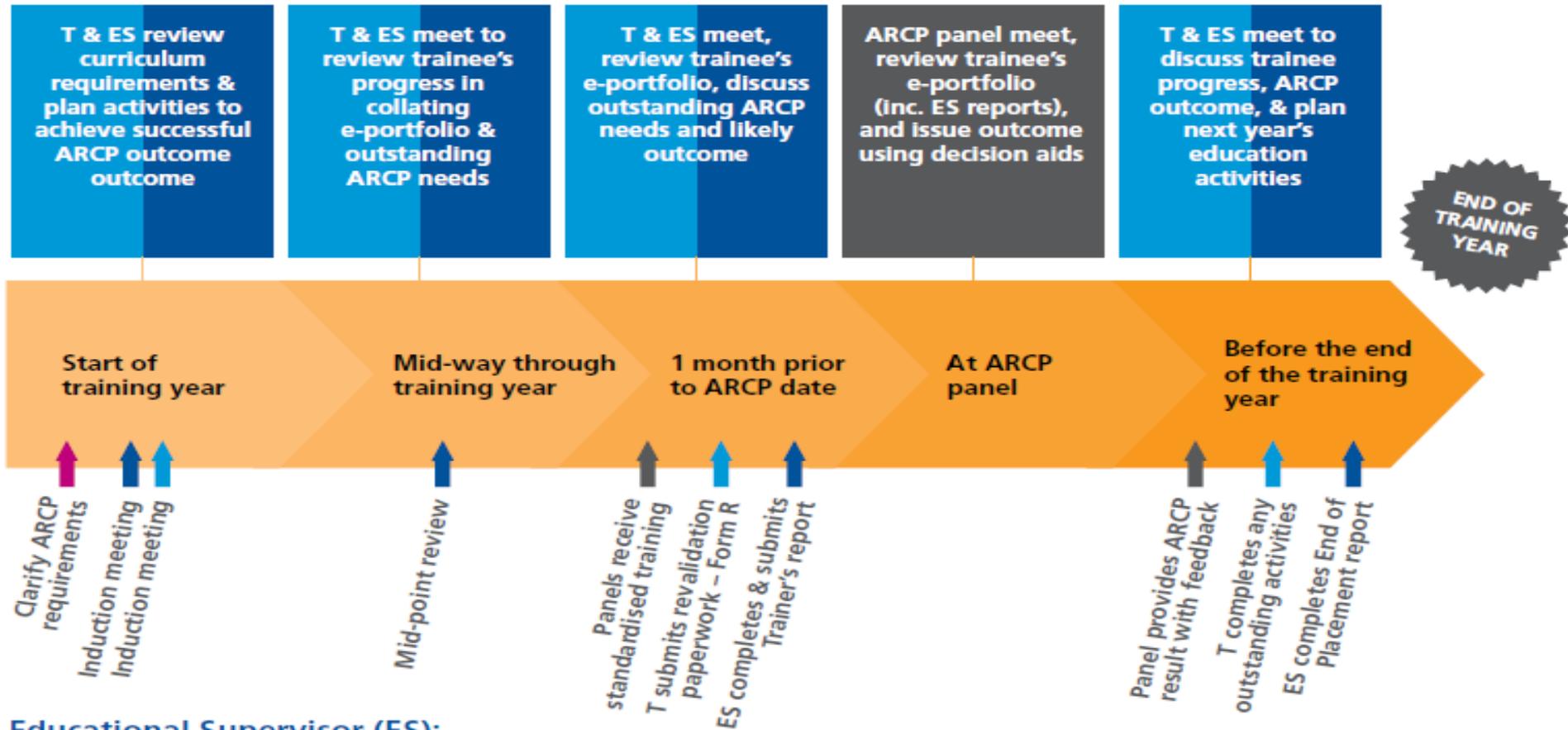
- Consistent frameworks underpinned by
 - Outcomes-based curricula
 - Support for appraisal and assessment
 - How portfolios are appreciated by the wider workforce as a tool to support their progression
 - Crucial role of trained and supported ES, CS and mentors
 - Consistent assessment processes to 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):

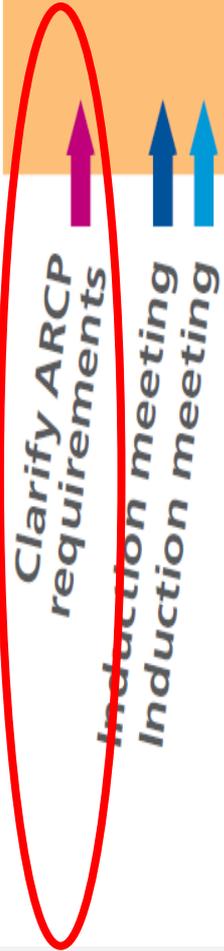


Educational Supervisor (ES):

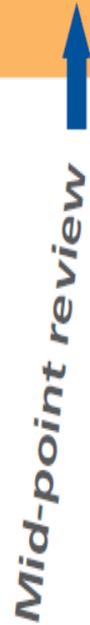
Supervision activity includes collation of evidence on trainee performance from the clinical supervisor and others informally involved with supervising the trainee; the ES should also provide regular formative appraisal and career guidance through the course of the training year, sign-posting educational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

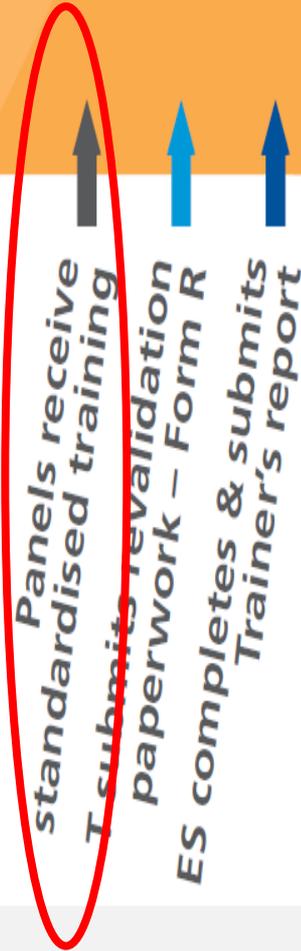
Start of training year



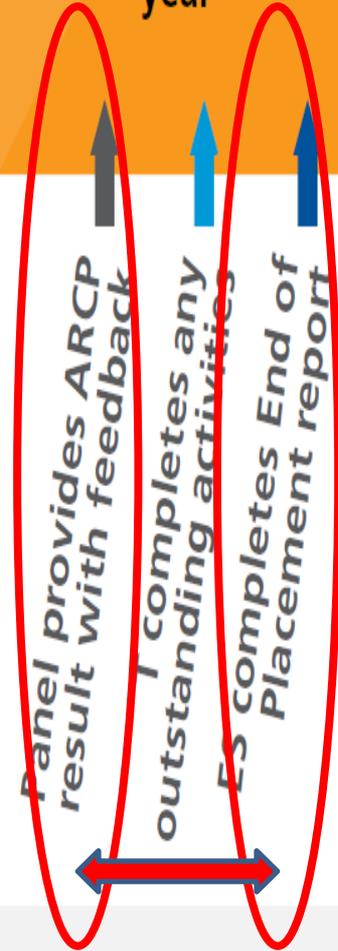
Mid-way through training year



1 month prior to ARCP date



At ARCP panel



Before the end of the training year

ARCP process

Educational Agreement (EA)	Educational Reviews (ER)	ES Report (ESR)	ES/ Trainee discussion	Trainee completes form R	ARCP panel	ARCP outcome form
Per training placement	Frequent	Summary against EA	Discussion of ES report	Annual return	Educational process against EA	Outcomes 1-7 (&8)
Specific/ individual aims and learning objectives	Formative. Part of continuous process of appraisal	Feeds ARCP	No surprises-transparent	For revalidation purposes	Sign off for revalidation	Includes expected (and possibly adjusted) CCT date
Can be modified through discussion	2 way: ES & Trainee	Summative	Done as another educational review	Enables renewal of registration	Sign off for programme progression	
Based on curriculum & stage of training	Professional conversation based on EA	Structured, based on portfolio	Not for trainee to influence content		Trainee meets panel after decision if outcome 2-5	
Agreed between ES & trainee	Enables problems to be picked up		Trainee can submit view to panel		At least annually	
Recorded	Recorded	Recorded	Recorded		Recorded	

ARCP Review 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

ARCP Review

HEENW 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 end-of-year reports (ESR)
 - Problem with quality and consistency
 - If completed well, ARCP panel works well
 - Work improving these is (still) underway
 - Aim to develop ES faculty

ARCP Review

HEENW Perspective on Standards

- Some curriculae imprecise
 - Expectations of competency progression unclear
 - Criteria for failing to progress unclear
 - New curriculae now GMC-approved
- Some ESs underestimate
 - Contribution of ESR to ARCP decision
 - Timing of decision
 - Professional role in assessing these standards

ARCP Review

HEENW and ARCP Feedback

- Inconsistent approaches
 - Timing
 - Who: panel, HoS, TPD or ES?
 - Objective setting and PDP
- Trainees may perceive that are
 - Attending the ARCP Panel
 - Able to influence the outcome
 - (Neither are correct)

ARCP Review

HEENW Development Strategy

HEENW is concentrating on:

- Developing ES faculty
- Consistency of feedback from ARCP
- Use of decision aids
- Ensuring curriculae consistent in standards
 - HEE & GMC task
 - New round of simplification underway

ARCP and Trainee Revalidation

- Trainees' revalidation is *via* ARCP
- Postgraduate Dean is RO for trainees, including those OOP and on statutory leave
- Completed ARCPs – even ARCP2 or 3 - usually result in recommendation for revalidation
- Deferral of revalidation sometimes happens but is not detrimental

HEENW Additional Trainee Opportunities - 1

- Trainees in HEENW have additional opportunities throughout their training
- EHU
 - Module 1 of EHU PGCert in Education
 - Module 1 of EHU PGCert in Leadership
- Fellowships (in competition)
 - Medical Education
 - Medical Leadership

HEENW Additional Trainee Opportunities - 2

- 300 HEENW-funded places on module 1 of EHU PGCert in Education
 - In ‘least busy’ year of training +/- 1 year
 - Confers CS recognition at CCT

and

- 300 HEENW-funded places on module 1 of EHU PGCert in Leadership
 - Around ‘least busy’ year of training +/- 1 year

HEENW Additional Trainee Opportunities - 3

- Medical Education Fellowships (MEFs)
 - c.8-12 Fellowships per year
 - In competition: most ST4+
 - Includes 2 funded modules on PG Certificate in Workplace-Based PGME
 - 2 development days x 2 years
 - Project and dissertation
- See: [Health Education England \(NW\) Medical Education Fellowship | Health Education North West \(nwpgmd.nhs.uk\)](#)

HEENW Additional Trainee Opportunities - 4

- Medical Leadership Fellowships (MLFs)
 - c.8-12 Fellowships per year
 - In competition: most ST4+
 - Includes 2 funded modules on PG Certificate in Medical Leadership
 - 2 development days x 2 years
 - Project and dissertation
- **See:** [Health Education England \(NW\) Medical Leadership Fellowship | Health Education North West \(nwpgmd.nhs.uk\)](#)

HEENW Additional Trainee Opportunities - 5

Other Medical Leadership opportunities

- See www.nwpgmd.nhs.uk/medical-leadership
- Medical leadership schools
- Medical leadership short courses

Additional Trainee 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

[SAS Doctors as Named CS ES 0222.doc \(live.com\)](#)

- HEENW Newsletters with specific guidance:

www.nwpgmd.nhs.uk/sites/default/files/HEE_NW%20Trainer%20Standards%20Update%20Autumn%202016.pdf

www.nwpgmd.nhs.uk/sites/default/files/HEE_NW%20Trainer%20Standards%20Autumn%20Update%202017.pdf

Senior Educators – External Training

- (HEENW funds 300 places p.a. for trainees on Module 1 of PGCertEd at EHU = CS)
- 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/

Senior Educators – External Training

- 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

- E-learning for health has modules on ‘supervision’ which can be mapped to the 5/7 AoME domains for CS/ES

www.e-lfh.org.uk/

Senior Educators – Academic Meetings: Regional

- HEENW Spring Educators
 - May, 2 days
- HEENW Annual Leadership Conference
 - Autumn, 1 day, with numerous workshops
- Occasional events, e.g.
 - Trainees requiring extra support
 - Educators requiring extra support
 - Etc

Senior Educators – Academic Meetings: National

- Academy of Medical Educators (AoME)
 - www.medicaleducators.org/
- ASME (UK)
 - www.asme.org.uk/
- DEMEC (alt. yearly, Manchester)
 - www.demec.org.uk/
- NACT UK (q.v.)
 - www.nact.org.uk/

Senior Educators – Academic Meetings: International

- AMEE (Europe)
 - <https://amee.org/home>
- Ottawa conferences
 - www.ottawaconference.org/
- Various other medical education events

Senior Educators – External Training

- Edge Hill University, Ormskirk
 - PGCert (matching AoME domains)*
 - Module 1 = CS
 - Module 2 = ES
 - Module 3 = PGCert
 - Occasional HEENW module funding available
 - Otherwise funded through study leave
 - Other PGCert (not mapped to AoME domains)
 - *Exemption from module 1 based on experience

Senior Educators – External Training

- Medical Education Leaders (MEL UK)
(was National Association of Clinical Tutors)
 - “...a members’ organisation supporting & representing local leaders who deliver medical & dental education in the UK.”
 - Mostly DMEs, other senior educators welcomed
 - <https://MedEdLeaders.co.uk>
- Introductory course for MEL members



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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.
3. Passing on of members' views, concerns and achievements at all National educational committees.
4. A Library of shared resources for members, including those for

Latest News

- Tue, 14th July 2020
Information from our new Chair

- Thu, 21st May 2020
Recent Uploads

- Wed, 25th March 2020
Foundation Programme Event 27th Abstracts

- Wed, 25th March 2020
Updated dates for CorBLIME in The North

- Wed, 25th March 2020
Updated CorBLIME in the North Meeting dates

- Mon, 23rd March 2020
ACCEA Applications Update

- Thu, 19th March 2020
Spring Meeting 2021

MEL Documents

For Members

- Supporting Trainees
 - i.e. Trainees Requiring Extra Support
- Supporting Trainers
 - i.e. Educators Requiring Extra Support
- Serious Incident Analysis
 - (A Practical Guide for DMEs)

TRES: Problems with Trainees/Trainer/etc - 1

- To proceed, 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

TRES: Problems with Trainees/Trainer/etc - 2

- Depending on detail, involve others, e.g.:
 - School/HEENW/DME/MD/LE/OH/etc
- Early adherence to process may need:
 - Reference to relevant documents/policies
 - Discussion with those responsible for trainee
 - E.g. CS, ES, TSTL and Clinical Lead & DME locally
 - TPD, School/Patch AD at HEENW

TRES: Problems with Trainees/Trainer/etc - 3

- Rarely, problems escalate into grievances, complaints or litigation
 - More likely if process is perceived as unfair
- Successful defence will rely on
 - Strict adherence to process throughout
 - 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)

Health Education England

- Trusts need systems to identify trainees involved in CIs and SEs/SUIs
- Trainees may need feedback/support in
 - Incidents, SUIs: reflection with ES
 - See GMC's 'The Reflective Practitioner' at <https://www.gmc-uk.org/education/standards-guidance-and-curricula/guidance/reflective-practice>
 - SUIs, complaints, Coroner's Reports: report writing and professional support (ES, DME, etc)
 - See [Policies & Procedures | Health Education North West \(nwpgmd.nhs.uk\)](https://www.nwpgmd.nhs.uk/policies-procedures)

Rotas: the key to Education - 1

- Access to education will avoid delays in producing tomorrow's senior workforce
- Rotas can support training goals
- Rota managers are key in rota design
- Principles for rota management and monitoring
 - Support education
 - Deliver service

Rotas: the key to Education - 2

- A rota supports safe patient care
 - Supports tasks that need to be delivered
 - Matches each task to suitable individuals
- For trainees, tasks performed
 - Support development of skills
 - Lead to being competent in their specialty
 - May be valuable for personal growth but
 - Also mandated in the training curriculae
 - Should be supervised and
 - Have real opportunities for learning

Rotas: the key to Education - 3

- Rotas in trusts must also
 - Cover 24/7
 - Cover service provision (all required tasks)
 - Comply with employment law and contracts
- Rotas address
 - Emergency cover
 - Inpatient ongoing care
 - Outpatients
 - Community aspects
 - Delivery of specific care (theatres, endoscopy, etc)

Rotas: the key to Education - 4

- Support for non-clinical work affects rotas
- Ineffectively managed rotas are costly for:
 - Patient safety
 - Staff wellbeing and job satisfaction
 - Education delivery and
 - Finance
- Rota management can illustrate
 - Organisational culture
 - Efficacy
 - Care for staff

Rotas: the key to Education - 5

- Rotas can make or mar a placement
- What tasks need covering?
 - Routine tasks can be delivered by other staff
 - Service requirements change with time
 - Are rotas fit for purpose in dynamic environment
- Review rotas annually to ensure optimal
- Appoint a rota manager with
 - Commitment
 - Attention to detail

Rotas: the key to Education Annual Review – 1

- At annual review, ensure rotas
 - Safely meet needs of patients
 - Allocate enough trained staff to each task/level
 - Meet educational needs for all staff groups
 - Ensure workforce is sufficient to deliver service
 - Take account of changes (leadership/service)
 - Move from face to face to on line consultation
 - Enhanced or reduced space for clinics, operating, etc
 - Flexibility to manage short/long term sickness
 - Is impact of sickness monitored?

