

WHO DOES WHAT

IN POSTGRADUATE MEDICAL

EDUCATION?

In March 2008 the Quality Management Subgroup of JACSTAG asked NACT UK to produce a draft document suggesting terminology for the various roles of those involved in postgraduate medical training, from the level of day to day supervision to the management of whole training programmes.

This document concentrates on the educational roles within the local education providers and has been compiled following several discussions within NACT UK. Earlier drafts were circulated to various college & deanery personnel and their useful feedback incorporated into this final version which was approved by NACT UK on October 3rd.

We hope that this document will stimulate discussion within and between the Medical Royal Colleges and Faculties, Deans and trainers in order to reach nationally agreed terminology for the roles involved in Postgraduate Medical Education.

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1. Background

- 1.1 The working groups of PMETB involved in both the Standards for Trainers and the Trainer Survey demonstrated that there was significant variation in the terms used to describe training roles, and the interpretation of these terms, in different deaneries, specialties, specialty associations, Royal Colleges and Hospitals, Trusts or Health Boards. This leads to considerable confusion in relation to understanding roles, organisational structures, the formulation of job plans and the general management of postgraduate medical training.
- 1.2 A nationally agreed set of terms to describe the roles of those involved in supporting trainees and managing training programmes could provide clarity to trainees, trainers, Local Education Providers (LEPs) and other agencies with an interest in post graduate medical training. The greatest confusion, appears to be around the term used to describe the person with the day to day responsibility of support and development to a specific trainee, with terms such as educational supervisor, trainer, assigned educational supervisor, assigned educational trainer, clinical supervisor etc all referring to similar roles.

2. Introduction

Some initial observations

- 2.1 The term “Trainer” is used in some specialties, particularly in GP training. Article 5(4) defines a GP trainer as “one who is properly organised and equipped for providing training” and so the term has a statutory meaning and cannot be changed.
- 2.2 Within PMETB’s Standards for Training, trainees are expected to have clinical supervision at all times by an identified individual. In practice this is provided by the next most senior member of the team. This person providing the “clinical supervision” could be described as the “clinical supervisor”. However this term is used in the Gold Guide for the named individual overseeing the placement.
- 2.3 PMETB’s Standards for Trainers implies that a “Trainer” is an identified individual within the department who has specific responsibilities both to the department, programme and individual. Hence not all the people providing clinical supervision could be regarded as “Trainers”.
- 2.4 There is increasing discussion about “accrediting trainers” implying that a Trainer is a person with some seniority within the clinical team and with some responsibility for overseeing an individual’s training and performance.
- 2.5 MMC has led to the linking of posts within individual departments into training programmes. An Educational Supervisor may not work in the same department as the trainee and so to enable them to monitor progress, some mechanism of feedback from the department is required.
- 2.6 With consultant expansion and hospital mergers, teams of consultants now work together sharing wards and junior staff; all could be considered as trainers. However in this large team it is important that there is a named individual that develops a personal relationship with the trainee to oversee clinical performance, training and manage any concerns – this person is increasingly being called the “Clinical Supervisor”.
- 2.7 All doctors (and others) working in departments with doctors in training have a duty as part of their professional duties and contract of employment to assist and support that training.
- 2.8 All doctors require an understanding of how to support the learning of others. Those who assume more formal teaching responsibilities should be qualified appropriately.” *Ref: Doctors as Teachers September 2006 BMA*
- 2.9 Local adaptation of these principles will be required as some regions work with a lead employer relationship and in some programmes trainees work in more than one education provider during a working week, as a result of plurality of provision.

3. Proposed Nomenclature

3.1 **A trainee** within a Postgraduate Programme of Training needs:-

3.1.1 A named person who has educational responsibility for their professional development and progression through the training programme - **Educational Supervisor**

3.1.2 A variety of consultants, and other experienced practitioners, timetabled to train on ward rounds, in clinic or in an operative list - **Trainers**

3.1.3 A named Trainer assigned to them who oversees their clinical performance and progress; and gives feedback to the Educational Supervisor – **Clinical Supervisor**

3.1.4 A more experienced practitioner available for advice and clinical supervision at all times when on duty.

3.2 **The organisation** in which training occurs (the Local Education Provider LEP) is responsible for patient safety and should ensure that:-

3.2.1 **Clinical supervision** of doctors in training occurs at all times, day and night, and trainees know the name of the experienced practitioner available for advice.