Rotas: the key to Education Annual Review – 2

- Evaluating education accessed
 - OPD clinics
 - Craft episodes
 - Ward cover
 - In house training accessed
 - Cancellation of teaching sessions
 - Out of hours work
 - Late movement of staff
- Assess if all in rota are clear
 - What tasks are required and educational value

Rotas: Roles and Checklists

- Trust Board
- HR department
- Departmental Management
 - Rota monitoring and service delivery rests here
- Medical oversight
- Rotamaster
- Managers of short notice OOH cover

Rotas: Checklist

Trust Board

- Are rotas reviewed regularly and after change?
- Do rotas deliver service appropriately?
- What systems exist for monitoring?
- If a rota level is not covered is this reported?
- Do systems exist to prevent predictable gaps?
- Is educational output recorded?
- Do trainees receive what they need?
- Do trainees record all attended or delivered?
- Do service reviews include education info?
- Is usage of locums at short notice highlighted?
- Is locum use limited by employing other staff?
- Is there an acting down policy and is it reviewed?

Rotas: Checklist

HR Department

- Are rotas, contract and hours compliant?
- Are rotamasters trained and consistent in actions?
- Who are line managers for rotamasters?
- How is rotamaster performance managed?
- Is concept of compassionate rota management
 - Understood? and
 - Within training packages?
- What systems report exceptions beyond locum usage?
- Are out of hours rotas and daily work schedules integrated?
- How are rotamasters developed and made to feel valued?

Rotas: Checklist

Departmental Management - 1

- Who designs and decides basic rota templates?
 - What has to be covered?
 - What is discretionary?
 - Does it deliver against patient need?
- Are rota staff suitably supported and empowered?
- Is there daily senior medical oversight of rotas?
- Are there systems to identify individual learners' needs and learning opportunities?
- Are learners with conflicting educational needs accommodated?
 - E.g. medical students
 - Trainee doctors
 - Trainee PAs, ACPs in training, etc

Rotas: Checklist

Departmental Management - 2

- Are planned absences filled (particularly out of hours)?
- Is there a system to manage last minute absences
 - e.g. sickness, compassionate leave, etc?
 - Who has oversight and manages these events?
 - Is a record kept?
- Who makes key decisions?
- Are cancelled or changed sessions recorded as exceptions?
- Are sessions allocated to and attended by each learner provided at end of the placement?
- Are out of hours & daily rotas integrated or separate?
 - If separate do they inter-relate?
- Is short notice locum use limited and rare?
 - If not, has the need for more staff been considered?

Rotas: Checklist

Medical Oversight - 1

- Is there daily liaison with the rotamaster?
- Are there arrangements to cover annual leave?
- Is there a system to record learning needs of every trainee?
 - Are learning needs reviewed during placement?
 - Are ES or trainee updating this information?
- Is educational value of each allocation known and factored into rota construction?
- Is there a record of sessions allocated to and actually performed by an individual?
 - Can a summary be given to trainee?
- Where changes occur on the day is this recorded?
 - If frequent, are changes made to the system?

Rotas: Checklist

Medical Oversight - 2

- If concerned about rota, service and support for individuals is there a clear reporting mechanism?
- Are trainees informed of when they can take leave?
 - How much notice is needed/Who approves it/Max. days away?
 - Is this a single system for each rota?
- Are needs of LTFT trainees taken account of?
- Are trainees' views of rotas heard at Forums?
 - Do you attend?
 - Is a senior trainee also involved?
- Are you allocated adequate time for the task?
- Does the same system manage out of hours cover?
- Is there a system for senior staff to act down?
 - Does it include provision for staff not to work afterwards?

Rotas: Checklist

Rotamaster - 1

- Does the rotamaster
 - Know what education exists in each allocation?
 - Have a regular updating strategy?
 - Identify where change is caused by leave or external factors?
 - Monitor on a weekly basis at a minimum
- Is there always access to senior clinician if concerns arise?
- Do trainees' individual educational needs drive allocation of sessions?
 - Are these needs regularly updated?
 - Are you aware of trainee work schedules?
- Do you have information on educational opportunities in each session?
- Does a system identify cancelled sessions in advance?
- Are you told if trainees move from allocated session?
- Do you liaise regularly with a senior clinician?
- Does the system show you on a rolling basis
 - The breadth of sessions offered to an individual?
 - Whether these deliver against their educational needs?

Rotas: Checklist

Rotamaster - 2

- Are all known out of hours absences covered by 4 weeks in advance?
- Is there a clear process for managing sickness at short notice of both senior staff and trainees?
 - Does this include the rota master?
 - Is it just about filling trainee gaps?
- Do you ever leave emergency cover rotas unfilled?
 - Is there a system to report when this happens?
 - Is there support to request senior staff to act down?
- Are you aware of compassionate rota design?
- Do you have capacity to inform all those impacted by short notice changes e.g. for sickness?
- Are you informed when trainees are off sick and rota or experiences are impacted?

Rotas: Checklist

Managers of short notice OOH cover

- When requesting locum cover are you aware of
 - Who just finished nights and long days?
 - Trainees on leave or weekends with reasons not to work?
 - Those who are LTFT or on phased return?
- Is it clear where rosters must be covered?
- Is there a clear process for acting down?
- Is it clear who to tell of short notice changes?

Rotas: Checklists

Points – 1

- Checklists
 - Not exhaustive
 - May not fit every organisation
- But answering questions may give a better idea about how organisation is managing
- Where area is well managed
 - Trainees, trainers and patients are more satisfied
 - Better service is delivered

Rotas: Checklists

Points – 2

- Rota management is not easy
- Impact of poor rotas can be significant
 - Slowing trainee progression
 - Not maximising educational opportunities
 - Slows workforce development
 - Not covering known gaps leads to *ad hoc* cover
 - Reduces cover elsewhere and
 - Risks tired or disengaged staff
- Being able to tell a trainee what achieved in a placement makes them feel they belong

Rotas: Checklists

Points – 3

- Having systems to manage short notice absence helps develop a fair culture
- Involving trainees in rota management confers skills to prepare for future professional roles
- All the above impacts whether a trainee wants to come back to an organisation or specialty in the longer term
 - Or the opposite!

Targeted Information *Health Education England*

- 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
- To complement and support other staff

DD role

Aims - 2

- 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, Quality
- To manage TRES, DDRG & 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, usually 3 or 4 Trusts
- Specialty School
 - See also HoS and TPD sections
- Personal Portfolio: e.g. EDI, sustainability, education, differential attainment, etc
- External: Colleges, GMC, HEE, national

AD role

Patch AD

Visits to Trusts to support:

- DME (and deputies)
- MD/AMD in educational function
- FPD (and deputies) (with Foundation School)
- Other educators
 - E.g. to accompany TPD/HoS if meeting trainees
 - GP AD

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
- Promote NET survey
- 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 of DME

AD role

Patch Visits to Trusts

DME Induction

- Guiding new DMEs/FPDs/senior educators
- HEENW induction
- MD/DME meetings
- MEL UK CoreBLIME and MoreBLIME
- HEENW Spring Educators Conference
- HEENW Annual Leadership Conference
- National: MEL 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
- DH 2005 document Maintaining High Professional Standards in the Modern NHS, paras I.3, I.8, II.4, III.6/7 and IV.7 at

http://webarchive.nationalarchives.gov.uk/20130107105354/http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationPolicyAndGuidance/DH_4103586)

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

- Foundation TRES correspondence: copy to Prof Paul Baker, Foundation DD
- 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
- Support and Wellbeing
- Recovery plans
- 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
 - [AD Workshops Directory - August 2019.pdf \(nwpgmd.nhs.uk\)](#)
- 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 appointments as requested*
- 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
- Annual DME appraisal

AD role School

- Each Specialty School has a designated AD
- Ensure practice as 8th Gold Guide, 2020
 - GG9 Autumn 2022
- 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 *via* AD to DD and PGD)
 - TPD
 - ES & CS for specialties
 - Traineesand
 - DMEs/FPDs
 - National bodies

HoS and School

- 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) (GG8:2.47)

TPD –

Appointment and Accountability - 1

- Appointment process is PGD's responsibility
 - 3 years
 - Renewable 3 years, under some circumstances, subject to approval of PGD and HoS
- Specification for TPD includes:
 - Educational Supervisor
 - On GMC specialist/GP register
 - In active clinical practice
 - Engaging in revalidation

TPD –

Appointment and Accountability - 2

- 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

Job Description - 1

- Summary of Role and Responsibilities
 - The role of TPD is to work with and support the HoS in leading the delivery of a wide range of functions, aligned to the HEE mandate
- The TPD is professionally and managerially accountable to the Head of School

TPD

Job Description - 2

- The TPD will focus upon improvement of learner supervision, assessment and experience, engagement of faculty and ensuring effective educational outcomes, both now and in the future
- The role is evolving and will also focus on whole workforce transformation and developing multi-professional links

TPD

Job Description - 3

- To support the PGD, TPDs will work across the spectrum of health and where relevant, social care, within the context of a team, so that the provision of education reflects changing service models
- This will deliver an integrated workforce comprising individuals from a spectrum of professional and other backgrounds

Job Description - 4

Key Areas of Responsibility - Leadership

- To work with the Head of School:
 - To provide effective clinical leadership, contributing to the strategic development of HEE
 - To contribute to the vision of the local NHS and to enhance patient care by providing leadership and direction with respect to the quality of education and training

TPD

Job Description - 5

Key Areas of Responsibility - Leadership

- To work with the Head of School:
 - To be an advocate and a positive role model on behalf of HEE, by promoting leadership that inspires, motivates and empowers all staff, and demonstrating the values of the NHS
 - To work on behalf of HEE, providing expert advice on specialty specific matters

TPD

Job Description - 6

Key Areas of Responsibility - Leadership

- To work with the Head of School:
 - To work locally with key groups and stakeholders, to attend and host events across the regions, to develop key liaisons and to ensure effective local engagement and responsiveness in line with the culture of HEE

Job Description - 7

Key Areas of Responsibility - Leadership

- To work with the Head of School:
 - To review how multi-professional healthcare teams interact and identify opportunities for healthcare professions to work more effectively together through education and training
 - To work with providers and others to support innovation locally and ensure national and local conversations develop ‘best practice’

TPD

Job Description - 8

Key Areas of Responsibility - Leadership

- Corporate Leadership
 - To support delivery of the specialty specific aspects of the HEE mandate through local initiatives and programmes

TPD

Job Description - 9

Key Areas of Responsibility - Leadership

- Involvement in Programmes and Projects
 - To support work programmes on behalf of HEE that support local and national developments and initiatives

Job Description - 10

Responsibility - Quality and Safety

- To work closely with the Head of School to support implementation of the HEE Quality Framework and
- Education and Training Quality Improvement and Performance
 - To emphasise the importance and promote the development of a quality learning environment for all learners

Job Description - 11

Responsibility - Quality and Safety

- Patient Safety and Healthcare Quality Improvement
 - To support the development of quality processes complementary across the healthcare workforce
 - To support the use of clinical skills training and simulation (where appropriate/applicable), stressing the importance of teamwork and human factors

TPD

Job Description - 12

Responsibility - School Programme Management

- To oversee School programme management and advise the HoS on:
 - Specialty specific matters and trainee/trainer concerns
 - Recruitment to training posts and programmes

TPD

Job Description - 14

Responsibility - School Programme Management

- To oversee School programme management and advise the HoS on:
 - To use HEE educational resources to support learners within programmes to fulfil their full potential

Job Description - 15

Responsibility - School Programme Management

- To oversee School programme management and advise the HoS on:
 - Postgraduate programme management, including assessments, progression, rotations, support and remediation, OOP management, trainee management, careers support, LTFT, inter deanery transfer, academic training, etc

TPD

Job Description - 16

Responsibility - School Programme Management

- To fulfil the following responsibilities:
 - Attend School and other relevant meetings
 - To meet Code of Practice requirements, ensuring that rotational information is available to local teams before 12 week deadline, and to support information sharing to track exceptions, noting the contribution to HEE metrics

Job Description - 17

Responsibility - School Programme Management

- To fulfil the following responsibilities:
 - To undertake professional development identified for the role (attendance at required training days, online eLearning packages etc).
 - To assist HoS and PGD in early identification of trainees requiring extra support (TRES) by local monitoring, escalation and appropriate referral

TPD

Job Description - 18

Responsibility - School Programme Management

- To fulfil the following responsibilities:
 - To facilitate career management or be able to provide access to career management skills or provision

Job Description - 19

Responsibility - Educational and Workforce Development

- To advise and support the HoS in educational and workforce development:
- Professional Development of Education Faculty
 - To support compliance with requirements particularly with regard to the supervision and support for trainees and learners

TPD

Job Description - 20

Responsibility - Educational and Workforce Development

- Professional Development of Education Faculty
 - To identify learning needs and support provision of educational appraisal, educator development and resource for faculty, trainees and learners
 - To create and promote shared learning to increase effective inter-professional working

TPD

Job Description - 21

Responsibility - Educational and Workforce Development

- Intelligence Support/Provision
 - To ensure local intelligence processes inform quality management processes
 - To engage with information systems (trainee database, post establishments)

TPD



Health Education England

Job Description - 22

Responsibility - Educational and Workforce Development

- **Workforce Development and Commissioning**
 - To develop educational programmes to support achievement of curriculum competencies, engaging with commissioning processes
 - To support the implementation of alternative workforce solutions within the School
 - To advise HoS on (de)commissioning activities

TPD

Job Description - 23

Responsibility - Educational and Workforce Development

- Workforce Development and Commissioning
- Finance
 - To ensure compliance with procurement requirements

TPD

Job Description - 24

Responsibility - Key Relationships

- Postgraduate Dean
- Head of School
- Staff at all levels across HEENW
- Practices and schemes
- Deputy and Associate Postgraduate Deans
- Clinical Faculty
- DMEs

TPD

Job Description - 25

Responsibility - Key Relationships (cont)

- Other HoS & TPDs
- Medical Royal Colleges
- Professional and regulatory bodies
- Wider Stakeholder Network
- Higher Educational Institutions
- Local Medical and Dental Schools
- Providers & commissioners across HEENW

Job Description - Summary

- To work with
 - HoS
 - Key stakeholders, multi-professional healthcare teams, providers
- School programme Mx
 - Recruitment
 - Ensure rotations available before 12 week deadline
 - Assessments, progression, rotations, support and remediation, OOPs, trainees, careers support, LTFT, inter-deanery transfer, academic training, etc
 - Early identification of TRES
 - Career management
 - Attend School and other meetings
- Corporate Leadership
- Responsibilities
 - Quality and Safety
 - Clinical skills training, simulation
 - To develop 'best practice'
- Educational and workforce development
 - Development of Education Faculty
 - Educational appraisal and resource for faculty, trainees and learners
- To engage with IT systems
 - Trainee database, posts
- Workforce Development
- Compliance with finance rules

TPD



Health Education England

Person Specification - 1

CRITERIA	ESSENTIAL	DESIRABLE
Qualifications	Primary clinical healthcare qualification Membership/Fellowship of a College, Faculty, professional association and/or regulatory body Attendance at courses aimed to support educational development (example: educator courses, Train the Trainer, etc)	Educational qualification such as a postgraduate certificate diploma or Masters in Medical Education

TPD



Health Education England

Person Specification - 2

CRITERIA	ESSENTIAL	DESIRABLE
Employment/ Special Knowledge/ Experience	Considerable experience of working with learners or doctors in training in an educational context Experience of clinical and educational leadership and innovation, including managing a multi-professional team	Previous or current appointment as a leader in healthcare education Awareness of funding streams for healthcare education

TPD



Health Education England

Person Specification - 3

CRITERIA	ESSENTIAL	DESIRABLE
Employment/ Special Knowledge/ Experience	Demonstrable track record of delivery in service and education Understanding of developments involving the relevant Colleges/Faculties, professional bodies, related NHS organisations and regulatory bodies	Understanding of current health, social care and education policy

TPD



Health Education England

Person Specification - 4

CRITERIA	ESSENTIAL	DESIRABLE
Employment/ Special Knowledge/ Experience	Understanding of the workforce transformation agenda Trained and experienced in recruitment, selection and Equality and Diversity in the last 3 years Active involvement in, and up to date with, appraisal processes	

TPD



Health Education England

Person Specification - 5

CRITERIA	ESSENTIAL	DESIRABLE
Employment/ Special Knowledge/ Experience	Knowledge of the NHS, its structures and processes, including an understanding of healthcare/multi-professional workforce matters Applicants who are doctors require a Licence to Practise	

TPD



Health Education England

Person Specification - 6

CRITERIA	ESSENTIAL	DESIRABLE
Skills and abilities	Demonstrable leadership skills and an ability to influence and motivate others A strong sense of vision and ability to innovate Politically astute with an ability to sensitively manage complexity and uncertainty Ability to problem solve and maintain objectivity	Ability to rapidly establish academic credibility

TPD



Health Education England

Person Specification - 7

CRITERIA	ESSENTIAL	DESIRABLE
Skills and abilities	Strong interpersonal, communication, written and presentation skills Ability to quickly establish personal and professional credibility with colleagues and other key stakeholders	

TPD



Health Education England

Person Specification - 8

CRITERIA	ESSENTIAL	DESIRABLE
Skills and abilities	Excellent organisational and time management skills Committed to own personal development and an ability to support others to develop and progress	

TPD -

Responsibilities: Summary

- 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

Why 1 x ST1 \neq 1 x CCT

Delay to CCT/Attrition due to

- OOPs
- IDTs
- Leave – maternity/sick/special
- TRES
- ARCP3
- Resignation & ARCP4

But over-recruitment at start cannot occur

TPD –

Generic Job Description - Other

- Meeting the timescale
 - Submit rotations in time
 - > 17 weeks in advance
 - Rotations can be altered, with good reasons, and within certain parameters (see below)

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 DME re Trust induction
 - TSTL to arrange department induction(s)

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 & Programme Support Managers (PSMs)

- Early introductions/induction
- Prompt communications
 - Set up 2-way
- Shared/delegated knowledge
 - Knowing both roles, overlap and gaps
- Advance scheduling/notice of all meetings
- Clear pathways of escalation

TPDs & PSMs

Topics for discussion

- Communication and networks
 - Sharing policies
 - Support and advice
 - Organising
 - Delegation of tasks
 - Access to RTT
 - ARCP arrangements and support
 - Appeal support
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TPD role - Curriculum Delivery

- Enable **all** trainees to gain relevant competences, knowledge, skills, attitudes and experience against curriculum for year
 - 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 > 17 weeks before posts start

Rotation

Allocation of Trainees -1

- Guidance 2019-2020
- Adherence to key deadlines essential
 - Monitored by HEENW team
- 4 phases
 - Design and submission
 - HEENW Administration
 - Lead Employer
 - Host Organisation Implementation

Rotations: Phase 1

Design & Submission - 1

- Allocations follow national recruitment
- Trainees start in Aug, Sept, Feb & March
- LTFT, ACF, ACL, OOP and parental leave?
- Vacancies
 - Recruitment pending or Trusts recruit LAS?
- Complete rotations by deadline
- Specialty School team input placements onto TIS and submit to LE

Rotations: Phase 1

Design & Submission - 2

- Reasons for missing rotation deadline must be written and agreed by AD
 - Rotations not completed by deadline will be escalated to the lead HEENW team
- Rotations released before LE notification
 - Must have a provisional watermark & disclaimer
 - Must be shared with PSM

Rotations: Phase 2:

HEENW Administration - 1

- PSM inputs TPD rotation onto TIS
- Rotation checking ensures all trainees have a placement or approved alternative
- Anomalies, omissions or queries resolved between PSM and TPD/HOS
 - Aim to minimise revised rotations issued
 - E.g. trainees on maternity/paternity leave are allocated a post and PSM liaison with host Medical Staffing Manager ensures funding

Rotations: Phase 2:

HEENW Administration - 2

- Specialty-patch-version-date-01 sent to LE
- Revised rotations = version-02, -03, etc
- If LE queries
 - Check against FAQ
 - If query not on FAQ, check with PSM
- Host queries go to LE not HEENW

Rotations: Phase 3:

Lead Employer - 1

- LE checks if information missing or needed
- LE informs HO if a trainee rotating to a post where current trainee is on parental leave
- PSM respond to LE queries within 48 hours
- Trainees on:
 - 2002 Terms & Conditions (TCS) receive banding
 - Trainees on 2016 Terms and Conditions receive a generic work schedule (GWS)

Rotations: Phase 3:

Lead Employer - 2

- Host provides LE with banding or GWS information by published deadline
 - LE notifies trainees of confirmed rotation and pay band or GWS by published deadline via local HR/Medical Workforce Departments.
 - LE ensures pay information provided by the Host Organisation is processed
 - LE informs HEENW of resignations once confirmed by specialty
- 

Rotations: Phase 4:

Host Organisation Implementation

- LE provide rotations and information to HOs via ESR Portal: LE tells trainees
- HO provides GWS and banding information to LE in line with code of practice
- HO schedules all inductions
- Trainee commences new rotation
- Queries about allocations and rotations should be directed to LE not HEENW

Rotations: Post Funding - 1

- **HEENW Tariff Funding Salary Support**
 - Funding rate for ST1, ST2, ST3 Lower same (£19,487)*
 - Specialty Higher rate (ie. ST3+) is the same (£25,446)*
 - Trusts top up outstanding costs
- **Placement rate**
 - Same for all grades (c.£12,172)*
 - Approximate value, as rate is uplifted by the MFF
 - Market Forces Factor is different for each Trust
 - Adjusts rate for local economy

Rotations: Post Funding - 2

- **Trust Funded**
 - Fully funded by Trusts
- **NIHR Funded**
 - To support Academic Training (c.125 Drs p.a.)
- **HEE Funded (Non-Tariff)**
 - GP Practice, DFT, DCT, Palliative, Public Health
- **Other Funding**
 - E.g. Home Office Funding for some Pathology posts

Contract Position at 15/09/2021

- Total posts on HEENW contracts - 6695
- 4,045 Hospital & Community Care Posts
 - Includes Public Health & Academics
- Funding
 - 3,215 posts Tariff Funded
 - 785 Trust Funded
 - Rest mixed, inc. NIHR, Home Office, etc
- 4,272 Trainees on TIS (Hosp. & Community Care)
 - 172 GMC Approved Training Programmes
 - 403 GMC Approved Training Locations

Why?

NHS Education Contract

(Learning and Development Agreement until 1st April 2021) lists all education, training and learning activity commissioned by HEE i.e. payment Trusts get from HEENW for the trainees they host

TIS

Trainee Information System holds Doctor in Training (DiT) data: needs to be accurate for payments and for the trainee record

TPD

Training Programme Directors hold information on their trainees

Discrepancies



Process to resolve = PPRA



PPRA Form Completion

- After all checks are completed
 - Business send HEE finance adjustment sheet
 - Details of change and dates effective
- Finance update Education Contract and confirm complete
- Business team send out adjustment sheet
 - Highlights changes made and
 - New Training Position Statement.

Consequences of Failures in Process - 1

Terms

- Failure to comply with the agreed Code of Practice between the BMA, NHS Employers and HEE (08/11/2016)
- Breaches Terms & Conditions of Service for NHS Doctors & Dentists in Training (England) 2016

Consequences of Failures in Process - 2

- Drs in wrong post delays work schedules
- Late changes to rotations/posts result in
 - Inadequate time for HO induction and rotas
 - Unplanned gaps
 - HO incorrectly recharged
 - Incorrect pay information so incorrect payments
 - Trainee complaints and challenges (BMA)
 - Delay in trainees start while awaiting pre-employment and medical checks

Consequences of Failures in Process - 3

- Trainees may have agreed leave prior to starting, of which their new HO is unaware
 - May result in breach of 8-week notice period for clinic cancellation
- Stakeholders required to reprioritise workloads to accommodate delays, impacting upon quality of information and administrative time and workload

TPDs & Rotations

Summary - 1

Take into account:

- Equity for trainees and Trusts
- Responsibility to patients, depts, ES & CS
- Trainees
 - Personal circumstances, LTFT, illness
 - Training needs (esp. if dual track)
- Balance trainee choice with training needs

TPDs & Rotations

Summary - 2

- Code of practice deadlines
 - 17 weeks before start: allocations
 - 14 weeks
 - 12 weeks
 - 8 weeks
- Format of rotations: use same database
- Avoid promising posts to trainees
- Be prepared for changes up to last minute

Rotations:

Changes Process - 1

- Following submission of rotation to the LE, any changes must be agreed via process
- Change prior to published deadline can only be actioned on direction of HoS/TPD
 - Not authorised at request of LEs/HOs/Trainees
- PSM updates TIS, runs a new rotation and sends this to LE
- All changes will be clearly highlighted.

Rotations: Changes Process - 2

- A change will only be considered if
 - Adequate cover for original placement
 - Alternative placement is available that meets the educational requirements of the trainee
- Changes cannot be made during a rotation
- HEENW and LE legally obliged to give trainees 12 weeks' notice of placements
- Changes cannot be made after deadline

Changes Process

Exceptions to deadline rule - 1

3 legitimate exceptions:

- Training Requirements
 - Educational reasons - e.g. ARCP identifies specific educational requirements
 - Posts suspended due to quality concerns

Changes Process

Exceptions to deadline rule - 2

3 legitimate exceptions: (cont)

- Individual Trainee circumstances
 - Personal/health reasons requiring time to agree or subsequent change to a placement
 - Maternity or sick leave cease @ <12/52 notice
- Exam Results
 - Specialty trainees awaiting membership exam results affecting eligibility to join programme

Changes Process

Exceptions to deadline rule - 3

- TPD/HoS must discuss each case with Specialty School AD for approval
- Formal confirmation of change must be received by LE prior to Dr commencing
- Geographical preference is NOT regarded as a reason for change of placement
- TPDs/HoS are accountable to PGD for any unauthorised changes

Rotations: Limits and Responsibilities – Phase 1

- **TPD** will not
 - Amend post details
 - Circulate rotations other than to STC/School members necessary to approve placements
- **HEENW** will not:
 - Create rotations
 - Negotiate with HOS/TPDs to extend deadlines without authorisation from DD Hospital
 - Change submitted rotations without AD approval

Rotations: Limits and Responsibilities – Phase 2

- **HEE-NW** will not:
 - Create rotations
 - Inform trainees of agreed rotations/allocation
 - Enter into placement discussions with Host Organisations (Hos) unless query has an educational basis or otherwise instructed by HEENW management

Rotations: Limits and Responsibilities – Phase 3

- **Lead Employer** will not:
 - Create or amend reports
 - Create rotations
 - Negotiate with TPDs to extend deadlines without authorisation from the HEENW management
 - Refer HOs directly to PSMs

Rotations: Limits and Responsibilities – Phase 4

- **Host Organisations (HOs)** will not:
 - Create or amend reports
 - Create rotations
 - Negotiate with TPDs to extend deadlines
 - Contact HEENW to query placements
 - Refer trainees directly to PSMs

FAQs for Doctors in Training – e.g.

- ‘I have not received formal notification of my placement, when will this be available?’
- *‘HEE North West provides information to the Lead Employer. You should receive formal notification of your placement from the Lead Employer no less than 12 weeks prior to your start date. If you have not received notification by this date, you should contact the Lead Employer...’*

Rotation Management

Guidance Tips for TPDs

- Principles
 - Equity of gaps in departments/rotas/on call
 - Equity of experience for trainees
- Remember :
 - Rotations provide the range of training needed
 - Trainees accept posts based in rotations
 - Distant departments work hard to provide excellent trainee experience
- Consider bids for special allocation carefully

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: Guidance

- April 2018 and July 2019
- <https://www.nwpgmd.nhs.uk/sites/default/files/HEE%20Study%20Leave%20Guidelines%202019%20-%20120819.pdf>

Changes to Study leave

- Review August 2019
- Implementation of new booking system
- Top slicing for regional teaching
 - Required in advance in future
- Budget managed across school as whole
- Be prepared for bids
- Be aware of things that are not funded

TPD role – Study leave: 1

- 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 is across the whole programme

TPD role –

Study leave: 2

- Manage study leave
 - In conjunction with “service” (colleagues/units)
 - Up to 30 days *p.a* (if LTFT then *pro rata*)
 - Agree top-slices, e.g. PGCert module 1
 - Arbitrate problems
- Fully assess each applicant’s educational need and application’s relevance
- Discretion to approve any application

TPD role – Study leave: 3

- Trainee's responsibility with TPD and ES to
 - Plan training programme and
 - Plan appropriate study leave
- Study leave enhances clinical education with activities planned in advance
- Financial considerations and budget
- Budget managed across school as whole

TPD role –

Study leave: 4

- If TPD is on prolonged absence delegate signing off forms to some one else
- Similarly if the PSM is on prolonged absence make alternative arrangements
- Detail required of TPDs on the forms has increased (due to the new guidance)

Study Leave

Budget Management - 1

- Budget statements can be useful BUT
 - Fees and expenses are claimed in arrears and
 - Statements are often out of date
- Budget gives c.£750 p.a.
 - ‘Not capped’ for individual trainees
 - Allowance in practice can be twice that before further enquiries need to be made
 - (Some trainees underuse their allowance – so may need to enquire why)

Study Leave

Budget Management - 2

- All Schools should have lists of
 - Recommended study leave) against year &
 - Optional study leave) curriculum
 - (Other requests are considered on merits once trainees have attended recommended courses)
 - Refusal only if local S/L costs are cheaper
- Schools can top-slice for regional teaching
 - TPDs need to budget is properly scrutinised

Study Leave

Budget Management - 3

- You cannot refuse curriculum-related S/L unless delivered more cheaply elsewhere
- You can give leave without funds for personal development (typically 7 days)
- Overseas leave is strictly regulated
 - One trip in 3 years
 - Reason to go overseas? - see guidance
 - Expenses or conference fee: give cheapest

Study Leave

Budget Management - 4

- Use funds flexibly within School
- Do not raise false expectations re funding
- Fill full details out on application forms
- Sign forms off weekly
- Ask if you aren't sure
- Stay informed
- Stay up to date

Trainee Study Leave Application Process - 1

- Complete the FS1 application form from the study leave website
- N.B. wherever Study Leave expenses are requested study leave days must be deducted
- Where only leave is required Drs still need to complete the application form promptly and follow the process

Trainee Study Leave Application Process - 2

- It is essential Drs receive and keep all Educational Supervisor and Rota Coordinator approvals as per the application form as you may be required to provide evidence of them
- Once you have received the approvals send the application form to your specialty study leave administrator (details on study leave website). Also include any other relevant information

Trainee Study Leave

Application Process - 3

- Applications should be received by the Deanery with full approvals by the administrator prior to the course start date
- Any application received once the course has commenced is retrospective. For such applications mitigating circumstances will be required by the Deputy Dean before expenses will be considered
- If you do not attend the study leave you have applied for please notify the Deanery* so your recorded study leave can be amended accordingly

Trainee Study Leave

Reimbursement Process - 1

- Once the Deanery has processed your FS1 application form they will send you a confirmation email advising what has been approved and an FS2 expenses claim form with how to complete the form and additional information required
- It is the trainee's responsibility to provide an email address that is not Trust specific. The doctors.org email address is normally recommended. Also ensure you check your spam as responses can often be found there

Trainee Study Leave



Health Education England

Reimbursement Process - 2

- Ensure that the FS2 expenses claim form is fully completed and is signed and dated. Ensure all receipts are provided (we do not accept invoices as proof of payment nor hotel booking confirmations) along with itemised receipts for subsistence and not card receipts, or bank statements
- Please be aware a certificate will not be accepted as a receipt unless the price of the course is clearly stated on the certificate

Trainee Study Leave

Reimbursement Process - 3

- FS2 expenses claim forms are considered retrospective if they are not received within 3 months of the course start date and will not be reimbursed without mitigating circumstances which will be reviewed by the Deputy Dean
- If the FS2 expenses claim form is received prior to the 7th of the month and the course has taken place the expenses will be reimbursed in that month's salary. Claim forms received after this date, will be processed into the following month's pay

Trainee Study Leave

Helpful Information - 1

- Study Leave budget year runs from 1st March to 28th/29th February (this is a national standard)
- The study leave process must be followed even if you are attending the course on your day off and require funding
- A full time trainee is eligible for 30 days p.a. (approx. 15 days are used for regional teaching), any trainee who trains Less Than Full Time has Study Leave days *pro rata*

Trainee Study Leave

Helpful Information - 2

- Always use the application form from the website, not a saved one as old forms may be rejected. Check the website for the Study Leave process
- Refer to the flowcharts to ensure you are following the correct process that are on the website
- FS1 Applications received at the Deanery on or after the start of the course are considered retrospective. It is the trainee's responsibility to ensure this is fully completed and received on time

Trainee Study Leave

Helpful Information - 3

- FS2 expenses claim forms are considered retrospective if received 3 months after the course start date
- If you wish to take study leave whilst on Maternity leave please refer the study leave guidelines on the website before applying
- All information, including the application form, flowcharts and specialty TPD/Administrator contact information can be found via our website at <https://www.nwpgmd.nhs.uk/study-leave>

TPD role – ARCPs overview

- ARCP process
 - Coordinate
 - Plan/prepare/participate
 - Ensure SMART objectives set for all 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 PSM
- Secure externality for ARCP / PYA
- Ensure up-to-date Equality & Diversity training
- Ensure objectives set if ARCP 2/3 outcomes
- Consider booking face-to-face meetings with trainees receiving ARCP1s: TPD or ES?