3.2.2 There is a consultant leading the medical team at all times and accountable for the overall care of the patient – **Accountable Consultant**.

3.2.3 There is a **Director of Medical Education** (DME) supported by one or more associates/deputies (previously called Clinical Tutors) and **Specialty Tutors** (who may concurrently hold the honorary role of College Tutor, according to the wishes of the Specialty Colleges) within departments to oversee the delivery of the Learning & Development Agreement and ensure quality control of training to local, regional and national standards.

3.3 **The Deanery**, led by the **Postgraduate Dean**, is responsible for the overall management of the training programmes and provides leadership and support for all involved.

3.3.1 All training programmes, including General Practice, should have **Training Programme Directors** (TPDs) and **Specialty Training Committees** (STCs) to co-ordinate the Training Programme, recruit trainees and manage the ARCP / RITA process. There should be clear means of communication between the TPDs and the Specialty Tutors & DME in the Local Education Providers.

3.3.2 Most deaneries now organise specialty training through **Postgraduate Schools** eg. Schools of Surgery, Schools of Medicine, Schools of Anaesthesia etc. Heads of Specialty Schools will be responsible for managing the training programme in that specialty and its related specialties (eg for medicine schools this would include cardiology, neurology etc).

3.3.3 In larger deaneries and/or in larger specialties there may be several programmes each with a TPD. The Dean should nominate one of these TPDs as Head of Specialty Training (HOST) for the deanery/SHA, who would sit on the **Specialty Advisory Committee** (SAC) within the relevant College.

4. Definitions

4.1 Trainee

This is a term used to denote a medical practitioner currently undergoing postgraduate medical training within the foundation or a specialty programme. As well as personal learning and development they have a duty under “Good Medical Practice” (GMP) to be involved in the clinical supervision of other colleagues within the multi-professional team.

Contractual obligation – accountable to the employer via Medical Director

4.2 Clinical Supervision

All members of the multi-professional team (consultants, other permanent medical staff (SAS and Trust doctors), Specialist and Specialty registrars, senior nurses and allied health professionals) are involved in providing clinical supervision to less experienced doctors as part of their clinical job and professional duty.

Contractual obligation – accountable to the employer via Medical Director

4.3 Trainer

All consultants and senior practitioners working in a teaching environment have a duty to support and develop doctors in training within their department as part of their clinical practice (as detailed in GMC’s Good Medical Practice). This role should be clearly stated in their job description.

Contractual obligation – accountable to the employer via Medical Director

4.4 Clinical Supervisor

This is a consultant who has a clearly defined responsibility to oversee and manage an individual trainee’s clinical training and performance within the department for the period of that specific clinical placement.

PGME Educational role – accountable to the DME via the Specialty Tutor

4.5 Educational Supervisor

This is a nominated consultant or GP who has accepted the role as the individual responsible for supporting, guiding and monitoring progress of a named trainee for a specified period of time.

PGME Educational role – accountable to the DME (*not applicable to GPs*) in association with the TPD.

4.6 Specialty Tutor

This individual is appointed to oversee postgraduate medical training within a specific department and ensures the delivery of foundation and specialty programmes to the desired standards. In large departments there may also be subspecialty leads.

PGME Educational Management role – accountable to the DME

4.7 **Director (education and training)**

This is a single individual with overall responsibility for the management of PGME as either:-

4.7.1 **Foundation Programme Director** (FTPD): responsible within a locality for the management of a foundation training programme.

Local Education Provider role - accountable to the DME of the lead Trust/Board for the Foundation programme in association with the Foundation School Director.

4.7.2 **Training Programme Director** (TPD): responsible within the Deanery for the management of a single training programme.