How to Communicate Effectively with Trainees

- F2F
 - Induction/Annual review/ARCP/Teaching/etc
- email
 - An official record (send letter if formal)
 - Copied to ES/TSTL/HoS/DME if problems
- Phone (N.B. can be labour intensive)
- Social media?
 - Text/WhatsApp/Twitter/Facebook/etc

TPD role - Trainee Management

- Ensure trainees met yearly
 - TPD or TSTL or ES (depends on specialty)
- Match trainees to programmes
 - And *vice versa*
- Negotiate realistic aspirations
 - No under- or over-achievement
- Set clear targets for all trainees?

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
 - Devolve to TSTL/ES in large specialties?
 - Educational review apart 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 (LTFT)
- 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

LTFTs

Facts and figures - 1

2019-2020:

- 6673 LTFT trainees
 - 12.6% in HEE NW

2021

- 15.2% of all trainees
 - 40% rise since 2012
 - 1.85% of foundation doctors
 - Most Paeds 38.5%; least surgery 7%

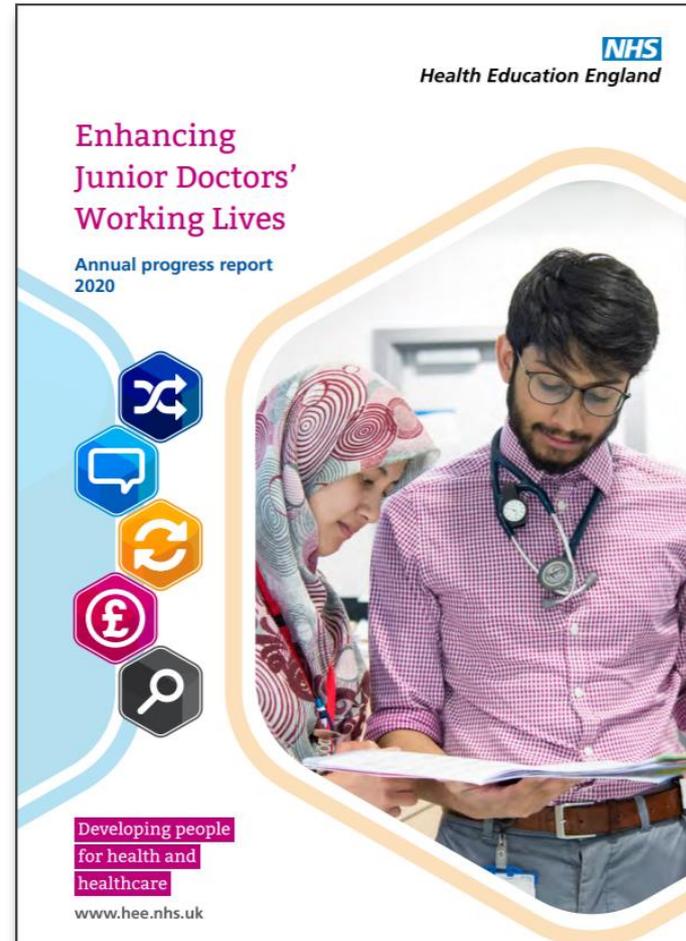
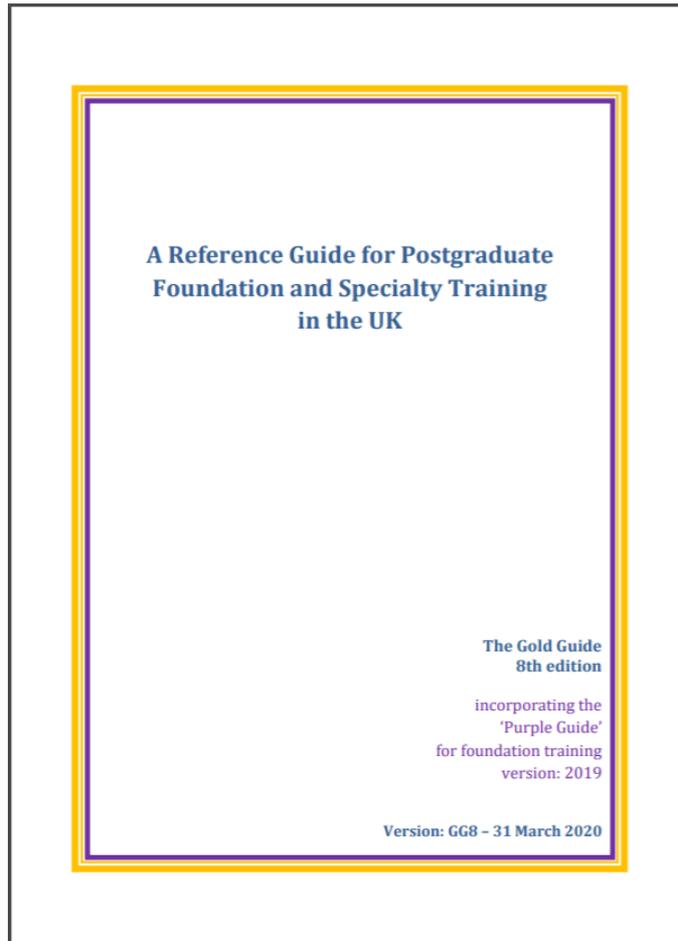
LTFTs

Facts and figures - 2

2019-2020:

- 15% of females: 2% of males, but rising
- Most common in age 30-39 group
- 70%+ are for child care
- Now > 900 trainees in HEENW
- Introduced in 1969 - as flexible training

LTFT Guidance



- Variable % of Full-Time (FT) allowed
 - Minimum 50% (GMC 2011)
- Implications for
 - ‘Slot share’ potential (e.g. 2 x 60%)
 - Length of post experience
 - Calculation of CCT date (N.B. JRCPGTB tool)
 - (Asynchronous) advance to next ‘year’
 - On call cover at Trust (full post costs remain)
 - Pay and overtime

LTFT - 2

- *Pro rata* in post (= full over FT equivalent)
 - Leave
 - Study leave (& budget)
 - Assessments/WPBAs
 - Portfolio requirements
- No change in
 - Exam attempts allowed
 - ARCP (still annual); revalidation (still 5 years)
 - Essential training required (e.g. life support, etc)

LTFT

Unchanged

- Eligibility:
 - Type1: carer or health including disability
 - Type2: develop special skills/interest
- Approval process unchanged
- Funding-types:
 - Jobs share
 - Reduced hours post
 - Supernumerary

LTFT

Changed 2020 - 1

- New Gold Guide 9th edition (Sept 2022)
- NHS Employer guidance
 - Flexible training champions
- GMC 2017 statement: added work allowed
 - https://www.nwpgmd.nhs.uk/sites/default/files/Guidance%20-%20trainees_and_trainers%20undertaking%20additional%20work%20V3.pdf
- Flexible working law change 2014
- New contract effects
- Return to work support - SuppoRTT

LTFT

Changed 2020 - 2

- Improving Junior Doctors Lives
- Updated local policy
- National locum policy
- More flexibility around slot share
- Type 3 Pilot
 - Emergency Medicine initiative April 2017
 - Renewed 2018, extended to O&G and Paeds
 - (Now available to all)

LTFT

Why more flexibility?

- Commitment prior to 2016 contract (England)
- NHS People Plan
- Wellbeing support
- Generational differences
- Retention
- Changes in wider society
- Covid impacts

Core Features of type 3 Pilot

- Expansion permitted all ED, O&G and Paeds trainees to apply for LTFT, without meeting Category 1 or 2 of Gold Guide 8 (2020)
- Could apply for 50%, 60%, 70% or 80% FT
- 4 month blocks at 80% from August 2021- August 2022
- Allowed flexibility for trainees and LEPs to apply within established processes and takes into account local needs

LTFT

Changed 2022

- New Gold Guide
 - v.9 September 2022
- No specific types of LTFT from August 2022
 - All trainees can work LTFT
 - No reason needed (tho' data still collected)
- Local and regional HEE offices played a key role in monitoring and support

LTFT

Management - 1

- 2 windows/y to express interest in LTFT
 - April and
 - October
- LTFT commences at rotation points only
- LTFT can only return to full time with notice at end of rotation

LTFT

Management in future - 2

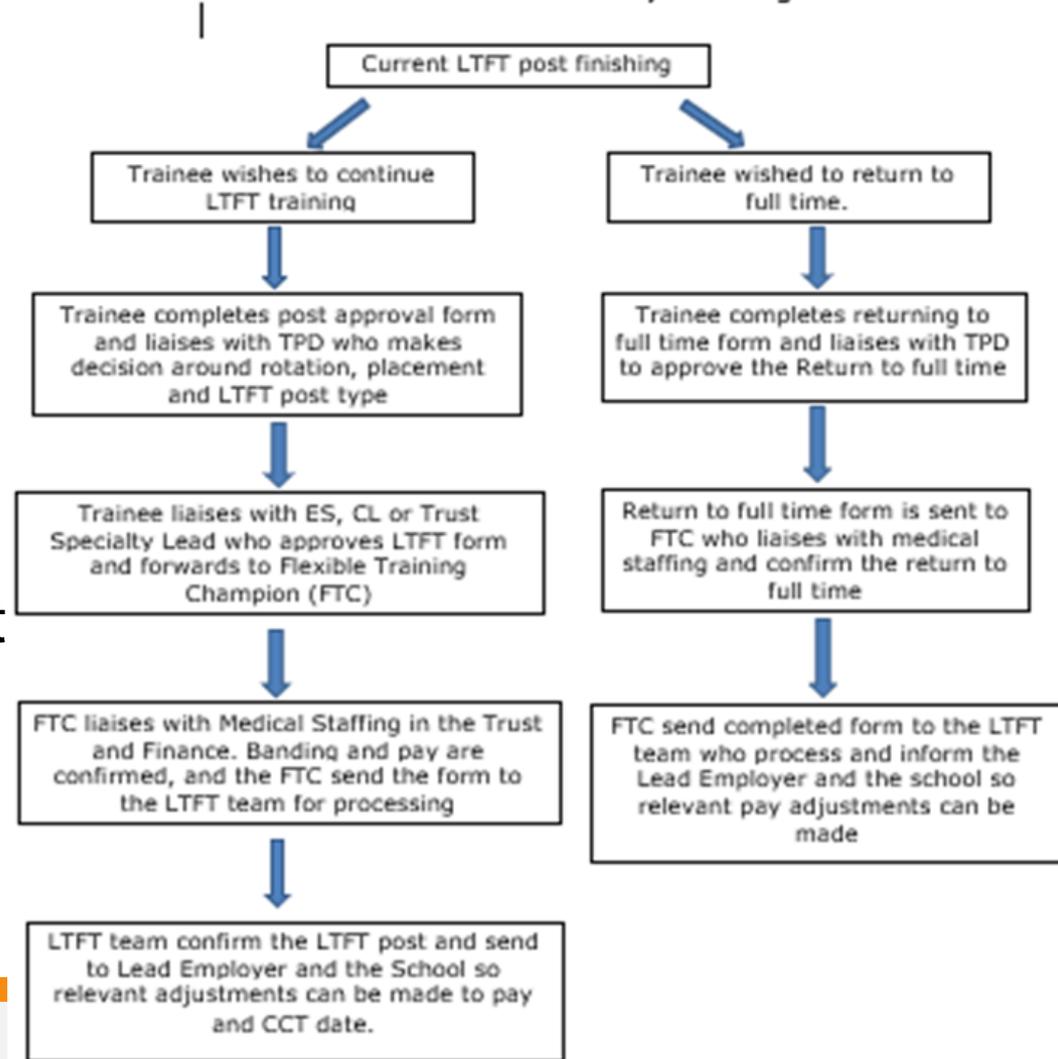
- Expression of interest includes
 - Reason for LTFT
 - (i.e. for data collection purposes)
- Exceptions – health and caring
 - Health – Declaration that they have support
 - Duty of care
- Visa declaration

LTFT

Process & Tips

- Eligibility - done once
- Start early: 3/12 notice
- Link with LTFT leads
 - Specialty and Trust
- 6/12 notice to return to FT: fill form
- On return, ensure Trust is aware
- Use SuppoRTT opportunities

Less Than Full Time Training
Flowchart for trainees already working LTFT



LTFT ARCPs

- Assess trainee against curriculum
- Should do same % of curriculum while LTFT as contracted % of FT, at a minimum
- If they have done extra consider not extending training time

LTFT

Key challenges - 1

- On call *pro rata* (may do more to max. 40hrs)
- Post approval: only if training slots exceeded
- RHFT work 50-80% time
- Supernumerary up to 60% (80% in last year)
- Slot share 60%
- Responsibilities same as full time
- Locums, paid employment
- Bank holidays

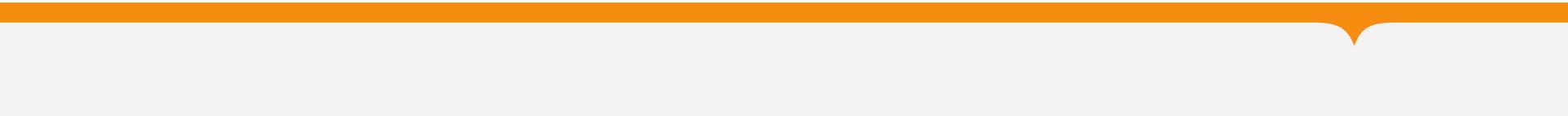
LTFT

Key challenges - 2

- New form every placement so
 - School/ LEO/team aware
 - Pay and local flexible training leads contacted
- Out of hours and daytime %ages different
 - These counts towards CCT
- Where do I get information?
 - www.nwpgmd.nhs.uk/content/less-full-time-training
- If in doubt, ask

LTFT

Key challenges - 3

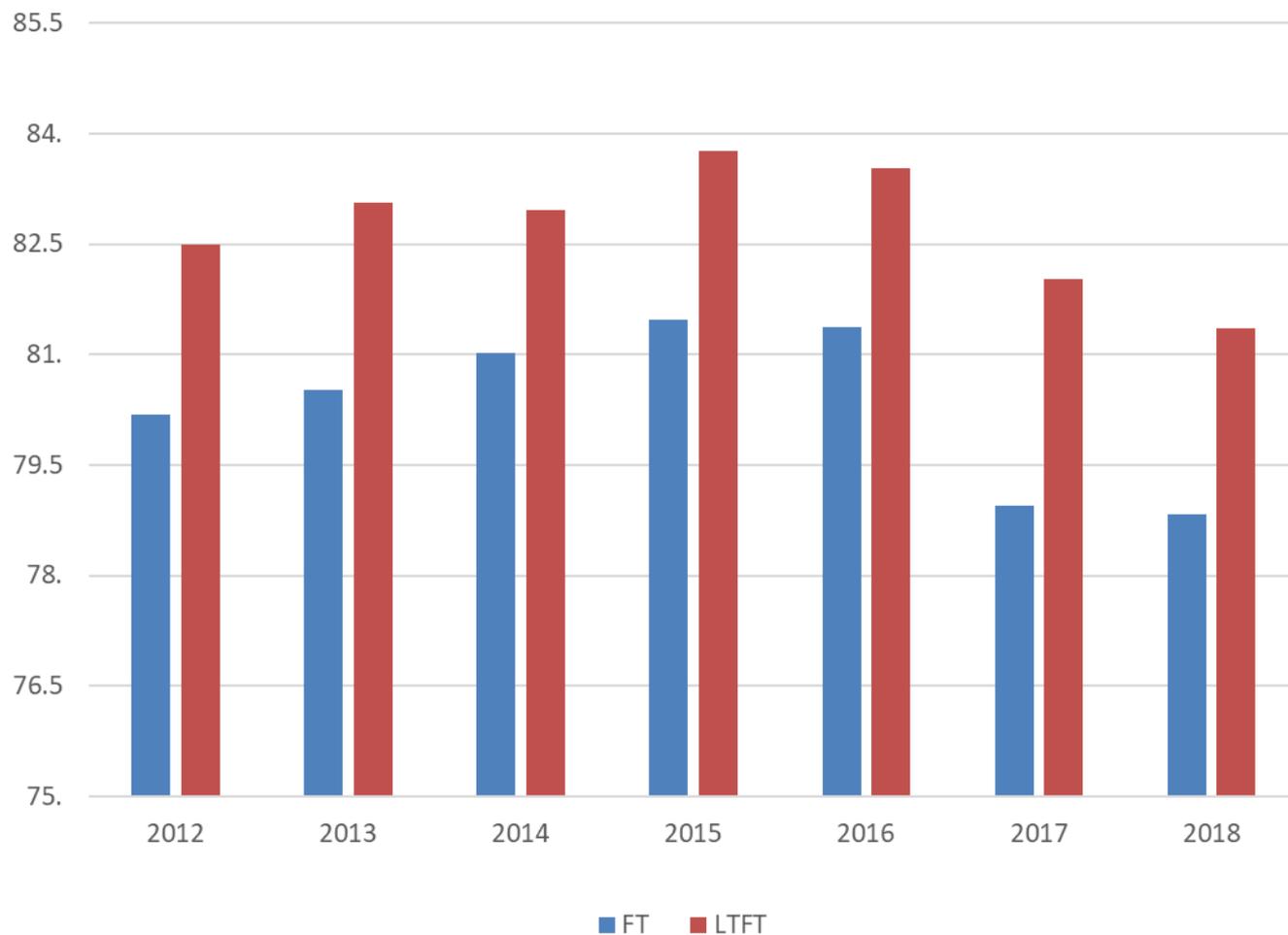
- Conflicts within Work-Life Balance
 - Finances
 - Visa issues
 - Personal expectations
 - Isolation
 - Fitting in
 - NTS survey 2018: high % say unsupported
 - Rigidity - negotiation skills development
- 