Deanery Role – accountable to the Dean

4.7.3 **Director of Medical Education** (DME): responsible within the Local Education Provider for the management of the learning environment and the quality of training delivered. Depending on the size of the organisation they may be assisted by some deputies/associates.

Local Education Provider Role – accountable to the Chief Executive/ Medical Director

5. Clinical Supervision – ensuring safe patient care

- 5.1 All members of the multiprofessional team (consultants, other permanent medical staff (SAS and Trust doctors), Specialist and Specialty registrars, senior nurses and allied health professionals) are involved in providing clinical supervision as part of their clinical job and professional duty. The content of what needs to be supervised at different levels will change and the level of supervision will vary according to the experience of the trainee.

Their roles are to:-

- 5.2 Ensure optimum patient management. They should establish a friendly, open relationship with the trainee to encourage advice-seeking, ensure that the trainee is aware of their limitations and that the patient gets excellent safe care.
- 5.3 Observe and assess clinical practice. To observe practice, if appropriate, to ensure competence of the trainee. Give constructive feedback to reinforce good practice and develop areas of weakness. Workplace based assessments may be performed.
- 5.4 Provide feedback to the Clinical Supervisor on performance. If any aspect of a trainee's performance causes concern it must be brought to the prompt attention of the Accountable Consultant or Clinical Supervisor for prompt and appropriate management.
- 5.5 Provide coaching and support during the period of supervision. Interactions should probe and develop the trainee's knowledge and skills with appropriate questioning to encourage reflection, maximise learning opportunities and develop the trainee. This might include taking the trainee through a new procedure or de-briefing with the trainee after the period of duty.
- 5.6 Ensure safe handover. They should ensure that the care of patients during the period of duty has been safely handed over to any incoming clinicians.

6. Clinical Supervisor

- 6.1 The Clinical Supervisor is responsible for overseeing the training, assessment and clinical performance of an individual trainee within the clinical placement.

Their roles are to:-

- 6.2 Directly observe the trainee's clinical work, provide constructive timely feedback and enable the trainee to evaluate their own performance and progress.
- 6.3 Provide regular feedback on progress both to the trainee and the Educational Supervisor.
- 6.4 Be familiar with the individual's learning objectives, ensure that the trainee has a timetable which enables them to gain the desired experience and be able to credibly test completion of these objectives.
- 6.5 Understand the workplace based assessments and ensure that other members of the team understand the relevant assessment methods and how to apply them in practice.
- 6.6 Ensure that the level of clinical supervision of the trainee's day to day clinical performance occurs at all times and is appropriate to the competence, confidence and experience of the individual trainee.
- 6.7 Ensure that the members of multi professional team responsible for providing clinical supervision understand the role and the mechanism for reporting on any aspect of the trainee's performance.
- 6.8 Be approachable so the trainee can report any issues and concerns regarding their training.

7. Educational Supervisor

7.1 The Educational Supervisor is responsible for the personal & professional development and educational progress of an individual trainee through their training programme for a defined period of time.

Their roles are to:-

- 7.2 Perform regular educational appraisals to
- facilitate reflection with the trainee on their performance
 - review the learning portfolio to ensure that trainees are making the necessary clinical and educational progress
 - identify key developmental objectives (against the programme curriculum and GMP) and update the PDP.
 - Provide career guidance
 - include the requirements for the annual workplace based (NHS) appraisal - *The mechanism for this is described in paras 7.24 – 7.27 and Appendix 7 of the Gold Guide.*
- 7.3 Inform others eg. TPD, DME or Medical Personnel Officer should the level of performance of a trainee give rise for concern.
- 7.4 Complete the Educational Supervisor's structured report (Gold Guide Appendix 4)
- 7.5 There should be unambiguous lines of accountability for educational supervisors to fulfil the programme specific objectives professionally to the TPD and managerially to the trainee's employer (e.g. through specialty tutors and the Director of Medical Education).

Further roles & responsibilities in the Gold Guide and the NACT UK Document August 2007

7.6 Models of Educational Supervisors

All trainees must have a named Educational Supervisor at all times during their training programme.