LTFT



Health Education England

Overall Satisfaction



LTFT Data

- Four month blocks last year
- Plus 50 for previous 4 month trials – Higher medicine, psychiatry, ICM & radiology

Specialty	No Approved							
	No Applied	by TPD	Feb SD	APR SD	May SD	June SD	Aug SD	Oct SD
ACCS	16	14		12		1		1
Anaesthetics	10	5	5					
Core Anaesthetics	9	8	4		1			
Core Psychiatry	21	21		17				4
Core Surgery	5	5	5					
General Surgery	7	7	3				2	2
GP	47	42	16	2		2	2	5
IMT	35	33	14	10	3	1	1	
Ophthalmology	1	1	1					
Pathology	4	4		4				
Public Health	1	1	1					
Total	157	141	49	45	4	4	5	12

LTFT Type 3 ARCP Outcomes 2020

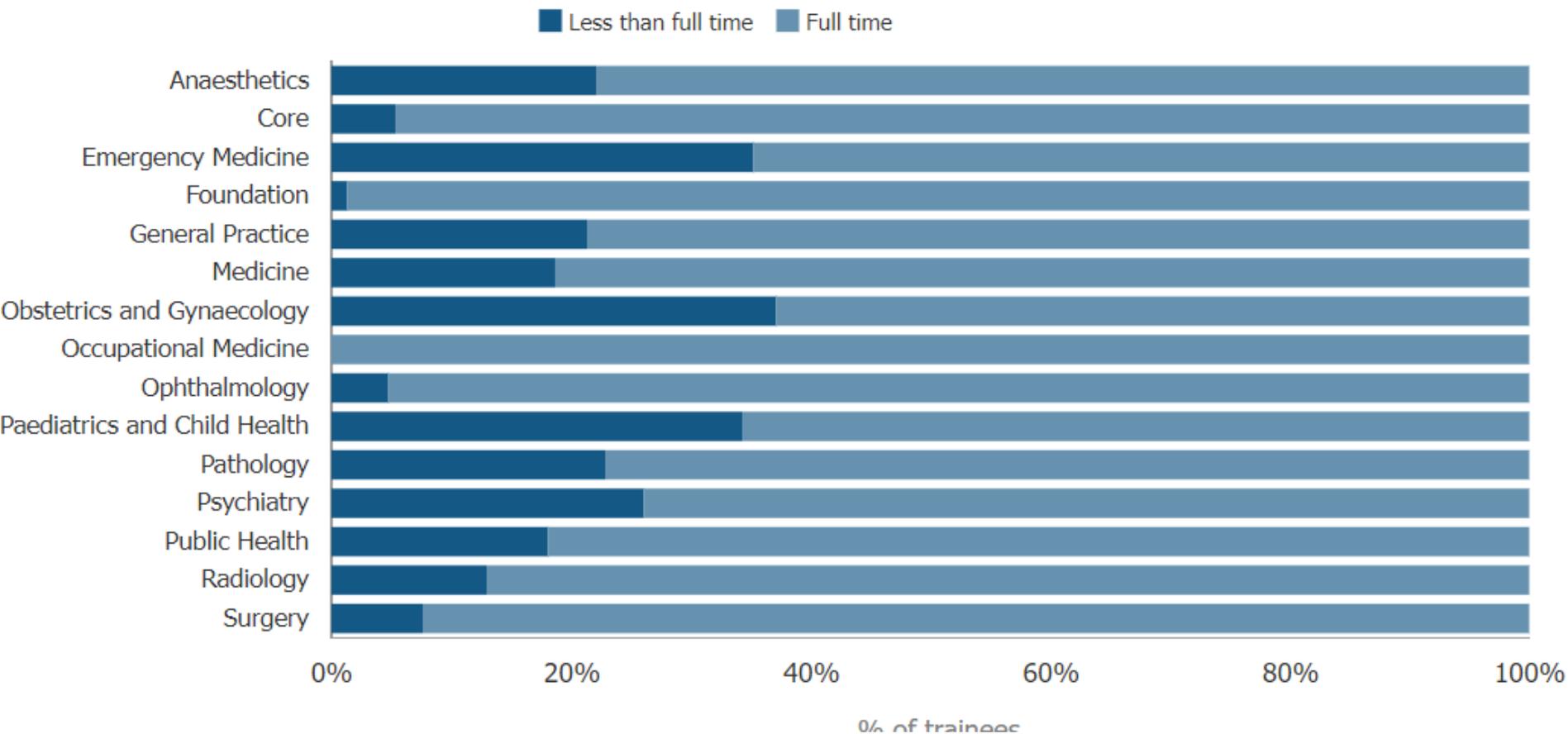


ARCP Outcome	% of LTFT Cat 3 trainees	% of full-time trainees
1 Satisfactory progress – Achieving progress and the development of competences at the expected rate	71%	45%
2 Development of specific competences required – Additional training time not required	3%	2%
3 Inadequate progress – Additional training time required	1%	2%
4 Released from training programme – With or without specified competences	0%	0%
5 Incomplete evidence presented – Additional training time may be required	6%	7%
6 Gained all required competencies for the programme (clinical, academic, non-clinical)	0%	5%
8 - Out of programme for clinical experience, research or a career break (OOPE/OOPR/OOPC)	3%	8%
10.1 recognises that the trainee has been making progress in their training but there has been delay in the acquisition of competencies/capabilities due to Covid-19.	9%	6%
10.2 recognises the progress is satisfactory but the acquisition of competencies / capabilities by the trainee has been delayed by Covid-19 disruption.	0%	2%

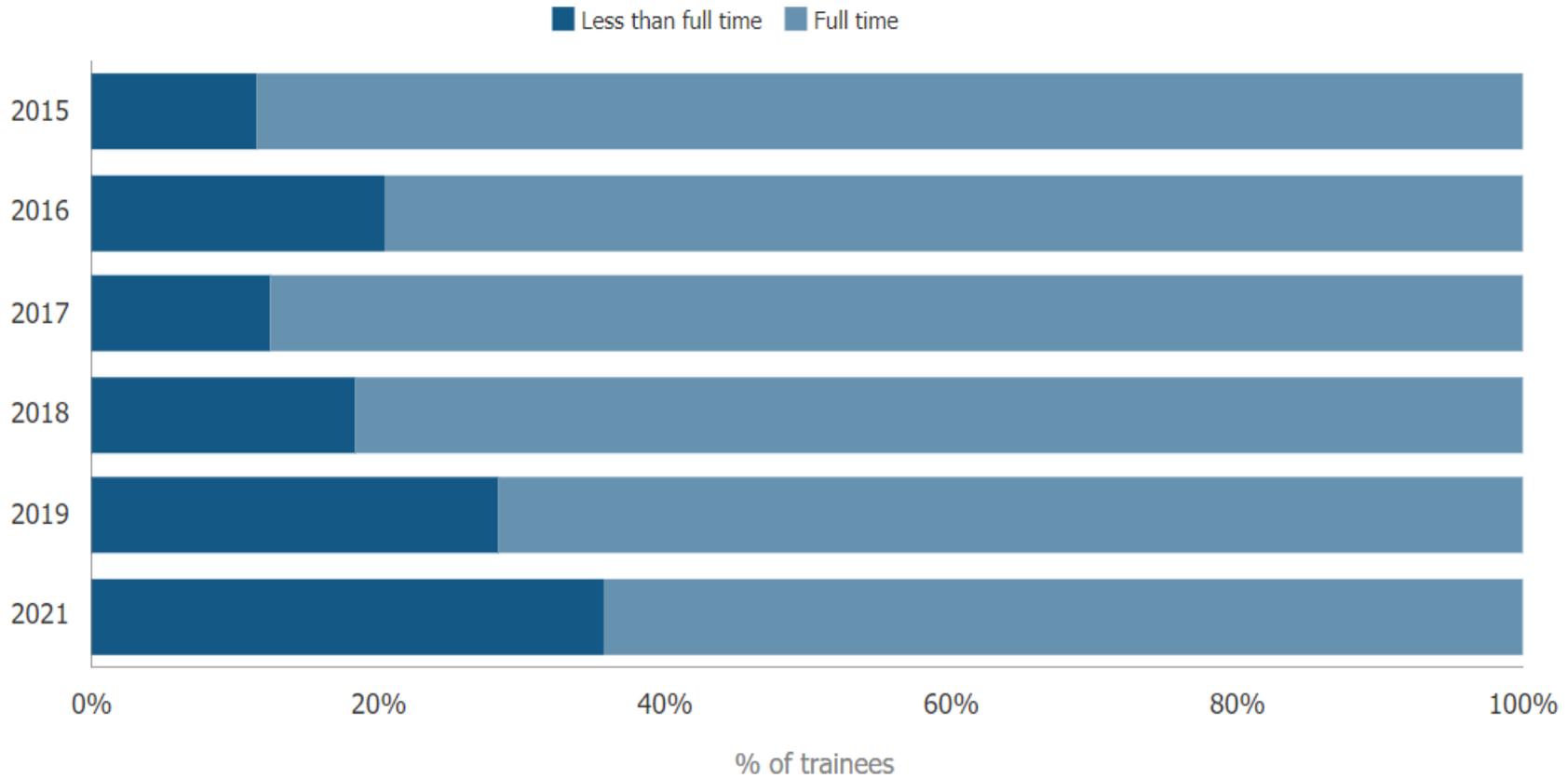
LTFT GMC survey 2021 NW



Health Education England



LTFT ED results NW



LTFT

Role of Champion - 1

School and trust

- Supporting foundation team with information
- Supporting trainers
 - Facts, understanding, workshops, etc
- Guidance on
 - Work schedules, rotas, study leave, locum work
- Working with HR and departments if trainees ask advice re signing off forms

LTFT

Role of Champion - 2

Role with individual trainees

- Helping negotiate work schedules
- Flagging returners to SuppoRTT & specialty leads
- Supporting trainees pastorally
- Direct trainee to LE/HEENW if pay concerns
- Helping LTFT trainees link together for support

LTFT

Further Changes?

- Capping system
- Recruitment numbers
- Recruitment to WTE
- Impact of Self Development Time (SDT) initiatives

SuppoRTT

Supported Return to Training

- All schools have a policy
- Lots of available support
- If not working for ≥ 3 months, follow process
- Leads in Trusts & Schools
 - Embed and
 - Lead process



SuppoRTT

Trainee process - 1

- Tell school dates of absence & return
- Discuss what potential return will look like
 - Plan with ES or TPD
 - Record plan on form
- Useful events while off
 - Keep-in-Touch (KIT) days
 - School and HEE offers (watch emails)
- Regular contact with School/Trust

SuppoRTT

Trainee process - 2

- Prior to return meet ES
 - Confirm date of return
 - Plan final details of SuppoRTT
 - Include educational needs from before break
- Firm up plans
- Contact Trust and School SuppoRTT champions

SuppoRTT

Support
available



Mentoring and coaching



KIT activities – generic specific



Personalised return plans and Human factors
and simulation days- school and more general



E learning for health package on returning
and LTFT



Educational support



Pastoral support including LEO

Transition back to practice

- Induction: preferably tailored
 - Even if worked in place before: things change
- Update elapsed mandatory training
- Regular meeting with ES re progress
 - Increased supervision initially
 - Extra support if needed
- Meet ES before full resumption of work
- First ARCP: if long return, extend CCT?

SuppoRTT

Key concerns of returners

- Confidence - self and support mechanisms
- Being watched and assessed
- Trainers'/peers' attitudes
- Ability
- Fatigue
- Managing on call/shifts
- Managing home life

SuppoRTT for Trainers and Trainees - 1

- E-learning
 - portal.elfh.org.uk/Component/Details/473676
- HEE NW LTFT
 - nw.ltft@hee.nhs.uk
- Gold Guide 9 (2022) and
- Gold Guide 9 locum guidance
 - www.copmed.org.uk/

SuppoRTT for Trainers and Trainees - 2

- NHS Employers flexible training guidance
 - www.nhsemployers.org/retention-and-staff-experience/diversity-and-inclusion/policy-and-guidance/gender-equality-in-the-nhs/flexible-working
- Academy of Medical Royal Colleges Return to Practice Guidance
 - aomrc.org.uk/wp-content/uploads/2016/06/Return_to_practice_0412.pdf
- NHS Careers Website
 - www.healthcareers.nhs.uk/explore-roles/doctors/career-opportunities-doctors/less-full-time-training-doctors
- BMA documents
 - www.bma.org.uk/advice-and-support/career-progression/training/flexible-training

SuppoRTT

Key Relationships

- Directors of Medical Education
- Flexible Training Champions
- School SuppoRTT Champions
- HEENW SuppoRTT Team
- Postgrad Medical Education Team
 - College Tutors
 - ES & CS
 - HR teams
 - DD for Learner Support
 - Specialty Leads
 - Rota Coordinators
 - Lead Employer



SuppoRTT

Senior Educators' roles

- Provide leadership to ensure SuppoRTT strategy is fully implemented
- Oversee supervision of returning trainees
- Encourage trainee & ES communication
- Provide leadership and communication for Trust
 - Identify those who plan to step out of training
 - Timely pre-absence meetings to make plan
 - Ensure sudden absence, e.g. ill health, receives appropriate, timely input



SuppoRTT Process - 1

- Work with HEE NW SuppoRTT team to identify those due to return
- Ensure timely pre-return meetings occur
- Plan a period of enhanced supervision/observation
 - Consider individual needs/skills/confidence
 - Most trainees require enhanced supervision
- Work with TSTL, DME, Patch AD, School AD
 - Address any problems
- Ensure appropriate rosters



SuppoRTT Process - 2

- Ensure trainees and trainers are aware of how to access SuppoRTT resources
- Collaborate with HEENW in upskilling ESs and TSTLs
- Provide ongoing support and guidance
 - Specific educational events to include LTFT
- Advocate for returning trainees, e.g.
 - Acting as an alternative source of support
 - Make referrals to Occupational Health, etc



SuppoRTT Process - 3

- Request specific ES if necessary
- Liaise with HEENW SuppoRTT Team re data collection/evaluation
- Work with HEENW to
 - Evaluate the Trust's SuppoRTT process
 - Provide evidence of local implementation of strategy
- Review local quality indicators e.g. GMC NTS
- Submit annual report to HEENW by end of financial year



TPD role – OOPs - 1

- Types (Gold Guide 2018 & GMC)
 - OOPT - training
 - OOPE - experience (e.g. locum consultant)
 - OOPR - research (e.g. MD, PhD)
 - OOPC - career break (e.g. other interests)
 - OOPP - pause
- To be approved by PGD, *via* ADs & DDs
 - Consider sound educational reasons *vs* effect on other trainees

TPD role – OOPs - 2

- Check rules
 - Eligibility: ARCP2 or 3 no longer a barrier
 - Process
 - Timing
 - Generally 6 months notice
- Information sharing
- Advice from PSM/HoS/AD/DD

Types of OOP

OOP T- training counts towards CCT



OOP E- valuable experience (usually doesn't count towards CCT)



OOP R- doesn't count towards CCT



OOP C- time out personal reasons doesn't count toward CCT



OOP P- may have competences acquired taken into account

Out of programme - 1

- Time out of approved programme on OOP
- Approval from:
 - Postgraduate Dean
 - Royal college or Faculty? (discuss with TPD)
 - 6/12 notice (current/next placement), min. 3/12
- Can count some OOPs towards:
 - CCT
 - CESR/CEGPR Combined programme

Out of programme - 2

- GMC must approve any training post (i.e. OOPT or OOPR) before it starts
 - (Requirement of [The Directive on Recognition of Professional Qualifications](#))
- OOPC or OOPE cannot count towards a CCT or CESR/CEGPR (combined programme) so do not need GMC approval

Out of programme - OOPT

- Clinical training, not part of training programme
- E.g. if speciality is not available in host region
- Training post
 - Already approved, or
 - Pre-approved by GMC if not on training program
- Covers some overseas experience
- Usually 6 months' notice and lasts 1 year
- Normally max. 1 year, exceptionally 2 years

Out of programme - OOPE

- Doesn't count toward training
- Usually 6-12 months max.
- To enhance CV
 - Not to address a deficit
- Not in approved post
- Can include Acting Up as a Consultant (AUC)
 - 3-6 months (q.v.)