- It is preferable for trainees to have the same Educational Supervisor for stages of training (e.g. the early years or more advanced years of training).
 - The Educational Supervisor will usually be in the same Health Community as the trainee although not necessarily always in the same organisation eg. Foundation / Core Trainees rotating into Mental Health or Primary Care organisations for a placement.
- 7.6.1 Foundation Programme & Core Training Programmes. A named Educational Supervisor for one year with a Clinical Supervisor in each placement. The same individual may be both Clinical Supervisor and Educational Supervisor, but the respective roles and responsibilities should be clearly defined. When the two years are based in the same locality it may be possible to have an Educational Supervisor for the two years.
- 7.6.2 GP Programmes. There will normally be one Educational Supervisor for all three years, based in general practice and a Clinical Supervisor in each hospital placement.
- 7.6.3 SpR and StR programmes. As the trainees become more specialised their rotation through different departments within a LEP diminishes and so often the Education Supervisor is also the Clinical Supervisor. However the need for an overall mentor (to provide independent support through the programme) might increase.

8. Roles of Tutors

8.1 Specialty Tutors.

Within the Local Education Provider each department requires a lead for PGME who is responsible for :-

- 8.1.1 Ensuring that the educational, pastoral & career planning needs of all trainees in the department at all levels and on all programmes are addressed.
- 8.1.2 Maintaining an environment within the department conducive to training and that all those within the multi-professional team understand their role in providing clinical supervision to the trainee.
- 8.1.3 Supporting the Educational Supervisors and Trainers in their role particularly when there is a trainee who requires additional support for whatever reason.
- 8.1.4 Ensuring the quality control of the education and training delivered within that department according to local, regional and national standards.

8.2 College Tutors.

With increasing sub-specialisation, particularly in medicine and surgery, there may be many specialty tutors. Having an overarching College Tutor co-ordinating related specialties and providing a communication channel to the Royal College may be desirable. Their role for the College and their responsibility locally would need to be clearly defined.

8.3 Programme Tutors

For the Core Programmes, e.g. Core Medical Training (CMT), Core Surgical Training (CST) & Acute Care Common Stem (ACCS), there will be a TPD in the Deanery structures. However in large LEPs there may be the need to have a nominated Programme Tutor to co-ordinate these two-year programmes. The Programme Tutor is responsible for co-ordinating the programme and overseeing the progression of the trainees within the LEP, liaising with the TPD in the Deanery, assisting with recruitment, assigning Educational Supervisors and Trainers etc.