Out of programme

Acting up as a consultant (AUC) - 1

- May count towards CCT or CESR (combined programme) when relevant specialty curriculum provides for this
- If post in same training programme GMC approval not needed
- If post in different training programme, OOP approval process must be followed to get GMC prospective approval

Out of programme

Acting up as a consultant (AUC) - 2

- Must have appropriate supervision in place
- Approval only if placement aids gaining
 - Competences)
 - Knowledge) as required
 - Skills and) by the curriculum
 - Behaviours)
- AUC only in final year of training
 - 3/6 months max. (depends on College)

Out of programme - OOPR

- Defined research and
 - Register for degree
- Linked to specialty
- Outcome 1 needed
- Max. 3 years
 - Some discretion, especially if research disrupted

Out of programme - OOPC

- Personal reasons, e.g.
 - Training for national/international sport
 - Religious orders
 - Re-evaluation of career options
 - Caring for child, dependants
- Specifically not for health
- Doesn't count toward training

OOPP

= Pause - 1

- To allow trainees to “pause” training to:
 - Undertake an NHS non-training post
 - Gain further experience
 - Take stock of their training
 - Work in another related specialty, or
 - Concentrate on their wellbeing
- Up to 1 year to undertake NHS or other patient-facing UK based non-training post

OOPP

= Pause - 2

- Pilot for OOPP launched in Spring 2019 for Anaesthetics trainees in the E. Midlands
- Phase 2 commenced in summer 2019
 - Selected specialties in Wessex, N. Central and E. London, and NE taking part, and
 - Remaining specialties in the E. Midlands
- Now generally supported by GMC

OOPP

= Pause - 3

- Phase 3 for all specialties across England
 - 2022, for 12 months, then re-evaluate
- Response to Covid-19 effects on wellbeing
- External evaluation of pilot is underway
- Can have competences gained whilst out of training assessed upon return (unlike OOPE)
- Can minimise impact of OOP on CCT date

OOPP

Eligibility for OOPP - 1

- Trainees who wish to break from training
 - Not in year 1 of programme
 - Have ARCP outcome 1, 10.1 or 10.2
 - Scope for discretion
 - Feel it would be beneficial for their wellbeing
 - N.B. trainee to discuss with ES or TPD
 - ES may liaise with PSU to explore alternative or additional support is needed for trainee
 - Opportunity to gain additional competences

OOPP

Eligibility for OOPP - 2

- Should be in HEE-approved training for ≥ 1 y
- Allows step out into similar role in UK
- N.B. if on tier 2 visa
 - Need to apply to new employer for sponsorship
 - On return, reapply to HEE Tier 2 team
 - (Re-recruitment not needed)
- N.B. if immigration route other than Tier 2 contact Tier 2 team (tier2@hee.nhs.uk)

OOPP

Leaving training process - 1

- Discuss and agree with ES & TPD
- Ensure OOPP does not destabilise
 - Service or
 - Educational sufficiency of the programme
- Identify suitable post/get appointed
 - Must have firm offer
 - Confirm when & where the OOPP will be
- Complete OOPP section of OOP form

OOPP

Leaving training process - 2

- Complete OOPP initiation document
 - Plan for OOPP
 - Intended scope of practice
 - Indications of possible capabilities to acquire
 - Plans to return to training and
 - Any pertinent indemnity considerations
- Keep portfolio running and develop it

OOPP

Leaving training process - 3

- 3 months' notice (unlike other OOPs)
 - Unless otherwise agreed
- Should align with programme rotation dates
- Must keep HEE informed of plans asap
- Continue to update regularly on
 - Progress and plans to return to training
- At placement end
 - Evidence can shorten time to CCT

OOPP

Possible posts

- Patient-facing role with UK registered organisation
 - Majority of roles in UK
 - Does allow roles overseas e.g. MSF
- OOPP post does not need HEE approval
- OOPP must be:
 - Suitable placement for level of training and
 - Support available

OOPP

Other implications & effects

- Study leave only funded if clear curriculum requirement for original specialty
- Employer-mandated training funded locally
- On OOPP, PGDean remains RO
- Ensuring revalidation requirements are met whilst out of training: see COPMeD website
 - https://www.copmed.org.uk/images/docs/revalidation/Guidance_to_ensure_doctors_in_postgraduate_training_meet_revalidation_requirements_across_full_scope_of_practice.pdf

OOPP

Benefits - 1

- Use to consolidate experience
- Allows choice of workplace
- Can assist exam revision, if an issue
- As much or little towards CCT as suits
- As long as revalidation needs satisfied no obligation to fulfil portfolio requirements

OOPP

Benefits - 2

- Often for short periods
- Breathing space may reduce:
 - Work pressures
 - Sick leave for burn out
 - Etc
- Trainees can control own career path

OOPP

Disadvantages: Trusts & HEENW

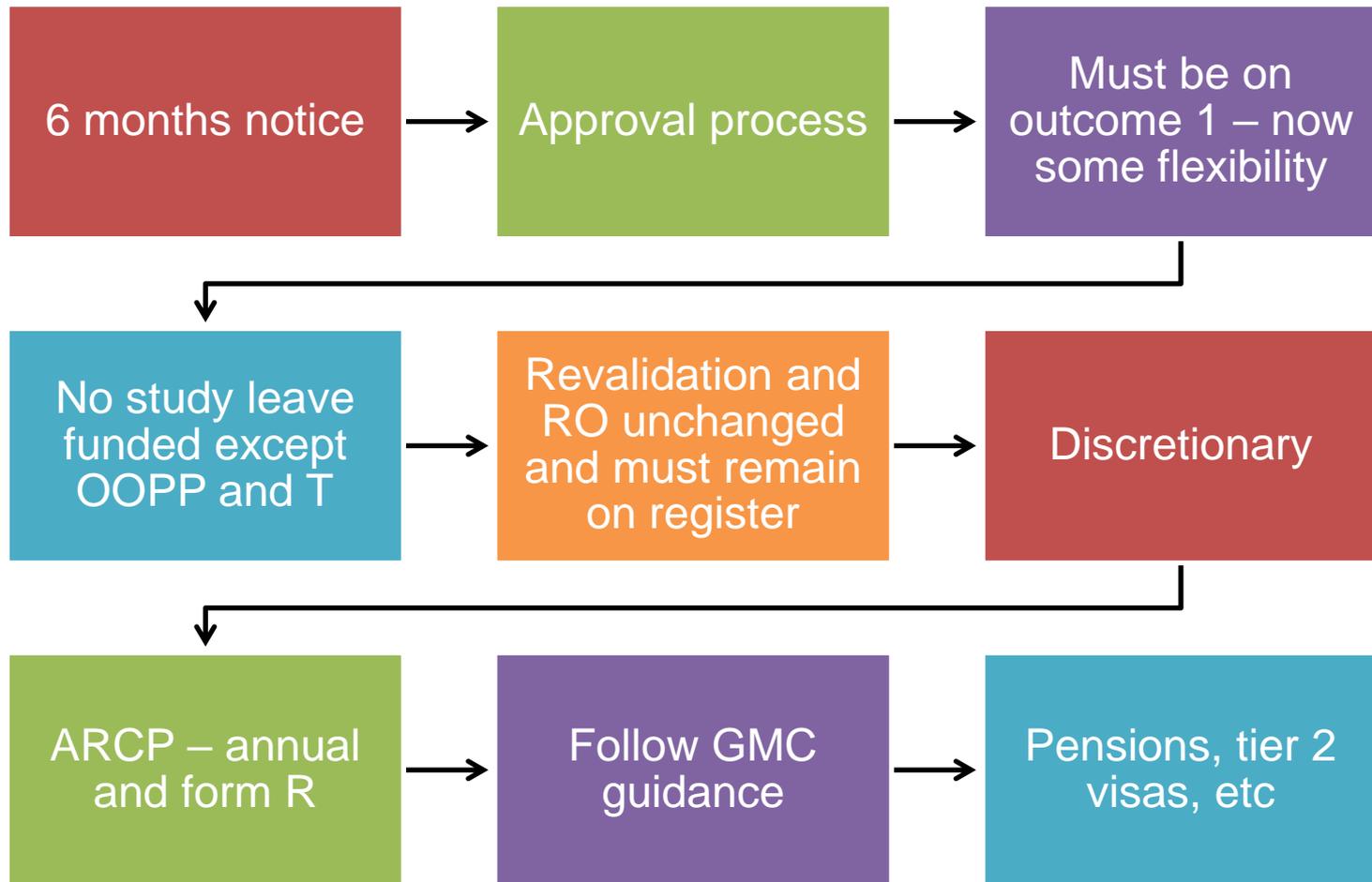
- Potentially disruptive for service
 - May be for very short periods
 - Workforce issues
 - May favour popular trusts
- Trusts may prefer clinical fellows to OOPPs
- Requires appropriate supervision
- Reduces numbers in training
- Reduces recruitment & CCT

OOPP

Disadvantages: Trainees

- Pay, pension, employment rights
 - Talk to employer and/or trade union
- E.g. OOPP in a non-NHS setting affects
 - Cumulative NHS service
 - Continuous employment
 - Pay, pension entitlement, maternity leave and pay, parental leave
 - Other entitlements

OOPs – Summary



Extensions to Training & Grace period

- Extensions to Training
 - Depends on individual circumstances
- Grace period
 - 6/12 post-CCT
 - Not extended *pro rata* if LTFT
 - Placement is where TPD decides

Inter-Deanery Transfer

IDT

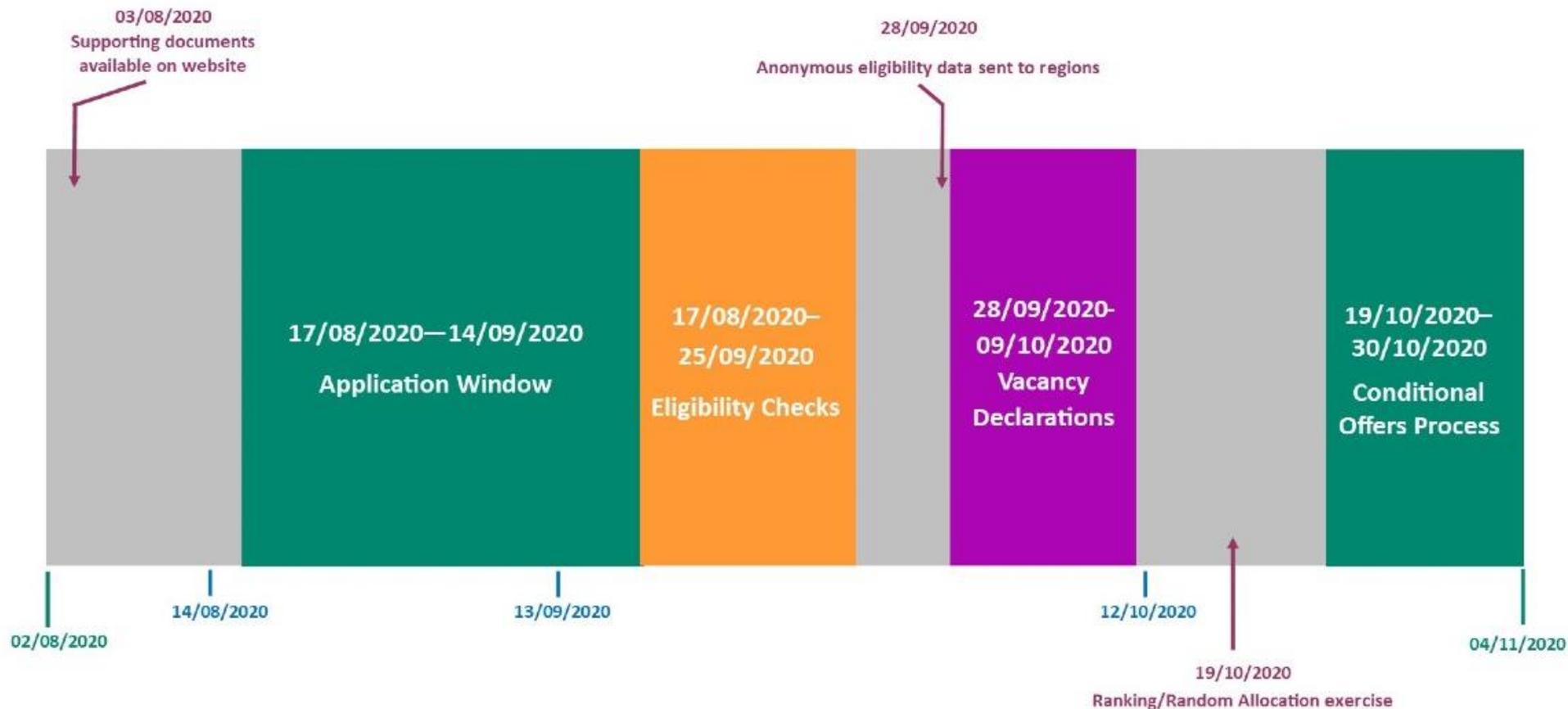
- ‘...consistent, robust and transparent process for allowing trainees to transfer around the UK’
- ‘...not possible to depart from or be flexible with the published processes, timelines and criteria’
- (N.B. rare Deanery discretion allowed)

IDTs - Process - 1

- Eligibility:
 - Evidence of change in circumstances
 - ARCP1 required
 - ARCP2 or 3 no longer a barrier if within HEE and letter of support from PGD
- Process
 - After 1 year in post
 - 2 application windows per year

IDTs - Timeline

e.g. August 2020



IDTs - Process - 2

- IDT Supporting Document
 - https://nwpgmd.nhs.uk/Inter_Deanery_Transfer
- Trainees complete Section 1
- Send to HEENW IDT contact for approval
- HEENW
 - Completes Section 2
 - Returns document to trainee
- Trainee uploads to IDT application portal

IDTs - Process - 3

- Information sharing
 - From exporting HEE Office
 - With importing office
- Input from PSM/HoS/AD/DD
- Ranking
- Acceptance

IDTs - Resources

- Trainee Guide on National IDT site
- Information on PGMDE Support Portal
 - IDT FAQs
- IDT team subscription e-newsletter
 - Latest information, key dates, amendments to process, changes to criteria and notification of service improvement projects
- Queries to national online portal

IDTs

TPD role & Transfers

- Manage transfers
 - Intra-Deanery (i.e. Mersey/NW)
 - Inter-Deanery Transfers (IDT)
- Refer to and contribute to policy

IDTs - TPD role

- *Beware giving out information to enquirers*
 - Confirming posts available may be misunderstood as acceptance of IDT request
 - Posts are allocated through process
 - Raises expectations
 - May inadvertently create disappointment
- Check rules
- Take advice from PSM/HoS/AD/DD

IDT

Alternative Pathway

- Not via IDT team
- Rare, based on exceptional circumstances
- ‘Dean’s discretion’
- May be used in selected cases
 - E.g. personal threat to safety, domestic abuse
- No window
- Rapid response/decision

Academic Training

- Specialised Foundation Training (SFP)
 - Formerly Academic Foundation Programme
- Academic Clinical Fellowships

Specialised Foundation Training (SFP)

- See: <https://nwpgmd.nhs.uk/north-western-foundation-school>
- Designed to ensure all achieve the core competencies of foundation training
- Simultaneously supporting development of key skills in other areas of medicine
- Information updated regularly, e.g.
 - [UKFPO Bulletin: 22 September 2021 - UK Foundation Programme](#)



Academic Clinical Fellows - 1

- Integrated Clinical Academic Training (ICAT)
- Programme of training and support
 - For clinicians undertaking academic careers
- Provides
 - Undergraduate opportunities and
 - Postgraduate professional career pathways
- See NIHR website
 - https://www.nihr.ac.uk/funding/nihr-academic-clinical-fellowships-in-medicine-2022/28732?utm_source=twitter&utm_medium=social&utm_campaign=academy-awards-21

Academic Clinical Fellows - 2

- North West offers ACFs in three universities:
 - Lancaster, Liverpool and Manchester
 - See <https://nwpgmd.nhs.uk/search/node/academic>
- ACF posts
 - All attract a NTN (A)
 - Are run through opportunities
 - Applicants must gain NTN in relevant specialty for clinical benchmarking

Academic Clinical Fellows - 3

- NIHR ACFs are tailored training posts, designed for clinically qualified candidates who can demonstrate outstanding potential for a career in academic medicine
- Fellows spend
 - 75% of time in specialist clinical training and
 - 25% in research or educationalist training
- ACF lasts maximum of 3 years (4 years GPs)

Academic Clinical Fellows - 4

- A fellow
 - Develops academic skills
 - Is guided and supported through the Research Training Fellowship application process
 - Applies for funding to undertake a higher research degree (usually PhD) **or**
 - Supported to gain a place on an educational programme (leading to a higher degree)

Supervision & TPDs

- TPDs should meet trainees annually
 - Can be delegated to ES in some Schools
- School ES model varies, so
 - TPDs to communicate with ESs or TSTLs
- TPDs meet regularly with Senior Faculty
 - i.e. School Boards
 - Training days: 1 per year?
- (email) communication with Senior Faculty

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 too
 - See Educators Requiring Extra Support (ERES)
- Convey feedback to trainers
- Ensure LEP programmes deliver curricula

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 School AD

Educators Requiring Extra Support (ERES)

- (Cf. TRES)
- Identifying and supporting TRES
- Supervising known TRES
- Investigation of allegations/complaints
 - Inadequate supervision
 - Harassment, bullying, etc (Trust procedures)
- Incomplete supervision or reports
 - Inadequate time/flexibility in job plan?

Educational Governance & Quality

- Recognition & Training of CS
- Knowledge of/working with curriculum
 - Teaching/Portfolio/ARCP
 - Clear guidance to trainees and trainers
- Quality systems and usage
 - CS & ES reports, especially ES End of Year
 - When and how to give feedback
 - GMC surveys/ Annual Specialty Reports (ASRs)

Fostering

Consistency of ES & CS Actions

- ES CPD days
 - Themes: LTFT, SuppoRTT, etc
 - (Start late, end early, good refreshments)
- Networking/ relationship building
- Use ARCPs for ES/CS as well as trainees
- Checking Form Rs
- Thank yous:
 - Recruitment, educational reviews, ARCPs

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

School Educational Governance - 1

- Quality assurance
 - GMC Annual Trainee/Trainer Survey
 - Exit survey of trainees at CCT, etc
 - Performance indicators, e.g. exam passes, etc
 - School trainee surveys (beware overload)
- Annual School Reports (ASR)
 - Run by Quality Team
 - Write response with HoS

School Educational Governance - 2

- School visits to Trusts (only with HEENW)
 - Discuss with Patch AD (liaise with DME)
 - Liaison with Placement Supervision Group, PSG
 - With HEE/GMC ‘triggered visit’ team
- Senior Educator annual appraisal
 - Documents on nwpgmd website
 - ES & CS recognition now part of Trust appraisal
- Educational MSF?

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 Trainer Survey

Recruitment – Trainee and Trainer

- Trainee
 - CMT Interviews
 - Specialty
- Trainer
 - Encourage CS
 - Recruit ES
 - Monitor Trainer Recognition (liaise with AD)

Attendance at Business/Liaison/Networking

- HEENW Business Meetings
 - Postgraduate Schools Board
 - Specialty School Board
 - Specialty School Away Days
- Medical Royal College
 - SAC
- Other national events and training

TPD role - Summary

- Leading/coordinating specialty training
- Ensure training standards are met
 - National (College/ Faculty) and
 - Regional (HEENW)
- Work with PGD/HEENW team to ensure Drs and dentists
 - Aim for highest standards of patient centred care and
 - Commit to a lifetime of CPD

TPD Development/ Education Events

- Current HEENW education meetings
 - Spring Educators: May
 - Leadership Conference: September
- Parent Royal Colleges, RCP
- NACT UK
- PGCert, MSc (EHU)
- Other Local, Regional, National events

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 - DME

Topics for focus:

- Overview of HEENW structure
- What HEENW wants from a DME
- Interface between Trust and HEENW
- Support/responsibility structures
- Support
- Trainees Requiring Extra Support (TRES)
- Resources

Induction – Directors of Medical Education

- DMEs and NACT UK (<https://mededleaders.co.uk/>)
 - All DMEs should be members
 - Subscription is covered by postgraduate budget tariff from HEENW
 - CORBLIME and MORBLIME inductions
 - Meetings throughout year
 - See: <https://mededleaders.co.uk/events-and-training/>
 - Many useful and relevant to DME
 - Spring Meeting has AGM of the Association

Induction – Directors of Medical Education

- Numerous relevant documents
 - National
 - NACT UK (members only)
- See: <https://mededleaders.co.uk/resources/>
- Regional representatives
- Involvement in DEMEC bi-annually

DME role

Duties - 1

- DME
 - Is accountable to Trust Board and HEENW
- Involved in appointment of all PGME faculty
 - Inc. FPD, College/Specialty Tutors, (ES & CS)
- DME should
 - Convene Local Faculty Group (LFG, monthly)
 - Ensure attendance at LFG meetings
 - Discuss and action current education business

DME

Duties - 2

- 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/TSTL & Supervisors (ES & CS), and SAS Leads
- Ensure sharing of good practice
- Advises/manages TRES & ERES

DME role

Actions and Interactions

- DME should
 - Establish clear roles and responsibilities
 - Liaise with LTFT lead, GOSW, FTSU lead, etc
 - Address educational exception reports
 - Support trainees and trainers
 - Monitor departmental education activities
 - Investigate educational issues as they arise
- N.B. Some of these can be delegated

DME role

Educational 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

Educational Supervisor

- The named practitioner who is overseeing educational requirements, achievements and personal & professional development of an individual trainee during a post/
placement/programme
- Responsible for 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 Named 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/TSTLs, ES & CS
 - Medical Director
 - Lead Employer/HR
 - Patch & School Associate Deans
 - 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

Supervisors & Trainer Development

- TPDs, TSTLs and ESs should all be Trainers
 - 5/7 AoME domains for CS/ES
 - If new ES/TSTL, Royal College Courses, (etc)
- Recognition of Trainers (RoT)
 - All working with trainees must be CS at least
 - Database held by Quality Team
 - If problems, contact DME at Trust
 - If still problems contact AD RoT (APJT)

DMEs, TPDs and HoS interfaces

- Respect each others' areas of expertise and responsibility
- Communication is important: 'need to know'
 - DME about TRES & ERES
 - TPD & HoS (ditto)
 - AD about both and that all are aware
- Prompt transmission of information can avert patient safety issues

Education vs Service

- 4 hrs/wk formal teaching required
 - i.e. scheduled, happening, evaluated
- Includes:
 - Xray meetings (if teaching), audit, QI, etc
 - Not business meetings
- Trainee-delivered topic teaching
 - Attended by a senior clinician
- Ensure attendance at regional teaching

Self Development Time (SDT)

- Time to cover various activities
 - E.g. SLEs, ES/CS meetings, eportfolio work
 - On site and content should be logged by trainee
- Foundation from August 2021
 - <https://www.hee.nhs.uk/sites/default/files/documents/SDT%20FAQs%20for%20Trainees%20%26%20Supervisors.pdf>
 - 2 hrs/wk on average
- Specialty SDT underway
 - Currently varies

‘How to Get Drs to Do Stuff’

- Speak face to face: ask for specific action
- Send an email asking for a reply in 1-2/52
 - Follow it up
- Carrot and stick for some
- If Drs are not doing their job (e.g. CS/ES/TSTL)
 - Measure what they have and have not done and
 - Then discuss with them and their Dept
 - If no response, consider replacing them

Lead Employer (LE) & Interactions re Trainees

- LE needs to know re
 - Leave
 - Sick leave
- Don't forget
 - Trainee RO is PGD, not the Trust MD
 - Trainee suspension requires PGD, Trust MD and LE MD agreement first

LEDs, PAs, UGs, etc

- Who from PGMC ‘looks after’ LEDs?
 - DME, FPD or SAS Tutor?
 - MEL UK has JD for a LED Tutor
- Treat LEDs (Trust Drs, Clinical Fellows, etc) as their trainee equivalents so far as poss.
- Don’t forget: more Physician’s Associates, LEDs, Undergraduates, etc means more supervision work for all on the shop floor

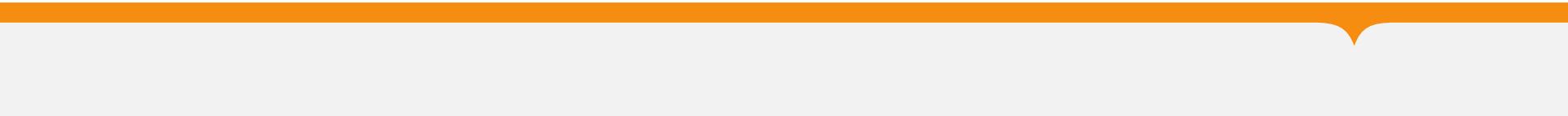
Medical Education Committees

- Various titles, including LFG
- Maximise attendance at 1 to 2-monthly meetings and online
- Ensure regular ‘exception reports’ from all
- Map and monitor curriculum delivery
- Publicise good practice
- Include trainees
- Compile Annual Report

‘Phoning a Friend’

- If unsure, don't guess, phone a friend first
- Rehearse the question to explore
- Choose who:
 - Patch AD, MD, TPD, etc
- Clarify if ‘off the record’ or not
 - If ‘on the record’, keep theoretical/anonymous?
- Follow up with email, if course agreed

Succession Planning in Medical Education Posts

- Promote education
 - Spot people who 'get it'
 - Involve in tasks
 - Suggest to apply for positions
 - Time limit positions: 3 years, renewable to 5
 - Ensure recruitment is fair, with due process
 - Give feedback to unsuccessful candidates
- 
- A solid orange horizontal bar at the bottom of the slide, with a decorative white shape on the right side.

Trust Specialty

Training Leads (TSTLs) - 1

- Designated individuals in each department, specialty or sub-specialty in each Trust
- Responsible for leading on education
- TSTL may be College or Specialty Tutor and/or the Specialty Training Committee (STC) rep
- In some cases adjustments to job roles will be required to fulfil all HEENW criteria

Trust Specialty

Training Leads (TSTLs) - 2

- Appointed by Trust with robust process:
 - Input from DME & Specialty Training Programme
 - Open to all eligible candidates
 - Transparent, consistent and equitable process
 - Feedback to all applicants to assist development
- 3 year term: renewable for 3 years subject to agreement from all parties
- After max. 6 years, further competition

Trust Specialty Training Leads (TSTLs) - 3

- DME to provide
 - Appropriate resources
 - Named administrative support
- Clear reporting pathways should be agreed
 - Ensure appropriate communication between TSTLs, Educational Supervisors, Trust DMEs, Specialty and Foundation Training Programme Directors

Trust Specialty

Training Leads (TSTLs) – Roles 1

Communication / Management of Education

- Ensuring communication between Trainees/ESs/DME/TPDs
- Representing specialty on Trust Ed Board
- Representing Trust on relevant HEENW Specialty Training Committee (STC)

Trust Specialty

Training Leads (TSTLs) – Roles 2

Communication / Management of Education

- Assisting with ARCP process
- Monitoring number and type of posts and their educational opportunities
- Ensuring local contribution of suitably trained consultants to recruitment within the appropriate school / training programme

Trust Specialty

Training Leads (TSTLs) – Roles 3

Trainee Support

- Ensuring induction process in their specialty, and that trainees attend trust induction
 - Matching individual trainees with named ES
 - Ensuring trainees have completed learning agreement with their ES
 - Ensuring delivery of the GMC/College core and higher specialty curriculum (inc. GPs)
- 

Trust Specialty

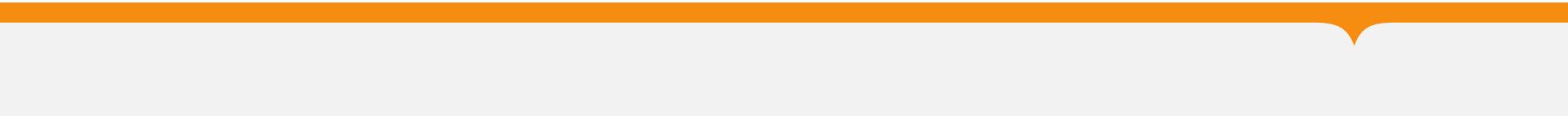
Training Leads (TSTLs) – Roles 4

- Organising and monitoring local specialty teaching inc. attendance, feedback, quality control (QC), curriculum coverage and consideration of different stages and curriculum for Core, Specialty and GP
- Support for TRES and referral via Trust/HEENW pathways
- Specialty career information and support
- Advising on access to study leave

Trust Specialty

Training Leads (TSTLs) – Roles 5

Quality Control

- Lead for education and for managing educational change in department
 - Supporting and implementing the Trust/Specialty quality control plans
 - Provision of an annual report to the DME and TPD(s), using the HEENW template
 - Help Educators Requiring Extra Support
- 

Trust Specialty

Training Leads (TSTLs) – Roles 6

Faculty Development

- Ensuring all CS and ES are trained and co-ordinating educator training programmes within their department/specialty
- Input (via MSF or other methods) to annual appraisal of CS and ES (see HEENW Guidance)

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 - Local Foundation Programme Directors

- FPDs should all be members of MEL UK
 - See: <https://mededleaders.co.uk/>
 - Membership subscription is covered by postgraduate budget
- Numerous meetings
 - See: <https://mededleaders.co.uk/events-and-training/>
 - Many useful and relevant
 - Spring Meeting has Annual General Meeting of the Association

Induction - Local Foundation Programme Directors

- Numerous relevant documents
 - National
 - MEL UK (members only)
- See: <https://mededleaders.co.uk/resources/>

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
 - Often supported by a deputy

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

[Home](#)[About](#)[Programmes](#)[Curriculum](#)[FAQs](#)[Resources](#)[News & Events](#)[Contact](#)

UK Foundation Programme

Here you will find information about how to apply to the 2-year Foundation Programme and Stand-alone programmes.

- Website at
 - 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 provide evidence that 20 foundation professional capabilities are met, as recorded in the e-portfolio
 - foundationprogramme.nhs.uk/curriculum/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 who are
 - 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

- 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)**

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 Tutor

- For juniors not in a HEENW programme
- Often intend to enter training
- Best practice to offer near-equity in
 - Teaching
 - Supervision
 - eportfolio
 - Development opportunities

Induction – DME/FPD Deputies and Team

- See under DME & FPD sections

Redeployment and Relocation of Trainees - Summary

Covid-19 cover

- Principles:
 - Preserve training as far as possible
 - Use non-trainees to cover redeployment
 - If trainees need to be moved, maximise training opportunities
- All relocations have to be approved at HEENW level & reviewed regularly

Redeployment and Relocation of Trainees - Rules

Escalation and movement of trainees on HEE training programmes.

Prior to moving HEE trainees, please undertake the following assessment:

1. Can the service be delivered by Trust staff who are not within an HEE training programme? (e.g. Staff and specialist doctors, locally employed staff or trust clinical fellows)
2. Prior to moving trainees, the following risk assessment should be completed by a designated individual, as part of any redeployment process, to assess the following factors:
 - a) The potential impact on the clinical area the trainee has been moved from, both in terms of normal working hours, and out of hours.
 - b) The educational impact of the move on each trainee should be individual assessed.
 - i. Are there trainees who need the experience they would get as the result of a move but are scheduled to do later in the year so they would benefit from the experience?
 - ii. Does the trainee have outstanding requirements to deliver from their last ARCP, particularly as the result of being moved previously during COVID escalation?
 - iii. Does the trainee have health reasons for not being moved?
 - iv. Does the trainee have requirements for additional supervision?
 - v. Will this move affect the trainee's CCT date?
 - c) The relevant leads (e.g. *Trust Specialty Training Lead; Foundation Programme Director; General Practice; Mental Health*) should be fully informed of potential moves and involved in the impact assessment. They are to be best placed to agree the suggested priority for escalation of trainees in their speciality.
 - d) Trainees **MUST NOT** be moved from psychiatry and GP Placements in their programme without prior consultation with the foundation or specialty schools concerned. There **MUST** be a risk assessment on the impact such moves might have on the integrity of mental health and primary care services. Such movements **MUST** have prospective approval from the PG Dean's office.