9. Role of Directors

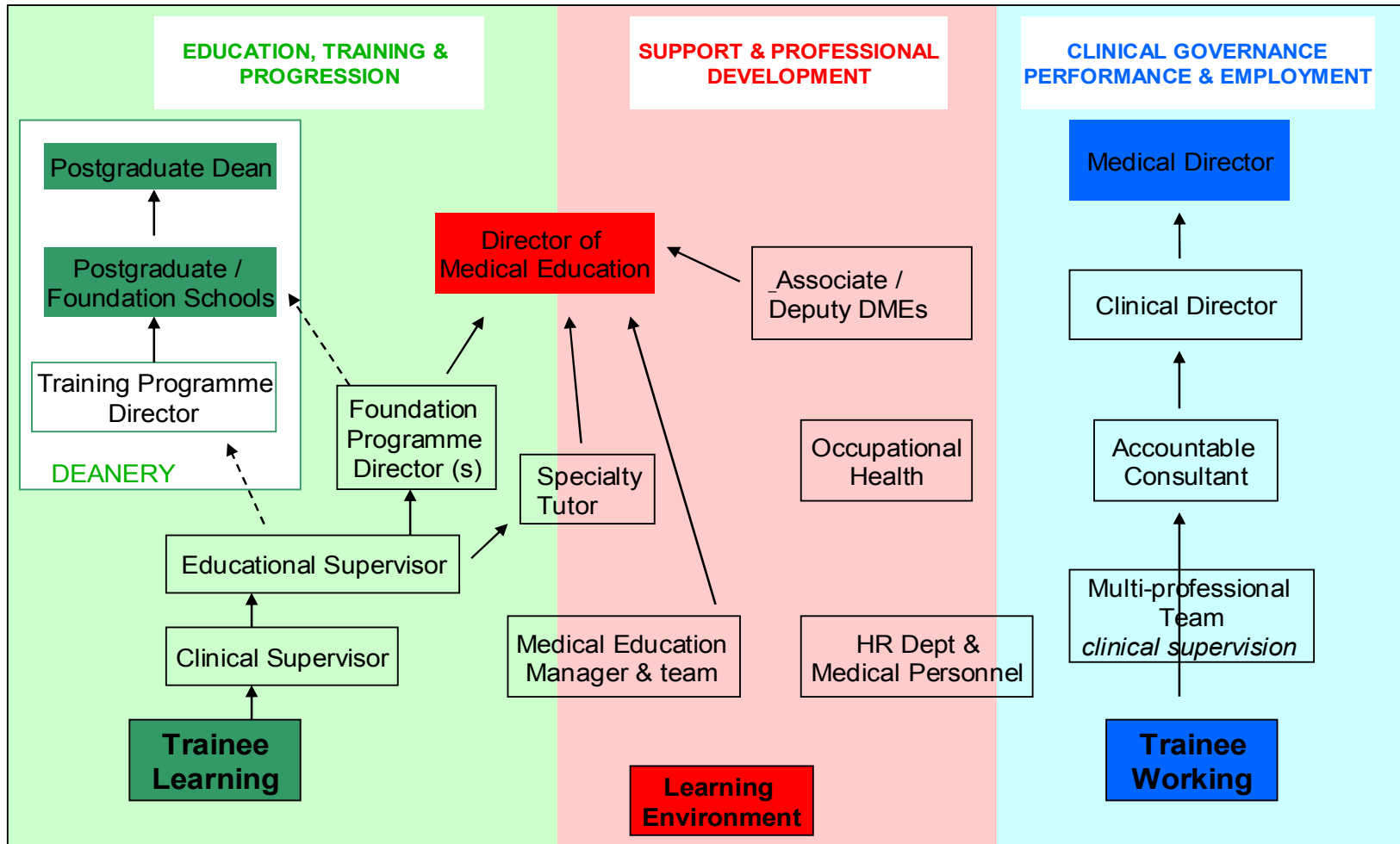
- 9.1 **Specialty Training Programme Directors** (TPDs) have responsibility for recruiting managing and quality controlling specialty training programmes within the Deanery or across Deanery boundaries. They would be expected to work with College/Faculty Advisory Committees to ensure that programmes deliver the specialty curriculum and enable trainees to gain the relevant competences, knowledge, skills, attitudes, judgement and experience.
- 9.2 **Foundation Training Programme Directors** (FPDs) have responsibility for managing foundation training programmes across a locality-based group of Local Education Providers on behalf of the Deanery-based Foundation School.
- 9.3 **Director of Medical Education** (DME) is responsible for maintaining and developing the profile of education within the organisation, promoting high quality education, and ensuring the delivery of the Learning & Development Contract or similar. They will ensure quality control of all postgraduate medical training programmes, promote the learning environment and support and develop all those with an educational role. They will provide pastoral and career support as necessary and assist with the management of doctors in difficulty.

Depending on the size and geography of the Local Education Provider they may have some **Associate or Deputy DMEs** (previously called Clinical Tutors) to assist them.

10. Managing Doctors in Training

- 10.1 Managing doctors in training is complex due to the dual role that trainees are in.
- They are in a training programme and so are the responsibility of the Deanery and their team.
 - They are supported in their training locally by employer and the medical education team
 - They are paid by the Trust/Board to work and provide a service
- 10.2 This combined role of student and employee causes confusion to the trainee as well as those responsible for managing them. This diagram (Figure 1) is provided as an overview of the training system to help both trainees and trainers understand the structures in which they are working.

Management of Doctors in Training



References

Gold Guide – A Guide to Postgraduate Specialty Training in the UK

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