Redeployment and Relocation of Trainees - Template

Educational Risk Assessment of Escalation Plans for Trainee Redeployment during COVID

FY2 GP Placement

The educational impact of the move on each trainee should be individually assessed.

Are there trainees who need the experience they would get as the result of a move but are scheduled to do later in the year so they would benefit from the experience?

Yes – movement back to medicine/ED for FY2 trainees would support their curriculum requirements.

Does the trainee have outstanding requirements to deliver from their last ARCP, particularly as the result of being moved previously during COVID escalation?

All FY2 trainees have had a successful ARCP at the end of FY1

Does the trainee have health reasons for not being moved?

Each trainee will have had a COVID related health risk assessment that can be referred to when considering the movement of each individual.

Does the trainee have requirements for additional supervision?

No FY2 trainee currently needs additional supervision. Senior medical support would be provided & a clinical supervisor allocated.

Will this move affect the trainee's CCT date?

Not applicable to this group.

Will trainees be able to accomplish similar competencies during their redeployment?

Example Text
of
Redeployment
Submission
2021

Managing Incidents Process

- Clinical & IG incidents and complaints
- Organisation report incidents involving trainees to Lead Employer
- All resolved and outstanding incidents
 - Trainees declare to ARCP panel via Form R
 - Reconciled with reports from each Trust
 - Discrepancies or insufficient information can delay recommendation for revalidation

Managing Incidents

Theme Analysis

- Information collated in PGMC
- Themes addressed through education
 - Trends can drive learning opportunities
 - Many incidents equally valid for all Drs
 - Improve patient safety through lessons learnt
- All Drs, reporting or named, should be supported by ES & CSs

Significant Event: SIs

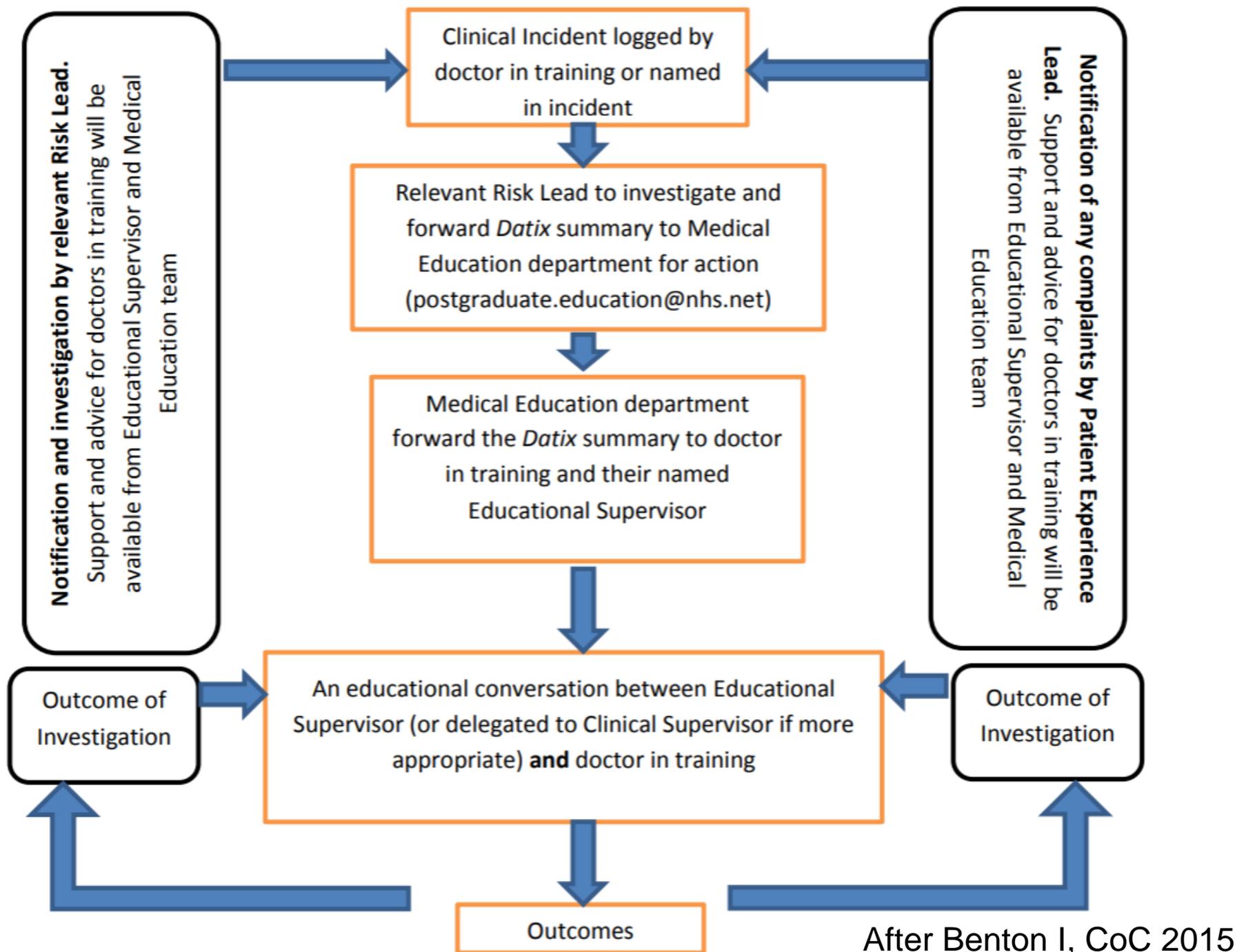
a.k.a untoward or critical incident

- Any unintended/unexpected event, which could or did lead to harm of patient(s)
- Includes incidents which did not cause harm but could have done, or where the event should have been prevented
- All Drs as part of revalidation are required to record and reflect (using non-identifiable patient data only) on SIs with a focus on what has been learnt as a result

(See GMC's The Reflective Practitioner)

Managing Incidents Pathways

- Flow charts
- Highlight the management for doctors in training (HEENW)
- Principles also apply to Trust doctors in similar roles to those in training



Managing Incidents Documentation

Documentation of meeting / learning outcomes

Identify any learning needs

1. Written reflection in training portfolio
2. Statement by Educational Supervisor notifying the identified educational needs and that clinical incident resolved or still outstanding.

Medical
Education.
Reminder
emails will
be sent after
3 weeks.
Then at 7
days interval

It is a requirement for all doctors in training to declare on an annual basis (usually at the time of an ARCP) whether they have been involved in any incidents, and whether they have been satisfactorily resolved. The Trust submits a list by exemption, of resolved or completed incidents. Failure to complete the notification of the outcome is likely to result in delay of an ARCP award.

<https://www.nwpgmd.nhs.uk/form-r-part-a>
<https://www.nwpgmd.nhs.uk/form-r-part-b> (correct as at 1.10.16)

Receipt of notification of Incident / SUI / complaint

For Serious untoward Incident / Never Event / IG incident

For other Incidents / complaints

Inform DME for immediate action

Involving foundation doctors

All other doctors in training

Involving Trust doctors

DME to report to HEE NW, Post graduate Dean and Medical Director

FPD to review

SASG Tutor to review

Information sent to doctor / supervisor* re: incident for response and support

Educational meeting held and learning outcomes / statements / responses generated

FPD to review

SASG Tutor to review

Incident Review - 1

Incident Review - 2

Review by Director of Medical Education.
Review of themes, events, support & learning

Submission to HEE NW 'live reporting'
of Incident (Revalidation office)
(DME or delegated)

Trainee to receive notification of
submission and to declare on Form R
at ARCP and in portfolio

Portfolio entry,
educational
Supervisors report
and learning
undertaken

Datix
report and
outcomes
available
for annual
appraisal

*or lead clinician if no ES/CS

Incidents Form Letters

Letters sent out to:

- ES of trainee named in an incident
 - Copied to trainee
- ES of trainee who reported an incident

New Ways of Working - 1

- Remote working
 - Telephone consultations
 - Video consultations
 - Ward Rounds
 - Etc
- Patient safety/confidentiality/ethics/choice/etc
 - Questions for clinicians

New Ways of Working - 2

- Training and remote working
 - Teaching trainees about/within remote work
- Supervision/observation of consultations
 - Trainer on same screen or separate?
- Autonomous working
 - Availability of trainer for advice
- Patient safety/confidentiality/ethics/
choice/etc

New Ways of Working - 3

- Remote education
 - Teaching online
 - Seminars and small group work
 - Teaching days for large audiences
 - Conferences online
- Recording sessions for later viewing

New Ways of Working - 4

- Internet access
 - Use a wi-fi extender to boost signal
 - ‘Office space’
- Internet discipline
 - Screen height/good lighting/background
 - Headset or separate microphone for sound
 - Camera on or off/microphone off if listening
 - Camera on/microphone on when talking
 - Raise hand to talk/use chat

New Ways of Working - 5

- Planning conference online sessions
 - Watching online is tiring, so 4-5 hours max.
 - i.e. late start, early finish, long lunch-break
 - Aim for 3x10/60 presentations in an hour
 - Use time in between for interactivity, questions, quizzes, tasks (individual or group)
 - Use breakout rooms where possible
 - 3-4 persons per breakout
 - Break every 1-1 ½ hours for at least 15/60

New Ways of Working - 6

- Delivering online sessions
 - Start with informal ‘break-the-ice’ session
 - Welcome arrivals/chat/adjust cams, mics, etc
 - Get group talking early: e.g. objective setting
 - Plan to maximise interactivity throughout
 - Ask questions, wait for answers
 - Lead exercise breaks/star-jumps
 - Stay online for 5/60 at end of each section

New Ways of Working - 7

- Do:
 - Set time aside
 - Take a break between sessions
 - Take study leave for external CPD
 - Minimise interruptions
- Don't:
 - Try to do other work while online



*Supporting
Excellence
in
Medical
Education*

Guidance for teaching in online environments during Covid19

A practical approach to
delivering online teaching

Guidance for teaching in online environments – Top Tips 1

- Promote & advertise well in advance
- Online education is still work time
- Some trainees with disabilities (e.g. deafness) may require extra support
- Enable password functions (avoid Google Zoom–bombing)
- Record sessions and make available later

Guidance for teaching in online environments – Top Tips 2

- If you're not good with tech – find someone who is to help!
- Review and share guides for presenters and delegates well in advance
- Write a lesson plan with timings, outcomes and waypoints to maintain momentum

Guidance for teaching in online environments – Practice 1

Health Education England

- Consider your learning objectives, outcomes and methods
- Write a lesson plan with timings and waypoints you aim for: keep within reach
- Recruit help for Q&A or chat room function
 - Refer to periodically to break up the flow
- Timing is vital: keep to time: practice!

Guidance for teaching in online environments – Practice 2

- Use first 1-2 mins for delegates to prepare
- Invite objectives/messages in 'chat'
- Aim for < 10 mins of talk interspersed with activities such as Q & A
- Don't eat into question time
- Explain your timings to allow your audience to understand how to interact

Advice for supervising trainees providing remote care in the virtual workplace

*How to include trainees in your plans so that clinical supervision is safe and
training is protected.*

Version Date: June 2020

Review Due: June 2022

Remote consultations

Preparation

- Both parties should feel safe and secure
 - Basic needs must be met (e.g. Maslow's)
- Preserve privacy of consulting areas (difficult for some patients) and the connection
 - If recorded, informed consent should be obtained
- Advise patient beforehand of timing and form of technology: this improves outcome
- Needs initial training, support & assessment

Supervising trainees remotely - 1

Video consultations

- Use of video is closer to face to face consultation than telephone consultation but still requires a different approach
- The potential for video is large but currently is used in a minority of consultations
- GP, psychiatry, RCP have most experience

NACT UK document

Supervising trainees remotely - 2

- Technical difficulties can outweigh benefit
- Extra training is necessary both for technical and communication aspects
 - Including for the patient
- Cameras are not always available
- There are complex privacy issues with impact of social inequality

NACT UK document

Supervising trainees remotely - 3

- Remote consultation requires a different approach to face to face consultation
 - Pacing and signposting are different
- Non-verbal cues are still present and should be acknowledged and acted on
- Supervisors should still use silence and change from open to closed questioning

NACT UK document

Supervising trainees remotely - 4

- Use of interpreters may be challenging and must be considered in advance
- Consider what might be missed or captured:
 - Physical observations (e.g. scars, gait, etc)
 - Psychological or emotional observations e.g.: mood/demeanour observations
 - Potential for use of wearable tech or other forms of remote monitoring

Supervising trainees remotely - 5

- Consider what might be missed or captured:
 - Input from other healthcareers normally in a physical clinic (nurses, physios, OTs, etc.)
 - Input from family members or carers
- In some consultations a physical assessment becomes necessary, routinely or urgently
 - Practitioners should be alert for this
 - A process should enable this

Remote Consultations

Training and assessment - 1

- Needed for all doctors
- Not recognised in
 - Curricula or
 - Assessment tools
- N.B. RCGP have a “COT” assessment (mandatory from August 2020)

Remote Consultations

Training and assessment - 2

Training should include:

- Preparation
 - Are appropriate data to hand
 - Is the patient expecting the call
 - Is remote assessment appropriate?
 - Has the patient got the technology?
 - What happens if connection is lost?
 - Is the patient safe and able to talk?
 - Who else is listening?

Remote Consultations

Training and assessment - 3

- Consent
 - Obtained for call and for the assessment?
- Listening skills
 - Done as well as they would be face to face?
 - Open and closed questions used appropriately
 - Pacing, signposting and use of non-verbal cues
- Closure and documentation
- Efficient use of time

Remote Consultations

Training and assessment - 4

The future:

- Other curricula need review
- Assessment tools and guidance for use should be adapted or developed
 - E.g. in physicianly specialties, guidance on using mini-CEX or ACAT in a remote clinic would be valuable for learners and educators

NACT UK document

Minimum standards for supervision in consultation? - 1

Recommended support structure:

- Pre and post meetings with time scheduled
 - Clinical discussion and educational feedback
 - Completion of workplace-based assessment
- Debrief after unsatisfactory conversations
 - Opportunity to reflect
 - Provision of appropriate support in cases of e.g. angry/rude/offensive/abusive patient

Minimum standards for supervision in consultation? - 2

- Private room
- Access to records/referral/relevant tests
- Phone/internet secure and anonymous
- Training in technology: soft- and hardware.
- Access to supervisor including:
 - Passing a call or timely call-back
- Policy for moving to physical appointment, urgent face to face attendance or admission

Topics



Health Education England

- Academic training
- ADs' Patch visits
- Appraisal for Senior Educators
- ARCPs
- Career Counselling
- Clinical incidents & Form Rs
- Communications with Trainees
- Definitions
- DMEs, TPDs and HoS interfaces
- Educational Governance
- Education vs Service
- Educators Requiring Extra Support (ERES)
- Enhancing Supervision
- Extensions to Training and Grace Period
- Finance and Tariff
- Gold Guide
- Health and Wellbeing, Mental Health
- HEENW, Schools, Colleges and Trusts
- HEENW context for training
- 'How to Get Drs to Do Stuff'
- Induction for trainees
- Inter-Deanery Transfers
- Lead Employer & Interactions with trainees
- Less Than Full Time (LTFT) Training
- Locally Employed Drs (LEDs), PAs, UGs, etc
- Medical Education Committees
- Monthly Reports on Trainees' Progress
- New Ways of Working
- Opportunities for Trainees in HEENW
- Out of Programme (OOPs) – E/T/C/R & P
- 'Phoning a Friend'
- Promoting Excellence
- Quality for Schools and Trusts
- Recognition of Trainers & AoME Domains
- Recruitment
- Redeployment of Trainees
- Revalidation of Trainees and Form Rs
- Rota management
- Rotation Management
- Self Development Time (SDT)
- Study Leave
- Succession Planning
- Supported Return to Training (SuppoRTT)
- Support for Senior Educators
- Time Management
- Trainer Reading List
- Trainer CPD
- Trainees Requiring Extra Support (TRES)
- Training, the Curriculum, Service Pressures
- Trust Specialty Training Leads (TSTLs)
- 'What I Wish I Had Known When I Started'
- Other topics as suggested

Acknowledgements



Health Education England

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- Dr Roisin Haslett, Deputy PG Dean
- Dr Ian Benton, DME CoC
- Mr Stephen Atkinson, HEENW Business Manager

Health Education North West: Postgraduate Medicine and Dentistry

Updates

Registration is now OPEN for this year's Annual PGMDE Conference on 8th September 2016

[Read more](#)

We're improving our training and recruitment websites – we need your input!

[Read more](#)

Resource website for doctors led by the GMC in partnership with several healthcare organisations.

[Read more](#)

Take a look at the new Resources section

[Read more](#)

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